

# Ideal Carehomes (Number One) Limited

## Newfield Lodge

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Newfield Lodge is a residential care home providing personal care for up to 64 people aged 65 years and over in four separate units, two of which are for people living with dementia. There were 59 people using the service when we visited.

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

People received person centred care which was responsive to their needs. Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse. Care records provided detailed information about people's needs and preferences.

The home was clean and well maintained. The environment was decorated and furnished to a high standard with adaptations made to help people find their way around.

There were enough staff to meet people's needs and keep them safe. However, relatives and staff felt there were times when more staff were needed on the units for people living with dementia. The registered manager agreed to review this. Staff were trained and had the required skills to meet people's needs. Staff said they felt well supported. Recruitment processes helped to ensure staff were suitable to work in the care service.

Staff were kind, caring and compassionate. They treated people with respect and maintained their privacy and dignity. People enjoyed a wide range of activities and events both in the home and outside. People had access to healthcare services and their nutritional needs were met. Medicines were managed safely.

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.

The service was well organised with effective leadership and management. Quality assurance processes and regular reviews by senior managers ensured improvements were continuous.

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

### Rating at last inspection

The last rating for this service was Good (published 18 April 2017).

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Newfield Lodge

## 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

On the first day three inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day one inspector visited.

#### Service and service type

Newfield Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and nine relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, general manager, care workers, the catering manager and activity co-ordinator.

We reviewed a range of records. This included four people's care records and medication records. We looked at two 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; Learning lessons when things go wrong

- People said they felt safe at the service. Comments included; "Yes, it's very quiet, there's always somebody around and doors are locked. You've got your own room and can lock the door if you want" and "There's just never a problem, we're very lucky." A relative said about their family member, "She is safe here; they do look after her."
- Staff had completed safeguarding training and understood how to recognise and report abuse.
- Systems were in place to record and monitor any incidents and appropriate referrals had been made to the local authority safeguarding team. Concerns and allegations were acted on to make sure people were protected from harm.
- Actions were taken to keep people safe and any lessons learned were shared with staff to help prevent recurrences.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and recorded with guidance for staff on how to manage and minimise the risks. Staff understood and followed risk management plans. For example, ensuring a pressure relieving cushion was in place for a person who was at high risk of developing pressure ulcers.
- Equipment and the environment were safe and well maintained. Staff were confident and competent in using moving and handling equipment such as stand aid and hoists.
- Staff had received fire safety training and taken part in fire drills so they knew how to respond in the event of a fire. Evacuation plans were in place to ensure people received the support they needed in an emergency situation.
- Accidents and incidents were recorded. Where these had occurred, there was evidence of investigation and follow up action.

Staffing and recruitment

- Overall there were enough staff to meet people's needs and keep them safe. We saw staff spent time with people and responded promptly when they needed assistance.
- People's dependencies were assessed and reviewed regularly by the registered manager to determine safe staffing levels. We saw staffing levels were above those recommended by the staffing tool.
- People said they felt there were enough staff. Comments included, "Yes, one or two more wouldn't be bad, there are certain times when they are busier than others"; "I think so, there's always somebody about" and "At the moment yes, I can't remember a time when there weren't enough staff."
- However, staff and relatives felt there were times when more staff were needed on the units for people living with dementia. One relative commented, "No (there's not enough staff), especially on the dementia

unit. They have to wait for help, a lot need two staff." We raised this with the registered manager and when we visited on the second day we were told the staffing levels on these units had been reviewed.

- Staff worked as a team, communicating effectively with each other to make sure everyone received support.
- Staff were recruited safely with all required checks completed before they started in post, including criminal record checks with the Disclosure and Barring Service (DBS) and references.

#### Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely.
- People said they received their medicines when they needed them, which was confirmed in the medicine records we reviewed. However, on the first day of the inspection one person did not receive their medicines before going out for the day. The person came to no harm and the registered manager took action to make sure this did not happen again.
- Staff followed safe practices, supporting people to take their medicines and making sure they had done so before signing the medicine administration record.
- Staff had completed training in medicines administration and had their competency assessed.

#### Preventing and controlling infection

- The home was clean and effective infection control systems were in place.
- Staff had received infection control training and followed safe practices; washing hands and wearing gloves and aprons 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service to make sure the placement was suitable and the necessary resources were available. A relative told us, "We were involved in care planning. They did two home visits and went through everything in mum's past, her hobbies, her family. They found out everything about her."
- The service used an electronic care plan and risk assessment system to assess and identify people's needs. Staff used hand held devices to access information and update care records and said the system was effective.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and had the necessary skills and competencies to meet people's needs.
- New staff completed an induction including the Care Certificate and shadowed other staff before working unsupervised. One new staff member told us this worked well saying, "They put you with experienced staff so they can show you the ropes confidently."
- Staff received ongoing training, including specialist training, which was monitored by the registered manager and kept up to date.
- Staff said they received good support from their colleagues and the management team and received regular supervision and appraisal.

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

- People's nutritional needs and preferences were met. People told us they enjoyed the food. Comments included; "Food is lovely, never had a complaint about it" and "It's good, there's plenty to eat."
- Menus showed a choice of foods at each mealtime. Staff checked what people wanted to eat before serving their meal. People living with dementia were shown plated meals to help them decide which meal they wanted.
- Staff were kind and patient with people; gently prompting, assisting and encouraging people with food and drinks.
- Drinks and snacks were offered throughout the day and available to people if required during the night.
- People's weight was monitored for changes with action plans in place to address any weight loss.

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

- Staff worked well together as a team communicating effectively with each other about who they were assisting and where they were going to be.
- Care records showed a wide range of health and social care professionals were involved in people's care and any advice given was acted upon.

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

- The service was decorated and furnished to a high standard providing a pleasant environment for people which was light, bright and cheerful.
- People's names and photographs were on their bedroom doors which were a contrasting colour to make them more easily identifiable. Signs indicated bathrooms and toilets.
- Walls were decorated with pictures, murals and photographs which gave a homely feel and provided points of interest and discussion for people.
- Noticeboards provided useful information for people about activities, residents meetings and actions taken as a result of feedback from people.
- There were different communal areas throughout the home where people could sit together in small groups, including a library room, gentlemen's lounge, cinema room and hairdressing salon.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to have choice and control of their lives as staff understood and applied the key principles of the MCA.
- People were involved in decisions relating to their care and had consented to their care and support where they had the capacity to do so.
- Systems were in place to show who had DoLS authorisations and where there were conditions on the DoLS, these were being met.
- People's capacity to make particular decisions had been assessed, for example in relation to care and treatment, and best interest decisions had been recorded.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were complimentary about the staff who cared for them. Comments included; "Everyone is lovely. The girls can't do enough. Nothing is too much trouble"; "Yes they are [caring]. To tell you the truth I would not be here if staff were not doing what they do" and "I like to make a bit of fun with them because they're grand."
- Staff were kind, compassionate and thoughtful in their interactions with people. For example, a staff member gently and calmly supported a person who was distressed and stayed with them until they were calm. Another staff member noticed a person had fallen asleep in a chair and fetched a cushion to put under their head so they were more comfortable.
- The whole staff team, not just the care staff, were friendly and cheerful taking time to stop and chat with people and we saw people smiling and laughing in response. A relative said, "They go above and beyond. The whole staff are lovely and friendly. Families are welcomed and they are supportive to us all."
- The service treated people equally and ensured their rights were protected. It was evident from our discussions with people, relatives and staff that trusting relationships had been established.

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

- People were involved and supported in making decisions about all aspects of their daily lives.
- People were offered choices such as what time they got up, where they wanted to spend time and what they would like to eat and drink.
- Staff listened to people's views and acted upon them. One person said, "You can talk to them, that goes a long way and they listen."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and maintained their privacy and dignity.
- Staff were discreet when talking with people about their needs and any personal care was carried out in private.
- People looked clean and well groomed. Staff were attentive noticing when people's clothes needed changing and acted promptly. One relative expressed concerns about a lack of support from staff in maintaining their family member's appearance. We raised this with the registered manager who took action to address these matters.
- People were supported and encouraged by staff to do as much as they could for themselves.

## Is the service responsive?

### Our findings

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

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

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

- People received person centred care which met their needs and preferences.
- People said care was flexible and individualised. One person said, "Here the care is brilliant and I'm not just saying that." A relative said, "They will see what mum wants. For example, some mornings they will bring her tea and toast in her bed and others she will have breakfast in the dining room."
- Care records provided detailed information about people's needs and choices and the support they required from staff. Our discussions with staff showed they knew people well and had a clear understanding of the care and support they needed.

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 met the requirements of the AIS. People's communication needs were assessed during the initial assessment and care plans identified how their communication needs should be met.
- Staff were aware of the different ways of communicating with people and recognised the importance of giving people time to respond.
- The registered manager told us information could be provided in alternative formats such as other languages, braille or spoken format, if required.
- Some information was available to people in large print and pictorial form such as the activity programme. However, information about meals and menus was not. The registered manager said they would address this.

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 engaged in regular activities which included accessing the local community and trips out.
- The activity co-ordinator involved people in planning activities and events to meet their choices and interests. These included a monthly tea dance with professional ballroom dancers who got people singing and dancing together, a non-denominational church service and visits from local school children who read, sang and did arts and crafts with people.
- Staff had spent time finding out people's personal wishes and made these come true. For one person this was front row seats with friends attending a rugby league match, for another it was a trip to Scarborough to visit the sea life centre. A pop-up restaurant was created for another person and their family serving their

favourite food.

- People had worked with staff and the local community in developing an urban farm growing plants and vegetables, many of them in raised beds so everyone could join in. The service had won the regional event of a Gardens in Bloom competition organised by the provider.
- People gave positive feedback about activities that were available. A relative who frequently visited said, "It's unbelievable what they do. Twice a day things are on including trips out. The lifestyle manager is wonderful and knows them all so well. [Name of relative] went on three trips out last week. They keep mum busy, she has her hair done every week and nails done every fortnight. It's just lovely."

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints. The complaints procedure was displayed in the service.
- People said they were comfortable raising concerns. A relative said, "We would speak to the manager if we had any concerns but generally we go to the senior and care staff and they sort things."
- Records showed complaints had been investigated and the complainant had been informed of the outcome.

End of life care and support

- Care records showed some discussions had taken place with people to determine their wishes and preferences regarding end of life care.

## 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well run and organised. The provider was committed to making improvements for people using the service.
- The service had a registered manager who was supported in her role by an effective management team.
- Lines of accountability were clear. Staff understood their roles and responsibilities and said they felt well supported.
- Staff were confident people received high quality care. One member of staff said, "I would recommend here. It's a nice care home and a good place to work."
- There were effective systems in place to monitor and assess the quality of the service including monthly audits and senior manager reviews. Action plans showed where issues had been identified these had been addressed.
- The provider was continuously looking at ways to improve care and outcomes for people. For example, a recent initiative to improve individualised care involved staff completing 'This is me' documentation giving information about themselves. Although in the early stages, when completed, this information would be used to match staff with people who had similar interests.

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

- The registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff told us they were involved in discussions about the running of the service. Dates of residents' meetings were displayed in the service and minutes were made available.
- Regular staff meetings ensured staff views were aired and they were involved in discussions about improving the service. The provider recognised staff achievements with 'Beyond the call of duty' awards.
- Satisfaction surveys were sent to people throughout the year focussing on different topics. Results were analysed and displayed in the service showing any actions taken. 'First impression' surveys were available for anyone visiting the home to share their views.
- The service worked closely with other health and social care professionals to ensure people received

consistent and timely care.