

Newfield View Supported Living Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Newfield View Supported Living is a supported living service based in the town of Eckington in Sheffield. People lived in their own homes and had tenancy agreements with a housing association.

The provider supported adults with a range of needs, including learning disability and autistic spectrum disorder, physical disability, sensory impairment, drug and alcohol misuse and mental health. During the inspection, 18 people were being supported with their personal care needs in 13 properties. There were between 2 and 4 people living in most houses and one person lived alone.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Governance and performance management was not always clear or effective. The management team had identified that this was an area for improvement and were rolling out a new audit tool.

Complaints were not handled and responded to consistently. Some relatives told us their relation was living

in a home with people they didn't feel comfortable with and with whom they had no shared interests. People were supported and where appropriate, encouraged to develop and maintain relationships that were important to them.

Some people's relatives expressed concern about the lack of promotion of independence. People told us they were supported by staff who were kind and caring. We observed interactions between staff and people and saw people were treated with kindness, respect and their dignity was upheld.

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's physical, mental and social needs were holistically assessed.

People were consistently safe and protected from avoidable harm. There were systems and processes in place to keep people safe and raise and investigate potential safeguarding concerns. Though we found the documentation around this was not always clear.

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

Rating at last inspection

The last rating for this service was Good (published November 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always Caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led.

Details are in our well-Led findings below.

Newfield View Supported Living Limited

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 was carried out by one inspector

Service and service type

This service provides care and support to people living in 13 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 17 September 2019 and ended on 23 September 2019. We visited the office location on 17 September 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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. However, the PIR had been written by the previous registered manager so much of the information had changed. We discussed the changes with the registered manager during the inspection. We sought feedback from the local authority commissioning and safeguarding teams.

During the inspection-

We spoke with 4 people who use the service, 6 relatives of people using the service and 8 members of staff, including the registered manager.

We reviewed a range of records. This included five people's care records and multiple 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.

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.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from avoidable harm. There were systems and processes in place to keep people safe and raise and investigate potential safeguarding concerns. Safeguarding referrals were made to the local authority as necessary.
- People who were able to communicate with us told us they felt safe. One person said, "I feel safe at night because I know I can press a button and they would arrive to check on me." Relatives told us their relation was kept safe and protected from harm. One relative said, "Yes the care is safe there."

Assessing risk, safety monitoring and management

- Risk assessments were in place but were not always consistent. For example, one person was at risk of choking and did not have a risk assessment for this. Another person was at risk of self-harm and did not have a risk assessment in place. However, we talked to staff and were reassured that staff were aware of the risks to people's safety and how to mitigate these. We discussed this with the registered manager and operations manager who advised they were in the process of reviewing documents. All care plans were being replaced, the date for this to be completed was the end of September 2019.

Staffing and recruitment

- Recruitment systems were robust. Staff were subject to appropriate pre-employment checks before having any contact with people who used the service.
- There were enough staff on duty to keep people safe and provide the one to one time they were commissioned to receive. We reviewed rotas and saw that staffing levels were consistent.
- Staff told us they had time to care for people properly and were not rushed. One staff member said, "There are always enough staff, people get their allocated one to one time as they should."

Using medicines safely

- People received their medicines as prescribed. Staff managed medicines consistently and safely. Medicines were ordered, stored and administered correctly. Where necessary, medicines were disposed of safely.
- Staff kept clear and comprehensive medicine administration records.

Preventing and controlling infection

- The service managed the control and prevention of infection well. Staff were trained and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the homes.
- Staff had access to personal protective equipment such as disposable gloves and aprons. All the homes we visited were clean and free from malodours.

Learning lessons when things go wrong

- Where accidents and incidents had happened, they were documented. Reviews took place to ensure plans were instigated to reduce the risk of the same things happening again. Where an incident highlighted potential staff error, the registered manager had responded appropriately.

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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working in line with the MCA. People were empowered to live their life in the way they chose and without restriction. However, there were no formal documented records of mental capacity assessments. The registered manager told us this was because assessments were carried out by the local authority. The registered manager told us she would liaise with the local authority to get copies of mental capacity assessments which could then be included in people's care plans. Best interest decisions were documented. Staff demonstrated a good understanding of the MCA and were able to tell us if the people they supported had or lacked mental capacity to make certain decisions.

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

- People's physical, mental and social needs were holistically assessed. Their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance.
- Care plans contained person-centred information and guidance, though some were more thorough than others. The operations manager told us they had identified this as an area for improvement and new care plans had been designed and were in the process of being implemented. However, as team leaders were responsible for completing these, there were still inconsistencies in the way they were completed. As this had not been implemented for all people using the service it was not possible to assess the potential impact this had on care delivery.

Staff support: induction, training, skills and experience

- New staff were supported by an induction process which included training that the provider deemed

mandatory and shadowing experienced staff.

- Relatives told us that staff were well trained and knew how to care for their relations. One relative said, "They are trained properly to meet [relative's] moving and handling needs".
- Staff told us they did lots of training and felt this equipped them to care for people effectively and meet their needs.

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

- People chose what food they ate and were supported to buy and prepare their own food. Where people had specialised diets, extra training had been sought to ensure staff were qualified to meet people's nutrition needs.
- Where people were at risk of ill health due to poor nutrition, food and fluid charts were kept to maintain oversight of their intake.

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

- People received consistent, timely, co-ordinated, person-centred care. We saw evidence of the provider and staff engaging in multi-agency reviews and working with guidance from social workers and healthcare professionals.
- People were supported to contact healthcare professionals and attend appointments where required.

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 deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always encouraged to manage their own care and support. Relatives expressed concern about the lack of promotion of independence. One relative said, "Some of the staff do things for [relation] instead of supporting them to do it their self, it's done from kindness though." Another relative said, "[Relation] was supposed to be learning to do things for their self but this hasn't happened." A different relative said, "[Name] got anxious because they were doing things for them that they could do for their self." After the inspection we discussed this with the registered manager who told us she would review the way staff promote people's independence.
- Privacy was respected. Documents containing personal information were kept in locked cupboards and legal requirements about confidentiality were met. People had free access to private, personal space within their homes.
- We observed interactions some between staff and people and saw people were treated with kindness, respect and their dignity was upheld.

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

- Some relatives expressed concern about the way their relation was treated by staff. One relative said, "I don't think staff want to listen to [name], they could do more to listen, [relation] tells me that staff don't listen to them." However, another relative said, "They're nice and they have [relation's] best interest at heart." We told the registered manager about the feedback we had received, they advised us they would speak with people and address any concerns about feeling they weren't listened to.
- People told us they were supported by staff who were kind and caring. One person said, "I like the staff, some are my favourites." Another person said, "All the staff are lovely, they help me to do the things I like to do."
- People were supported to follow their diverse needs and preferences. People who wished to follow a religion were assisted to go to a place of worship if they wanted to. Extra training was sought to enable staff to understand and promote people's personal preferences and lifestyle choices.

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

- Within people's care plans we saw evidence that people had been involved in planning and subsequent

reviews of their care needs. Staff understood when people needed or wanted support from their relatives or advocates to make decisions about their care.

- Staff had the right skills to make sure that people received compassionate support and they formed close bonds. People told us they felt confident to discuss their care needs and preferences with staff. One person said, "I told [staff] I didn't want them to do something anymore, now they don't do that, they know I don't like it."

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 deteriorated to Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints were not always handled and responded to consistently. The registered manager showed us she had responded to some complaints but had not always keep records to maintain oversight.
- Some relatives told us that that complaints weren't well handled. One relative said, "They take ages to respond to complaints or answer emails." Another relative said, "They [staff] sometimes listen to me, but not about everything." One relative told us they were not satisfied with the way a complaint was handled.
- We did not see evidence of an accessible approach for people to raise complaints. There was guidance informing people how to raise a concern, pictorial images were used to enable some people with sensory loss to understand, however, one point guided people to write down their complaint. This might not be possible for some people living with sensory loss and no alternative was suggested. However, people told us they would be happy to speak to their keyworker if they were worried about anything.

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

- There had been shortfalls in the way some people's individual needs and preferences had been taken into account. Some relatives told us their relations was living in a home with people they didn't feel comfortable with and didn't have shared interests with. One relative said, "It would be better for [name] is they could live with someone their own age, so they could do things together." Another relative said, "[Name] likes the staff but isn't keen on the person they share a home with, they get on their nerves." One person told us they didn't like a person they shared their home with and some staff confirmed that there were some people living in homes with people they didn't feel compatible with.
- When the registered manager started their position, they had implemented 'compatibility meetings' where people new to the service were asked what shared interests they would like to have with potential house mates. We told the registered manager about the feedback we had received, she told us she would initiate reviewing the compatibility for other people and open discussions around this.
- Staff knew and respected people's personal preferences. For example, one person only wanted female support staff. We reviewed rota's and saw that only female support staff had supported this person. One person told us they felt they had control over their own life, "I do the things I like and if I want them they help me."

End of life care and support

- At the time of the inspection, there were no people using the service who were known to be unwell or

approaching the end of their lives. People's wishes for how they would like to be treated if they were to become unwell had not always been explored. The service could improve this by initiating open conversation about end of life care.

Meeting people's communication needs

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

- The service was meeting the AIS. People's communication needs were assessed as part of care planning. Different methods of communication such as different types of sign language and pictorial images were available, though this was not apparent in the complaint guidance.

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 and where appropriate, encouraged to develop and maintain relationships that were important to them. One person told us that staff supported them to spend time with a person they cared about, and they were not restricted from spending time alone with this person. The provider had sought relationship training for staff to enable staff to understand how to promote relationship support for people.
- Relatives told us that their relations were supported to follow their own interests and be active members of the wider community. All relatives said they were welcomed to visit their relations at any time.
- One person proudly told us they had been part of a film production, they explained how this made them happy and had a positive impact on their confidence.
- Events, such as tea parties were held at people's homes to celebrate special occasions. This promoted social inclusion and provided an opportunity to meet new people. The provider actively sought to promote awareness of learning disabilities within the wider community.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance and performance management was not always clear or effective. For example, the registered manager did not have oversight of care staff supervisions, complaints were handled but comprehensive records were not always kept. There was not always clear documentation surrounding staff disciplinary proceedings. Safeguarding referrals that had been investigated and closed were not reviewed as part of the audit process.
- The management team had identified that this was an area for improvement and were rolling out a new audit tool. Care plans were in the process of being reviewed and updated, though we found this was done by team leaders and therefore there were inconsistencies between the way different team leaders completed these.
- The service had been through a period of change, having been taken over by a different provider. Staff told us the transition had not had a negative impact on people, but it had caused some difficulties for staff. For example, staff told us they had to get used to a new way of working and didn't feel they were always supported to do this.

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

- Some relatives told us they have tried to speak with the registered manager and not received help. One relative said, "The manager doesn't seem interested, I find the organisation is poor at supporting staff." Another relative said, "There's not always consistency with the bigger picture, I keep asking the manager for things and they don't happen."
- People told us they felt confident talking to the registered manager. We observed interactions between her and people and saw that there was a close and comfortable relationship. We saw people tell her how they felt, and she supported them to make the decisions in their best interest.

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

- There were clear visions and values of promoting an open and inclusive environment. However, as the service had experienced a period of transition, the strategies were still being implemented, therefore there

was no evidence to demonstrate that good outcomes for people were sustainable.

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 provider is legally required to notify CQC of certain incidents after they have happened. We reviewed incidents and saw that notifications had been submitted to CQC as required.
- The registered manager openly communicated with the local authority and local safeguarding team as well as other professionals involved in people's care assessment and delivery.

Continuous learning and improving care

- We saw evidence that the provider sought to learn from accidents and incidents, plans to mitigate recurrence were implemented. The provider had been involved with research projects and implementation of improvements after failings were identified at other services. This showed the provider took a proactive approach to sustainable improvement of care.

Working in partnership with others

- Care was planned and delivered following guidance and advice from partner agencies and multi-disciplinary healthcare professional advice.