Lakeview Rest Homes Limited

# Newfield Lodge rest Home

## Inspection report

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## Ratings

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

## Overall summary

This inspection took place over two days on 28 and 29 October 2014. It was unannounced on 28 October 2014 and announced on 29 October 2014.

Newfield Lodge Rest Home is registered to accommodate to 32 older people who do not require nursing care. At the time of our visit there were 29 people who lived at the home. Newfield Lodge is part of a family owned and operated group of four care homes in the Lytham St Annes area. The home is situated close to St Annes centre.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. To support the registered manager there was a home manager at Newfield Lodge and a management team with responsibilities to oversee quality assurance across the group of four care homes within the Lakeview Rest Homes organisation.

# Summary of findings

During our visit, we spent time in all areas of the home, including the lounge and the dining areas. This helped us to observe daily routines and gain an insight into how people's care and support was managed. During our visit we saw staff had developed a good relationship with the people they supported. Those people who were able to talk with us spoke very positively about the service and told us they felt safe and well cared for. One person told us, “The staff here are lovely, I am really well looked after.”

People were involved and consulted with about their needs and wishes. Care records provided information to direct staff in the safe delivery of people’s care and support. Records were kept under review so information reflected the current and changing needs of people.

Staff spoken with were positive about their work and confirmed they were supported by the management team. Staff received regular training to make sure they had the skills and knowledge to meet people’s needs.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Safeguards were in place for people who may have been unable to make decisions about their care and support.

We saw staffing levels were sufficient to provide a good level of care and keep people safe. However the planning of staff duties over the lunchtime period were not organised effectively to ensure people in the dining rooms received the support they needed. People told us staff were sometimes busy which meant they had to wait to be attended. We talked to the registered manager about our observations and found that on the second day of our visit, our concerns had been addressed.

We looked at how medicines were managed and found appropriate arrangements for their recording and safe administration. Records we checked were complete and accurate and medicines could be accounted for because their receipt, administration and disposal were recorded accurately. However we found best practice for administering medication was not always followed.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at four staff records. Suitable arrangements were not in place to ensure safe recruitment practices were followed. We recommend that the service consider current guidance to operate effective recruitment and selection procedures.

The registered manager was able to demonstrate that the views of people who used the service and other stakeholders were encouraged and welcomed. We saw a number of examples of changes and developments within the service, which had been made as a result of people’s suggestions and comments.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, ‘residents meetings’ and care reviews. Overall satisfaction with the service was seen to be very positive.

# 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?**
Certain aspects of the service were not safe.

People told us they felt safe living at the home but suitable arrangements were not consistently in place to ensure safe recruitment practices were followed.

We saw staffing levels were sufficient to provide a good level of care and keep people safe. However people told us this was not always the case and sometimes staff were busy which meant they had to wait to be attended to.

We reviewed medication administration and practices at the home and saw that appropriate arrangements were in place for storing, recording and monitoring people's medicines. However we found best practice for administering medication was not always followed.

Staff spoken with understood the procedures in place to safeguard vulnerable people from abuse.

**Requires Improvement**

**Is the service effective?**
The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of people they supported.

People were consulted about their care. Family members told us that with peoples' consent they were also consulted. Where people lacked the capacity to consent, policies and procedures were in place around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Records showed that all people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. Where risks had been identified, management plans were in place.

We saw people's needs were monitored and advice had been sought from other health professionals where appropriate.

**Good**

**Is the service caring?**
The service was caring.

There was evidence people's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

**Good**

**Is the service responsive?**
The service was responsive.

**Good**

# Summary of findings

Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

There was an established programme of activities. During our observations we noted people engaged in activities. People told us they had enjoyed taking part.

**Is the service well-led?**

Good

The service was well-led.

The registered manager had good working relationships with the staff team and external agencies so people received personalised support which met their needs. People who lived at the home and their family members spoke positively about the management team, the staff and the support provided.

The registered manager actively sought and acted upon the views of others. There was a strong emphasis on continually striving to improve, in order to deliver the best possible support for people who lived at the home. This was supported by a variety of systems and methods to assess and monitor the quality of the service.

# Newfield Lodge rest 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 over two days on 28 and 29 October 2014. It was unannounced on 28 October 2014 and announced on 29 October 2014.

The inspection team consisted of an adult social care inspector and an expert by experience who had personal experience of caring for someone who uses this type of care service. The expert by experience had experience of caring for older people.

Before the inspection, we reviewed information we held about the home, such as statutory notifications, safeguarding information and any comments and concerns. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included seven people who lived at the home, four visiting family members, a visiting health professional and ten staff members. We spoke with the registered manager, the home manager and the general manager who worked across all of the provider's services. We also spoke to the commissioning department and safeguarding team at the local authority in order to gain a balanced overview of what people experienced accessing the service. A recent safeguarding concern had been raised with the local authority and the management team at Newfield Lodge were working collaboratively with the safeguarding team as part of their investigations.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included seven people's care records, training and recruitment records for four members of staff and records relating to the management of the home.

Requires Improvement

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe when being supported. One person told us, "I am really comfortable with the staff. I feel safe." Another person told us, "I feel very safe." One family member told us, "Yes my relative is kept safe. To be truthful they are over cautious sometimes."

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. We looked at staff rotas and spoke with the registered manager about staffing arrangements. They told us there was a low turnover of staff which ensured people at the home benefitted from consistency of care staff.

When speaking to people who lived at the home about staffing levels, we received negative comments about the amount of time staff have to spend with them. One person told us, "Staff work very hard, but they are very helpful." Another person told us, "Not enough staff, all the staff are under pressure." Another person we spoke with explained, "They know what they are doing they just don't have enough time to do what they want to do."

We spoke with staff members about staffing levels at the home. One staff member told us, "I would like to spend more time with residents. They like to talk to us and there is not enough time." Another member of staff told us staffing levels were, "Normally fine." However their capacity was stretched during the morning and at mealtimes. They told us during these times staff were "rushed" and sometimes people might have to wait to be supported. Staff explained that additional staff members could be requested if necessary and were confident this would be provided.

During our observations we saw staff were responsive to the needs of people they supported, providing care and support or engaged in activities. Call bells were responded to quickly when people required assistance. However the planning of staff deployment over the lunchtime period on the first day of our visit was not organised effectively to ensure people in the dining rooms who needed prompting and assisting with their meals received the support they required. Staff were occupied serving the three courses for everyone and didn't sit with people who needed assistance to support them at a pace that suited them.

We talked to the registered manager about our observations. The registered manager told us that normally the chef would serve the meal in the dining room. The chef would know people's likes and dislikes and how they liked their meal serving. On the first day of our visit the chef was on annual leave and the person who would normally cover the chef had called in sick. A member of staff from the home covered the catering duties which had led to some disorganisation. We found that on the second day of our visit, our concerns had been addressed and contingency plans had been reviewed by the management team should the situation happen again.

We spoke with the registered manager about the negative feedback we had received regarding the amount of time staff had to spend with people in their care. They told us the staffing levels were regularly reviewed to meet people's needs and dependency levels. The registered manager was able to show us examples of changes in staffing made to meet people's needs. In light of the feedback received the registered manager told us they would review current staffing levels, to ensure there was a consistent level of staff to meet people's care and support needs.

In response to concerns raised directly with the Care Quality Commission about pre-employment checks not being undertaken, we looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at four staff records. We saw evidence in three records of pre-employment checks being undertaken. There was a full employment history, and any gaps were explained. Interview notes were recorded and maintained in the files. There was evidence of reference and Disclosure and Barring Service (DBS) checks undertaken. The files had been audited and checked by the management team. However the fourth file we looked at showed that pre-employment checks for that staff member were not robust. References sought were not from the last employer and the DBS was not in place prior to the person starting their employment.

We spoke with the registered manager about our concerns. We were informed that the member of staff no longer worked at Newfield Lodge. The registered manager told us that staff records were audited to ensure pre-employment checks were undertaken. This file had been missed and they would review their system with the management team in light of our findings.

Requires Improvement

# Is the service safe?

We looked at how medicines were administered. We saw people's medicines needs were checked and confirmed on admission to the home. And, where new medicines were prescribed we saw evidence the medication records had been amended to ensure medication was administered as prescribed. Pain monitoring was in place where needed and written guidance was in place for medicines prescribed 'when required', to help ensure consistency in their use.

Only trained staff administered medication. This was confirmed by talking to staff members. We saw staff competency assessments and regular medicines audits were being completed to help ensure that should any shortfalls arise, they could be promptly addressed. However this had not been fully effective in ensuring that the home's procedures for the administration of medicines were always followed correctly.

We found best practice for administering medication was not always followed. The member of staff, who administers the medicine and signs the record, should also observe that the person has taken their medication. On three occasions we saw the member of staff gave a person their medication and then walked away from the person before the medication had been taken.

Medicines were safely kept and we saw appropriate arrangements for storing, recording and monitoring controlled drugs (medicines liable to misuse). Storing medicines safely helps prevent mishandling and misuse.

We spoke with people about the management of their medicines. They told us they were happy for staff to administer the medication and had no concerns. One person told us they liked to self-administer some of their own medicines and confirmed they had everything they needed. Written assessments of safe self-administration had been completed, to help ensure that should any support be needed it would be consistently provided.

There was one person who received medicines covertly. The use of covert administration of medicines is used in such instances when a person may refuse their medication but may not have the capacity to understand the consequences of their refusal. In this person`s care plan records we saw that a mental capacity assessment and best interest meeting had taken place to discuss how to support this person to take their medicines safely. This meant the provider was acting lawfully and in the best interests of the individual concerned.

The home had policies and procedures in for place dealing with allegations of abuse. Staff we spoke with told us they had completed safeguarding training and the training records we looked at confirmed this. They were all able to describe the different forms of abuse and were confident if they reported anything untoward to the registered manager or the management team this would be dealt with immediately. In our discussions staff told us they were aware of the home`s whistle blowing policy. This meant that staff were protected should they report any concerns regarding poor practice in the work place.

We saw that when a safeguarding concern had been raised with the registered manager, appropriate action had been taken. The management team had thoroughly investigated the concerns raised and liaised with the safeguarding team from the local authority. Where improvements had been identified as part of the investigation we saw the management team had developed an action plan to make sure the improvements were delivered. This demonstrated that effective procedures were in place for protecting people from potential harm or abuse.

Where people may display behaviour which challenged the service, we saw evidence in care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of individual plans and said they felt able to provide suitable care and support, whilst respecting people's dignity and protecting their rights. One staff member told us, "Residents rely on us to be part of the family. We know and understand our residents and if I saw a situation that could be a risk to a resident, I would make sure they were safe."

**We recommend that the service consider current guidance to operate effective recruitment and selection procedures.**

Good

# Is the service effective?

## Our findings

The feedback we received from people who lived at the home and their family members was very positive. People told us they felt their carers understood their needs and said they received a good level of care and support. One person commented, “The staff are brilliant. They know what they are doing.” A family member we spoke with described how they met with the management team before their relative moved into the home to ask them if they thought they could “cope” with their relative and to ask how the family could help in their relative’s care. The family member told us, “The managers went above and beyond to help our [relative] and our family cope with the transition of our [relative] entering the home. They were fantastic.”

There was a training and development programme in place for staff, which helped ensure they had the skills and knowledge to provide safe and effective care for people who lived at the home. Each staff member had a personal development plan in place which detailed the training they had received to date, and future training requirements.

Records showed that all new staff were provided with a detailed induction, which included learning about the organisation and what was expected of them when carrying out their role. For care staff, induction training included principles of good care, which had been developed in line with national standards. Staff confirmed they had access to a structured training and development programme. One staff member told us, “The training here is very good. People who live here are individuals with different care needs. The training helps us to give each person the care and support they need.”

There were processes in place to monitor training so that the registered manager was able to ensure each staff member’s training was up to date. They were assisted in this by an appointed training co-ordinator who worked across all of the provider’s services.

Staff attended handover meetings at the end of every shift and monthly staff meetings. This kept them informed of any developments or changes within the service. Staff told us their views were considered and they felt supported in their roles. Staff received regular supervision sessions as well as annual appraisals. We saw evidence these had taken place. This meant staff were being supported in their roles as well as identifying their individual training needs.

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

The service had policies in place in relation to the MCA and DoLS. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the legislation and confirmed they had received training in these areas. This meant clear procedures were in place to enable staff to assess people’s mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk and protect their human rights.

There had been no applications made to deprive a person of their liberty in order to safeguard them. However the registered manager understood when an application should be made and how to submit one. During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. We did not observe any other potential restrictions or deprivations of liberty during our visit.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about meals for the day and choices available to them. One person said, "I enjoy my food.” Another person told us, “The food is really tasty.”

There was a choice of two hot meals provided at lunchtime on the day of our inspection. We saw people were provided with the choice of where they wished to eat their meal. Some chose to eat in the dining room, others in the lounge or their own room. We noted the dining room was bright and airy and tables were nicely set with table cloths, napkins and flowers. The people we spoke with after lunch all said they had enjoyed their meal.

Good

# Is the service effective?

We observed lunch being served over the two days of our visit. During the lunchtime period on the first day we noted the deployment of staff was disorganised. This resulted in people who needed help to eat their meal being assisted by a number of different staff. We observed one person who needed prompting and assisting with their meal was offered a spoonful of food by a member of staff, who then walked away. Another member of staff then came over and stood over the person to prompt them to eat; then walked away. This person was unable to feed themselves and their bowl was taken away still full of food.

We talked to the registered manager about our observations and found that on the second day of our visit, our concerns had been addressed. On the second day we observed lunch being served in a relaxed and unhurried manner. There were some people who needed assistance with their meals and staff were seen to be patient when supporting them. People were encouraged to eat as much of their meal as they could manage. We saw they were offered alternative meals if they were not happy with the menu choices.

We spoke with the staff member responsible for the preparation of meals on the day of our visit. They told us, "I go and speak to all the residents daily. This helps us to know if they have any special dietary requirements or personal preferences." They also told us they attended the monthly 'resident's meetings' to receive and discuss any comments made about the menus or quality of food served. This meant catering staff were able to ensure people received food and drink that matched their preferences and special requirements.

Care plans reviewed detailed information about people's food and drink preferences. All care plans we looked at contained a nutritional risk assessment. People's weight was regularly monitored. We noted people who were in danger of losing weight and becoming malnourished were given meals with a higher calorific value and fortified drinks. Assessments were monitored on a regular basis. Where there had been changes to a person's care needs, care plans had been updated. We also saw appropriate referrals had been made to other health professionals, where there had been concerns about a person's dietary intake. These confirmed procedures were in place to reduce the risk of poor nutrition and dehydration.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. People's care plans provided evidence of effective joint working with community professionals. We noted people's care plans contained clear information and guidance for staff on how best to monitor people's health. For instance we noted there was a detailed plan of care for a person's medical condition. This meant staff were aware of the person's healthcare needs and knew how to recognise any early warning signs of deterioration in health. We saw the person's condition was constantly monitored.

During our inspection we spoke with a visiting community nurse. Feedback was positive. They told us relationships with staff at the home were supportive and any communications or referrals regarding a person's health was timely. This showed there was a system in place for staff to work closely with other health and social care professionals to ensure people's health needs were met.

Good

# Is the service caring?

## Our findings

During our visit we spoke with seven people who lived at the home. All expressed they were very satisfied with the service and the care they received. One person told us "The staff are all very kind." People told us they had a good relationship with the staff, who they described as "caring, and supportive." A family member we spoke with, told us, "I can't praise the staff highly enough. I can't fault the care. They have really made an effort to get to know my relative." Another relative told us, "I ring at least twice a day if I am not able to visit and they are very accommodating."

We spoke with ten members of staff. All were respectful of people's needs and described a sensitive and caring approach to their role. Staff told us they enjoyed their work because everyone cared about the people who lived at the home. One staff member said, "The people here we care for them. They are like our second family."

Staff spoke fondly and knowledgeably about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs for people within their care. One staff member told us, "Everyone is an individual; we get to know the people we care for and provide good care to meet their individual needs."

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs. We saw that staff knew the people they cared for and had a warm rapport with them. There was a relaxed atmosphere throughout the building. We noted that staff were attentive and dealt with requests without delay.

During our observations staff showed warmth and compassion in how they spoke with people who lived at the home. We noted through our observations that staff were very patient when dealing with people who repeatedly asked them the same question in a short space of time. We observed that one person appeared agitated. A member of staff demonstrated patience and understanding of the person's condition to diffuse the situation safely in a caring and compassionate way. We also saw staff were very patient when accompanying people to transfer from one room to another. This showed concern for people's well-being whilst responding to their needs and an awareness of supporting people to remain independent whilst ensuring their safety.

As part of our observations we checked on people who were nursed in bed in order to gain an insight into how their care was being delivered. We saw people were comfortable and were attended to regularly throughout the day. Call bells were responded to quickly when people required assistance.

We looked in detail at seven people's care records and other associated documentation. We saw evidence people had been involved with, and were at the centre of, developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. A member of staff told us they had ready access to people's care plans and they were informed if there had been any changes. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

Staff were in the process of introducing new 'Person Centred Care Plans' for each person who lived at the home. It was a new system so not all people, had a completed plan at the time of our visit. We looked at one of the completed plans which had been drafted in consultation with the person and their family members. The plan enhanced the information already gathered by the home by building a life story of the person and included details of their family and previous occupation as well as significant events and achievements. This showed a personal approach which helped staff to know the person they cared for and find out what mattered to that person so they could take account of their choices and preferences.

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person, to get to know how they liked to be treated. One staff member told us, "It is important that we respect people's privacy and dignity when supporting them."

Good

# Is the service caring?

People who lived at the home told us they felt their dignity and independence was respected. One person told us, “I just wanted a female carer to shower me and my wishes were respected. They just get on with it and talk about everyday things. Makes me feel much more comfortable.”

Good

# Is the service responsive?

## Our findings

People were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance. Where people had difficulties communicating, we found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions about their day to day care. One staff member told us, "You get to know all the residents and so you can spot when something is not quite normal for them."

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. People told us they had opportunities to be involved in the development and review of care plans if they wished. One person told us, "I made the decision to come into the home. I had good input into what I wanted and how I expected to be treated. I sign my care plan when things need changing."

People's capacity was considered under the Mental Capacity Act 2005 and we saw details of these assessments included in people's care records. Where specific decisions needed to be made about people's support and welfare; additional advice and support would be sought. People were able to access advocacy services and information was available for people to access the service should they need to. This was important as it ensured the person's best interest was represented and they received support to make choices about their care.

We saw that as part of the care planning process, regular reviews took place to discuss the person's care and support with them. Records we looked at showed these reviews had taken place as appropriate. If people's needs changed, care plans would be reassessed to make sure they received the care and support required. We found an example of good practice where following a fall at the home; staff had put a short term care plan in place for one person. The plan included a falls risk assessment, a body map to show any injuries suffered, a falls dairy and a plan of care to support the person. We also saw a referral had been made to the relevant health professionals for advice. This showed the home had responded to a person's changing care and support needs and sought timely medical advice as appropriate.

Family members told us they felt the communication with the home was excellent and they were kept up to date regarding care planning and any changes in health needs. One family member told us, "My father had some medical problems, the manager informed me and asked the doctor to call in and see Dad, the manager then regularly updated me on his recovery." They let me know if there are any changes or anything happens." Another family member told us they felt staff had responded quickly to their relative's changing needs and reassessed them regularly to ensure they were supporting them appropriately.

There was a varied programme of activities for all people who lived at the home. We saw from care records that people's interests and wishes had been identified to provide a personal approach to activities. There was a structured programme of activities. A notice board in the advertised which activities were planned for that day. On the day of our visit there was a game of bingo in the morning. Not a lot of people took part but one person told us that sometimes they have chair aerobics, clothes parties, and dominoes or watch a DVD which they enjoyed. They also told us there was a 'resident's meeting' once a month if they had any suggestions for change.

People were enabled to maintain relationships with their friends and family members. Throughout the day there was a number of friends and family members who visited their relatives. Family members told us they were always made to feel welcome when they visited the home. One family member described how they were always offered a drink and also told us they could spend time with their relative in the privacy of their own room if they so wished.

The service had a complaints procedure which was made available to people they supported and their family members. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or formal complaint.

People who lived at the home and the family members we spoke with told us they had received a copy of the complaints procedures. They told us they were aware of how to make a complaint and felt confident these would

Good

# Is the service responsive?

be listened to and acted upon. One person told us they had complained about the access to the car park as the door was too small and was at a bad angle for wheelchairs. The problem has now been addressed and a new wheelchair friendly door fixed. Another person told us they had complained about their personal chair being moved from one side of the lounge to the other. They told us the manager came to see them and when they came out of the dining room after tea it had been moved back to its original position.

Good

# Is the service well-led?

## Our findings

We spoke with people and family members for their thoughts on the leadership of the home. All the people we spoke with told us they thought the registered manager and home manager were accessible and approachable. They told us they had good communications with the managers and always thought they were listened to.

Newfield Lodge had a statement of purpose which outlined the service provided. It also set out the service's mission statement to provide services which are 'person-centred, respect people's dignity and privacy and promote independence.' During our visit we observed that the registered manager and staff acted according to these values when providing support to the people in their care.

Observations of how the registered manager and home manager interacted with staff members and comments from staff showed us that the service fostered a culture that was centred on the individual people they support. We found the service was well managed, with clear lines of responsibility and accountability. All staff members we spoke with confirmed they were supported by their manager. One staff member told us, "We have good daily communications with the manager. Her door is always open and we can talk to her at any time."

All staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. The management and staff team work closely together on a daily basis. This meant quality could be monitored as part of their day to day duties.

Discussions we held and records viewed, demonstrated regular group staff meetings were held during which, important information was cascaded to the staff team and people were invited to share their views. The registered manager spoke of the importance of ensuring staff were involved and engaged with developments within the service. We saw there were regular staff surveys carried out to enable the manager to ascertain levels of satisfaction amongst staff and identify any areas that may need to be addressed.

The provider had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through 'resident's meetings', satisfaction surveys and care reviews with people and their family members. We saw 'resident's meetings' were held regularly and any comments, suggestions or requests were acted upon by the registered manager. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included accidents and incidents audits, medication, care records and people's finances. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

Policies and procedures were in place for all aspects of service delivery and had recently been reviewed across the organisation. The registered manager and other managers from sister services had responsibility to ensure specific policies were updated and continued to reflect current legislation and best practice.

A representative of the provider visited the service at least once each month to carry out safety and quality checks. Following these visits a report was provided to the registered manager and home manager identifying any necessary improvements or good practice observed.

The home manager described the senior management team of the organisation as supportive and confirmed that the resources necessary for the effective running of the service were always made available. She also explained that she had regular opportunity to meet with other managers across the organisation for the purpose of peer support, learning and sharing good practice.