Palms Row Health Care Limited

Newfield Nursing Home

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

Newfield Nursing Home is registered to provide accommodation for up to 60 older people who require nursing or personal care. The home is purpose built and accommodation is provided over two floors, accessed by a passenger lift. Part of the first floor provides intermediate care where people are supported to move back to permanent accommodation. Rehabilitation and enablement support is provided from Sheffield Teaching Hospitals physiotherapists and occupational therapists. The ground floor provides permanent accommodation. The home is situated in the Heeley/Newfield Green area of Sheffield and is close to shops and public transport.

There was a manager at the service who was registered with Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Our last inspection at Newfield Nursing Home took place on 7 September 2015. The service was rated Good.

This inspection took place on 30 October 2017 and was unannounced. This meant the people who lived at Newfield and the staff who worked there did not know we were coming. On the day of our inspection there were 56 people using the service . The registered manager was not available on the day of our inspection as she was attending a work commitment in London.

People spoke positively about their experience of Newfield. They told us the staff were kind and they were provided with the support they needed.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or they suspected abuse.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Some windows needed attention or replacing to improve the environment. A full audit had been undertaken and a rolling programme of repair was in place to address this.

Staff recruitment procedures were robust and ensured people's safety was promoted.

Sufficient numbers of staff were provided to meet people's needs.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

A programme of activities was in place so people were provided with a range of leisure opportunities.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Staff were aware of their responsibilities in keeping people safe.

Medicines were stored securely. Appropriate arrangements were in place for the safe administration and disposal of medicines.

The staff recruitment procedures in place promoted people's safety.

Staffing levels were sufficient to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Parts of the environment had been identified as needing repair and a programme to implement the repairs was in place.

Staff were provided with a regular programme of training, supervision and appraisal for development and support.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

Is the service responsive?

Good

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

People living at the home, or their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good

The service was not always well led.

The registered provider had not undertaken some improvements to the environment which they had previously assured would be completed.

There was an experienced registered manager in post who was well liked and respected by people. Staff told us communication was good within the home.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information. Staff meetings were held.

Newfield Nursing 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 registered 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 on 30 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, two experts by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse.

Before the inspection visit, we reviewed the information we held about the service, including the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of safeguarding and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted Sheffield local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During the visit, we spoke with 11 people who used the service and ten of their relatives and friends to obtain their views of the home.

The registered manager was not available on the day of our inspection as she was attending a work commitment in London. We spoke with 15 staff including the clinical manager, a clinical manager from another service within the registered provider group, the deputy manager, qualified nurses, senior care staff, care staff, housekeeping staff, the maintenance person and the administrator. We spoke with two NHS employed staff who were based at Newfield Nursing Home. We looked at five care plans, three staff files and

records associated with the running and monitoring of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Newfield Nursing Home. People said they were happy at the home. All of the relatives spoken with said they felt their family member was in a safe environment. Comments included, "Yes I feel very safe," "I am happy here and feel safe," "I am happy with the home and the staff are marvellous. My [family member] is safe. They are well cared for and they would cry if they were unhappy" and "I'm not worried about anything." One relative said their family member felt safe in their room, everything was at hand for them. They told us their family member was not worried about anything. They said their family member was well cared for and they felt confident their family member would say if they were unhappy.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior staff and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe. One staff commented, "I would report anything straight away. I know immediate action would be taken."

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed small amounts of money for a few people and people could access their money as they needed. Individual envelopes containing people's money were kept. We saw financial records were maintained and we checked the financial transaction records for two people. They showed all transactions and detailed any money paid into or out of the persons account. Receipts from purchases were retained to evidence the recorded transactions were accurate. The amounts held corresponded with the records. This showed safe procedures had been followed. Staff spoken with could describe the procedures for handling people's money safely.

All of the staff asked said they would be happy for a relative or friend to live or stay at the home and felt they would be safe. Their comments included, "The care here is very good and I would recommend it" and "I would be happy for my family to stay here. I feel people are safe and well cared for."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We observed part of the morning medicines administration on one floor of the home. We found that safe procedures were followed. Staff explained to people what medicines they were taking and asked if they needed any pain relief. People were provided with a drink to take their medicines with and staff were patient and respectful. We found staff patient, kind and respectful when administering medicines.

We saw the morning medication administration records (MAR) had been fully completed. The MAR held photographs of the person, any known allergies and protocols for administering medicines prescribed on an 'as needed' basis (PRN.) The medicines kept corresponded with the details on MAR charts. Medicines were stored securely. At the time of this inspection some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to.

We found insulin was stored correctly with supplies in the fridge and the current pen at room temperature. We observed staff resheathing the disposable needle on the pen after administration, which meant staff might be putting themselves at risk of needle stick injury. We advised the deputy clinical manager to contact the Diabetes team for further advice regarding this procedure to protect staff.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the registered manager also regularly observed staff administering medicines to check their competency. We saw regular audits of people's MAR's were undertaken to look for gaps or errors and we saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

We looked at staffing levels to check enough staff were provided to meet people's needs. We found four qualified nurses and 11 care staff, including senior care, were provided each day. The rota for the week of this inspection showed that six care staff and three qualified staff were available each night. Ancillary staff such as domestic and kitchen staff were also provided each day. In addition, two physio therapists, one occupational therapist and one therapy assistant were supporting people receiving intermediate care on the day of our inspection. We looked at the staffing rota for the week prior to this inspection and found these identified staffing levels had been maintained.

At the time of this inspection we found 44 hours day care and 44 hours night care were vacant. Three qualified nurse posts were vacant. The clinical manager told us that the registered provider was recruiting staff and two qualified staff had just been recruited. The registered manager used staff within the care agency of the provider group to cover any vacancies until posts were filled. This meant people had a consistent team of staff supporting them.

Staff spoken with confirmed enough staff were provided. They commented, "We've been short (of permanent staff) but use regular agency, new staff have started," "We are busy, but can meet people's needs" and "There's always this number of staff. We can meet people's needs." We found records of regular checks on call buzzer response times. Those seen showed a response time of between 30 seconds and two minutes 30 seconds. This showed that staff were available to respond to people's needs. We observed staff were visible around the home and responded to people's needs as required. Whilst most people told us they thought enough staff were provided, one person commented, "I have a call button but sometimes when I use it staff take a long time to come. Staff are helpful and they are good if I need them."

We looked at five people's care plans in detail and saw each plan contained risk assessments that identified

the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence. For example, one person's moving and handling care plan had been changed as a result of their risk assessment indicating they were higher risk and needed different equipment to support them.

Regular checks of the building were carried out to make sure the building was safe. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon. Domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed procedures were followed to control infection. We found the home was clean in all the areas we saw.

Good

Is the service effective?

Our findings

We found the home was designed and adapted to meet the needs of people using the service. We found the accommodation was well decorated and welcoming and pleasant living spaces were provided. The home appeared well maintained internally.

At our previous inspection on 7 September 2015, we noted a number of the windows double-glazing units were in need of repair as the glass was cloudy or had condensation in between the two double glazing panes. We found windows in both communal rooms and people's bedrooms were affected. These defective panes reduced visibility and gave the rooms an uncared for look. At our previous inspection, we spoke with the registered manager and received feedback from the registered provider about proposed refurbishment and/or repair of the home. The registered provider confirmed that the windows would be repaired and/ or replaced in spring 2016.

At this inspection we found the condition of windows had not improved. We did not undertake a full inspection of all the widows but saw one lounge had nine windows with a restricted view, several rooms had windows with a restricted view and one bedroom seen had all the windows restricted by failed double-glazing. One person told us they liked their room and spent a lot of time in bed. We saw their window was misted and their view was restricted because of this. The poor condition of some windows with restricted view could negatively impact on people's enjoyment of the living space provided.

At this inspection, we saw part of a garden fence was missing and consequently gave access to a steep slope in the garden, which posed a risk to people. Staff told us that people were not using this part of the garden until the fence was repaired. We discussed this with the clinical manager who informed us the fence was awaiting repair. It was concerning to note the complaints record seen showed a relative had made a complaint in July 2017 regarding the missing fence and this had not yet been repaired.

Following this inspection we discussed these concerns with the registered provider. They gave us written information to evidence other, unforeseen building work had taken priority over replacing windows to make the building safe and reduce risks to people's health and safety. The fire systems and infection prevention systems had been improved. The registered manager informed us a full audit of the windows had taken place and a rolling programme of replacement would be completed within the next twelve months. The garden fence would also be repaired.

People we spoke with told us they were happy with the support they received. Comments included, "I am happy with the staff" and "Yes I like living here and I am very happy. The staff do a good job."

We checked if staff were provided with training, supervision and appraisal so they had the skills to do their job well. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff

with further relevant skills were also undertaken, for example, training on dignity and communication. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training provided gave them the skills they needed for their role. One staff told us, "It's very good training. There are good training opportunities."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The records showed care staff had been provided with regular supervision and an annual appraisal for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

We asked people living at the home and their relatives about support with healthcare. People living at the home said their health was looked after and they were provided with the support they needed. They told us they saw the GP when they needed and said they were "good" and "very approachable." Another person told us they had seen an optician who had provided them with spectacles. The relatives spoken with had no concerns regarding the health care support provided to their family member. One relative said their family member was weighed regularly and they were happy because they had gained weight. Other relatives commented, "[Name of family member] had pressure sores when discharged from hospital but this home sorted these out" and "[Name of family member] has had no pressure sores despite being immobile."

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, Speech and language therapy (SALT), and dentists. People's weights were regularly monitored so any weight and health issues were identified quickly. Food and fluid intake charts were kept for people identified as at risk to help in monitoring people's health. We saw the service used Malnutrition Universal Screening Tool (MUST) so emerging risks could be quickly identified. MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. It also provides clear guidance for staff so they know when to escalate concerns around nutrition to a health professional.

We found a varied and nutritious diet was provided to support people's health and respect their preferences. Staff were aware of people's dietary needs and preferences so these could be respected. We saw people were regularly offered drinks and snacks. People always had a drink within reach and we also saw people enjoying snacks throughout the day.

People told us the food was good and they enjoyed the meals. Comments on the food included, "The food is good" and "The food is tasty and well cooked. There is plenty of it and we have lots of drinks." One person told us they did not like the desserts on offer and we saw staff offering them different choices. Relatives spoken with had no concerns about the food. Comments included, "[Name of family member] eats and drinks well" and "[Name of family member] is eating well and the food is excellent. I can make them a drink whenever they want one."

We observed part of the mid-day meal in the main dining room. We found the meal was a positive experience and people were supported as needed. The room was light and pleasant. The dining tables were neatly set out and looked welcoming. We saw staff took time to support people and were patient when serving meals. The food was well presented. Some people had their meals provided to them in their rooms. We saw that people were supported as needed and their meals looked appetising.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Some staff we spoke with confirmed they had been provided with training in MCA and DoLS and understood the principles of these. This meant these staff had relevant knowledge of procedures to follow in line with legislation. Two staff spoken with were unclear if they had been provided with training in this subject. We discussed this with the clinical manager who gave assurances that they would explore this training need so that all staff had relevant knowledge.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People told us they felt consulted and staff always asked for consent. We looked at three people's care plans and found care was provided to people with their consent. The care plans seen held people's signatures, where people had been able to sign, to evidence they had been consulted and had agreed to their plan. Where people had been unable to sign, the plans had been signed by the person's representative. This showed important information had been shared with people and their advocates and they had been involved in making choices and decisions about their care.

Good

Is the service caring?

Our findings

People who used the service and their relatives all made positive comments about the home. People told us they were happy and well cared for by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. People said, "The staff are lovely, very caring" and "It is a good home." People told us that they were encouraged to be independent if they were able and to ask for help if required. Relatives said they were always welcomed in a caring and friendly manner. Their comments included, "We chose this home. My [family member] is happy here," "We are happy with [family members] care. We visit frequently," and "I am very satisfied with the home overall. We knew the home from other relatives having lived here. Staff in general are all caring but some appear less engaged and do not know the residents. I do not know whether these are agency staff. Consistent staffing is very important for [name of family member]."

Relatives asked said they felt involved and were kept informed by staff at Newfield Nursing home. One relative commented, "[Name of family member] is here for assessment and rehabilitation prior to going home after being in hospital. This is a much better place for their 're-hab' rather than in hospital. I have been consulted by the in-house NHS team on [family member's] capabilities and progress. They appear to be well looked-after. They are comfortable and the staff are good. The home keeps me informed of progress."

Staff told us they enjoyed working at the home and said staff worked well together as a team. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be well cared for.

During our inspection, we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. We heard shared laughter and banter throughout the day. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw some people had personalised their bedrooms according to their individual choice. This also showed people were treated respectfully.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected. Staff told us the home had dignity champions. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. Dignity Champions all pledge to challenge poor care, to act as good role models and, through specific guidelines issued by the campaign, to educate and inform all those working around them.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished.

Staff spoken with said end of life care was always discussed so they had the skills and knowledge to care for people when this support was needed. The plans seen held relevant information on the person's wishes regarding end of life care. One relative told us they had received a call from the GP requesting important information about their family member's end of life care. This showed that people were consulted and involved.

Good

Is the service responsive?

Our findings

People living at Newfield Nursing Home, and their relatives said staff responded to their [or their family member's] needs and knew them well. They told us they [or their family member] chose where and how to spend their time and how they wanted their care and support to be provided. One relative told us how their family member needed support to move around the home and they had seen the staff using specialist equipment to support their family member's specific needs. This showed a person centred approach. One relative told us, "[My family member] has been brilliant since they have been here."

All of the people spoken with, and their relatives, said they were happy with the activities provided and they [or their family member] were free to choose to join in or not, depending on their preference. Everyone spoke highly of the activities coordinator. Comments included, "I love going to the bingo. I really look forward to it. I go most days," "I have made a friend and look forward to joining in activities with them," "The activities programme is good," "Other homes were below the standards of this one. Sometimes [name of family member] takes part in activities. They enjoy singing" and "[Name of family member] has 'come out of themselves' since attending the activities. Sometimes they have to be encouraged a lot but the activities programme is managed and operated well."

We found two part time activity coordinators were employed and shared a full time post. This meant a range of meaningful activities could be provided to people. Information on future activities was displayed in the home. This showed that a range of activities were provided which included visits from professional entertainers.

Throughout our inspection, we saw staff were responsive to people's needs. For example, we saw a person struggling to complete a small task. Staff responded immediately and unobtrusively supported them in completing the task. We saw staff responded to people's requests in a kind and patient manner. We saw staff helping people to the toilet as soon as they requested this assistance.

Throughout our inspection, we saw staff support people's choices. We heard staff asking people their choices and preferences, for example, asking people what they would like to drink, where they wanted to spend time and what they wanted to do.

Before accepting a placement for someone the registered manager carried out an assessment of the person's needs so they could be sure they could provide appropriate support. This assessment formed the basis of the initial care plan.

We looked at five care plans. They were well set out and easy to read. They contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

People told us staff had asked them about their care needs and what was important to them so that their views were reflected. Relatives asked said they had been involved and consulted in developing their family members care plan. The care plans seen contained evidence of relative's involvement.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. People's most up to date information was relayed to new staff coming on duty. Handover meetings were held between staff during each shift change, which meant staff would know of any changes to a person's needs or anything important that had happened during the earlier shift. This meant people were supported by staff that knew them well.

There was a clear complaints procedure in place. A copy of the complaints procedure was included in the Service User Guide, which had been provided to each person living at the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw the complaints procedure was on display at the home so people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them. Comments included, "I have absolutely no complaints about this home," "I am happy with the staff. I can visit whenever I want at any time of the day. When I have had a problem it's been resolved quickly," "I tell people if I am not happy. I wasn't happy with one member of staff and I told him about this and there has been no problem since," "On the whole staff are good. I feel I could make a complaint and [name of family member] would tell me if there was something wrong" and "If I've had a problem it's always been resolved quickly."

Good

Is the service well-led?

Our findings

The manager was registered with CQC. The registered manager was not present during our inspection as they were attending a work commitment in London. During the inspection, a clinical manager from another service within the provider group visited the home to support our inspection. The clinical manager of Newfield Nursing Home was not working on the day of our inspection, but also came to the home to support our inspection. This showed a commitment to the service.

People at Newfield Nursing Home, their relatives and staff at the home spoke very positively about the registered manager and the management team. People told us they knew the registered manager and other managers at the home and found them approachable and supportive. People living at the home told us the registered manager was nice. Staff told us they felt well supported by the management team.

We found a welcoming, open and positive culture in the home that was encouraged and supported by the staff. People told us there was always a good atmosphere in the home. Their comments included, "It's lovely and friendly here" and "I think it's a nice quiet calm place and I have made friends."

Staff displayed a commitment to providing good care through the interactions observed and comments made. We saw an inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff asked said they would be happy for a friend or family member to live at the home. Their comments included, "I feel proud to say where I work," "There's a good atmosphere here" and "I enjoy working here because the care is good." One agency worker told us, "I like working here because the staff care."

Staff told us the registered provider had an 'Employee of the month' award and each winner received £50. Staff told us this helped them feel valued.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the home. Records showed the registered manager, and other senior staff at the home undertook regular audits to make sure full procedures were followed. Those seen included care plan, infection control, finance, call buzzer response times and medication audits. We saw environment checks were regularly undertaken to audit the environment to make sure it was safe.

We found questionnaires had recently been sent to people living at the home and their relatives to formally obtain and act on their views. The clinical manager confirmed the results of questionnaires would be audited and a report compiled from these so people had access to this information. They told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to

act on this. We saw the results from the professionals and stakeholders surveys, which were positive.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns so people's well-being and safety could be promoted.

Records seen showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. People living at the home and their relatives also told us they were kept informed of any updates. One relative told us they were invited to attend relatives meetings, which were held every three months so that they could share their views.

The home had policies and procedures in place, which covered all aspects of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme.

The clinical manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The clinical manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.