We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Newfield View Supported Living

8B Gleadless Avenue, Sheffield, S12 2QH

Tel: 01142810818

Date of Inspection: 28 October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<th>Standard</th>
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<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
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</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Newfield View Supported Living Limited</th>
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<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Mandy Billard</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Newfield View Supported Living is registered to provide personal care to adults who need support to maintain independence. The service consists of six properties, all within the Gleadless area of Sheffield. Each property is a two or three bedroom house, in character with other properties in the area. The services main office is located alongside one of the properties.</td>
</tr>
<tr>
<td><strong>Type of service</strong></td>
<td>Domiciliary care service</td>
</tr>
<tr>
<td><strong>Regulated activity</strong></td>
<td>Personal care</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People supported by Newfield View Supported Living told us that they were happy and that they had the support they needed. They told us, "It's good here. Better than where I was before. I get good support and all the staff are nice," "I am alright. I do the things I want and staff help me sometimes" and "I feel safe here. The staff know me well and support me in the way I want."

We found that before people received any care and support they were asked for their opinion and agreement to ensure that staff acted in accordance with their wishes.

We found that people's care and support needs were assessed and each person had a written support plan that set out their identified needs and the actions required of staff to meet these.

We found that medicines were being handled and stored safely.

The provider had a satisfactory recruitment and selection procedure in place to ensure that staff were appropriately employed.

The provider had an effective complaints system available.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.
There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Consent to care and treatment  
Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We visited three shared tenancies and spoke with three people who were supported by Newfield View Supported Living scheme.

People spoken with said that staff had talked with them about their support needs and preferences to make sure they agreed with their care plan. Their comments included, "They [staff] talk to me about my plan. I agreed to it. I am happy here," "The staff help me to do things myself so I can choose. I make decisions all the time about what to do, and they [staff] help with some of it" and "I had a meeting last week about my support plan. I get the support I need and staff always ask me so I agree to things."

We saw samples of ‘tenants meeting’ minutes which showed that people had discussed topics relevant to them so that they were involved in decision making and could voice their opinion.

We looked at two people’s support plans. We found that they focussed on meeting people’s needs whilst actively encouraging them to make choices and maintain independence. Peoples’ preferences, likes and dislikes were documented in the support plans seen.

We visited the office base and spoke with the registered manager and office manager. We found that the service had a policy on consent and written information on the Mental Capacity Act [MCA] and Deprivation of Liberty safeguards [DoLS] so that staff were provided with important information to uphold people’s rights.

We spoke with the three support staff on duty at the three different shared tenancies visited. Staff spoken with were very clear that it was the person’s right to decide what to do with their day. Staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.
Staff spoken with confirmed that they had been provided with combined MCA and DoLS training so that they had the knowledge to uphold and promote people’s rights. We looked at the training matrix to confirm this. Staff told us they had access to written information and guidance on the MCA and DoLS to support their understanding.
Care and welfare of people who use services

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

People told us that they received good support that met their needs. They said that the staff knew them well and helped them in the way that they needed and preferred. Comments included; "The staff are good, it's alright here. It's a lot better than when I had my own flat. I'm happy now," "I choose what to do, staff help me with some things. I can talk to them [staff]" and "The support I get from staff is really good. They know me well and help me with the bits I need help with. I am happy and safe here."

People told us that they chose how to spend their time and staff supported their independence. All of the people spoken with were involved in attending day centres or social groups.

We telephoned two relatives who told us they had no worries or concerns regarding Newfield View Supported Living. Their comments included, "We are very satisfied. [Our relative] is very happy and independent there. The staff are very good" and "The staff do well, [our relative] is really happy."

The registered manager provided us with written statements from relatives that had been received in September 2013. We found that the statements were very positive and included the comments, "The staff inspire confidence and keep us fully informed. I highly value the care given to our whole family by Newfield View [supported living] staff," "[My relative] enjoys their independence and activities and gaining many new skills due to the patience and hard work of their dedicated team" and "[My relative] has always received good quality care. Their support has been professional and staff have been understanding and helpful."

We looked at two people's support plans. They contained a good range of information that covered all aspects of the person's life. They included information on occupation, lifestyle choices, personal safety, family and friends and life skills. The plans detailed the staff actions required to support people in the way they chose. They were based on people’s involvement in decision making, and encouragement and prompting so that people’s independence was promoted and maintained. The files also included details of any health care issues and contacts so that people's health could be monitored and maintained. We
saw that support staff had completed daily records and found these to be comprehensively detailed so that they were an accurate and full reflection of the person's day. The files included risk assessments so that all risks had been identified, along with the actions required to reduce risk whilst maintaining independence. The support plans and risk assessments had been regularly reviewed so that they contained up to date information.

The provider may find it useful to note that in two of the shared tenancies visited we found that whilst support plans were kept in drawers, neither had locks to ensure that plans were stored securely to uphold people's right to privacy and confidentiality.

People spoken with said that they had been involved in writing their support plans and agreed with them. One person told us that they had a meeting the week prior to this inspection to review their support plan to make sure they were happy with it.

We spoke with one support worker and two senior support workers. They knew the people they supported very well, and could describe the support people needed, and the actions required from them to ensure this support was given. They were clear that the support provided was based around promoting independence.

People were seen to have choice about how to spend their time. People explained that they were responsible for most tasks themselves, and decided with the other people living in their home who would cook, shop, clean and complete other household tasks. People said that staff supported them to do this. Two people told us that they had 'one to one' time with staff so that they could go out into the local community and spend their leisure time as they chose. People said that they sometimes went out of the home on trips, and sometimes went to the local cinema or out for meals with staff.

Some of the shared tenancies were provided with 24 hour support where staff slept at the tenancies to provide support to people during the night if required. In one shared tenancy visited we saw a mattress propped up against the lounge wall. Staff informed us that this was used by staff to sleep when they were providing support during the night. They assured us that people living at the shared tenancy were able to stay up as long as they chose, and staff would accommodate this. Staff also informed us that people living at this shared tenancy chose to go to bed early so this meant staff had the opportunity for rest to prepare them for the next day. This was discussed with the registered manager who told us that this issue had been identified and a sofa bed had been purchased to improve facilities. The manager told us the sofa bed was due to be delivered during the week of this inspection.
Management of medicines

People should be given the medicines they need when they need them, and in a safe way

Met this standard

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We visited three shared tenancies of people supported by Newfield View Supported Living. We spoke with three people who told us that staff helped with thier medication. Their comments included; "They help me so I don't forget" and "I'm happy they [staff] do it [support with medication]."

We found that senior support workers and support workers administered medication. The registered manager said that all staff who administered medication had undertaken relevant training to ensure they had the skills and knowledge to follow safe procedures. Staff spoken with confirmed that they had undertaken medication training, which included being observed by a manager or senior whilst administering medication to ensure they understood and followed safe procedures. We checked the training matrix which evidenced that staff had been provided with medication training as part of the organisation's mandatory training programme.

We found that a pharmacist visited the office base to conduct medication audits for the supported living scheme. We saw the most recent audit had been undertaken in September 2013. We saw an action plan had been developed following the pharmacist's visit and found that recommendations had been acted upon. We saw training records which showed that staff had been provided with additional medication training in October 2013 that covered the different types and use of inhalers to enhance their skills and knowledge.

We checked the storage and records of medication in the three shared tenancies visited. We found that all medications were stored securely to keep people safe. We looked at medication administration records (MAR) for three people. We found that MAR sheets had been signed by the member of staff administering the medicines in all of the MAR sheets checked. We found that the medicines held corresponded with the details recorded on MAR charts.

At the time of this inspection no people were prescribed Controlled Drugs [CD’s]. However, we saw that a policy on the Safe Management of Controlled Drugs was in place for reference should this be required.
We found that a policy on the Safe Custody and Administration of Medicines was in place and accessible to staff so that important information was available to them.
Requirements relating to workers

People should be cared for by staff who are properly qualified and able to do their job

Met this standard

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found recruitment policies and procedures were in place that the registered manager followed when employing new members of staff.

We checked the recruitment records of two staff employed at the agency. We found the recruitment files included an application form, employment history, interview records, proof of identity and two written references. We spoke with these staff who confirmed that they had completed a written application form and attended a face to face interview prior to employment.

We saw Disclosure and Barring Scheme [DBS] checks [formerly known as Criminal Records Bureau [CRB] checks] had been undertaken.

These showed that full procedures had been adhered to and relevant information had been obtained prior to commencement of employment so that people's safety was promoted.

We spoke with one support worker, two senior support workers, the office manager and the registered manager. All staff spoken with were clear about their responsibilities and had the relevant qualifications, knowledge, skills and experience to carry out their role. All staff spoken with confirmed that they had a CRB/ DBS check undertaken as part of their recruitment.

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge.

All of the staff spoken with were positive about working at the agency. Their comments included; "It's a rewarding job, I really enjoy it" and "Supporting people to be independent is put first here, we are a good team." Staff also said the manager was approachable, had an 'open door' and always listened to them.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

All the people spoken with told us they were happy and had no worries or complaints. When we asked people if they were worried about anything what they would do, they all said they would go to any staff member and talk to them. Everyone spoken with said that staff listened to them. Comments included; "I'm not worried about anything. I can tell them [staff] if I am. They would listen to me" and "I don't have any concerns at all about the support I get. The staff are always respectful and I can talk to them."

We found that a policy and procedure was in place for handling complaints to ensure that any complaint was responded to appropriately. The policy included the contact details of relevant organisations should people wish to raise concerns directly to them. We saw that people had been provided with information about how to complain within the homes service user guide.

We saw that the complaints procedure was on display in the three shared tenancies visited so that people had access to this information. People told us they also had regular 'tenants meetings' where any issues of concern could be discussed.

The manager confirmed that a system was in place to record any complaints received. This was detailed in the complaints policy seen. We checked the complaints record and found that complaints and concerns had been fully recorded and included information on the action taken and the outcome of the complaint.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- ✔ Met this standard
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- ❌ Action needed
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- ❌ Enforcement action taken
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

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Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.