

Homefield College Limited

# Homefield College Limited - 76 Cossington Road

## 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 |  |

### Overall summary

The inspection took place on 5 February 2015 and was unannounced.

At the last inspection on 4 September 2013 we asked the provider to take action to make improvements. We asked them to improve practice relating to obtaining peoples consent and acting in accordance with it. Following that

inspection the provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found improvements had been made to meet the relevant requirements.

Homefield College Limited – 76 Cossington Road provide accommodation, care and support for up to three people

# Summary of findings

with learning disabilities. On the day of our visit there were three people living at the home. Accommodation and living space was provided over two floors in a semi-detached property.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at the service and they knew who to tell if they had any concerns. We saw that house meetings were held where issues such as bullying and abuse were discussed to ensure that people understood the types of behaviour that were unacceptable and knew how to raise any concerns.

Staff had a detailed knowledge of safeguarding and whistleblowing and there were policies in place for staff to follow should they need to raise any concerns.

There were robust procedures in place to ensure that people's medicines were managed safely.

People were supported to make informed decisions about their daily living and activities they undertook. People told us they were happy living at the service. Staff promoted people's independence and people's privacy and dignity was respected.

People's human rights were protected because staff were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that sets out the requirements that ensures where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

People were supported to eat a balanced diet and to participate in daily living activities. The service was responsive to people's individual hobbies and interests.

People using the service had access to information in appropriate formats to enable them to understand. Pictorial aids were used in people's support plans and information was displayed around the service in formats for people to understand.

Values of the service were shared with staff and staff promoted them through their work. There were quality assurance audits of the service carried out. Actions identified in these were completed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Abuse and bullying was discussed openly with people that used the service. People knew what to do if they experienced it.

People were able to make choices about their things they did. Risk assessments were in place to minimise restrictions on people's freedom, choice and control.

People received their medication as prescribed and had access to non-prescribed medicines when they needed them.

Good



### Is the service effective?

The service was effective.

People were supported to eat a balanced diet. People were actively involved in meal planning and preparation.

People were involved in the development of their support plans and their consent with their plans had been obtained.

Staff had attended training courses to enable them to have the skills and knowledge to meet people's needs.

Good



### Is the service caring?

The service was caring.

Staff were caring, compassionate and kind. They listened and responded to appropriately to people.

People were involved in choices about their care and support. People's privacy and dignity was respected.

Staff had a detailed knowledge of people's preferences and care needs.

Good



### Is the service responsive?

The service was responsive.

People were involved in making decisions about their care and support.

People were supported to pursue individual hobbies and interests in addition to scheduled activities.

People knew who to tell if they were unhappy with something. There was a complaints policy in place in a suitable format for people that used the service.

Good



### Is the service well-led?

The service was well led.

Staff shared the same vision and values and promoted them through their daily work.

The registered manager was approachable. Staff felt able to tell them about any concerns.

Good



# Summary of findings

There were effective systems in place to monitor and assess the service.

# Homefield College Limited - 76 Cossington Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 February 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at and reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had a contract with the service and funding responsibility for one person who was using the service.

We spoke with two people that used the service and received feedback from three relatives of people that used the service. We also spoke with the registered manager and two support workers. We spent time at the service observing support that was being provided. We looked at care records of two people that used the service and other documentation about how the service was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, "I feel safe living here," another person said, "I like it and I feel safe." Relatives told us they felt that their relative was safe. We saw that people were involved in weekly house meetings where bullying and abuse were discussed. People were part of discussions that took place and told us that they would tell staff if they had any concerns. One person told us that they were also able to tell another person from the organisation that they kept in contact with.

Staff had a detailed understanding of the various types of abuse and they were able to tell us about the actions they would take in response to any concerns. The registered manager showed us a copy of a leaflet relating to safeguarding that staff were provided with. We saw that it contained information and details about where and how suspected abuse should be reported. Staff confirmed that they had these leaflets and that they always kept them with them. There was a safeguarding policy and whistle blowing policy in place for staff to follow if they needed to.

One person told us how they were able to go to the local shop on their own. They were pleased with their achievement. We discussed this with the manager who told us they had risk assessed the situation, put control measures in place and the person was now able to go to the local shop on their own. Risk assessments were in place to minimise restrictions on people's freedom, choice and control.

The service had a folder that contained information and relevant contact details in the case of an emergency or untoward event. Staff knew where these were and had knowledge of the contingency plans that were in place. We also saw that the provider kept a copy of a business continuity plan centrally.

We saw that checks were carried out on equipment at the service as required by law. We saw that certificates and information were kept of service and maintenance visits relating to equipment.

People told us there were enough staff at the service. One person said, "There's always a staff member around." There was a bedroom at the service available for staff and overnight there was one staff member on duty who was allowed to sleep. The manager told us that people did not currently have assessed needs at night time and should this change then the staffing arrangements would be reviewed. Throughout our inspection we saw that there were sufficient members of staff available. We saw that where people were being supported on a one to one basis within the community then staffing arrangements were amended to ensure that people were kept safe. Where outings required additional staff we saw that these were put in place.

We looked at staff records and found that appropriate checks were undertaken before staff began working at the home. Records showed that all relevant pre-employment checks had been carried out. This meant people using the service could be confident that staff had been screened as to their suitability to care for the people who lived there.

People told us that staff assisted them with their medicines. One person said, "If I was in pain, I'd tell the staff and they'd give me a tablet." Another person said, "Staff always give me my medicine." We saw medication cupboards that locked were available in people's rooms. Staff told us about how they administered medicines and details of the procedure they followed. We saw that people received their medicines as prescribed. We also saw that each time a medicine was administered there was a stock count carried out. This meant that there was a record of the amount of medications kept within the service at all times. There was a policy in place for homely remedies; these are non-prescribed medicines that people had chosen. We saw that when requested, people were supported with homely remedies and these were recorded.

# Is the service effective?

## Our findings

At the last inspection on 4 September 2013 we asked the provider to take action to make improvements. We asked them to improve practice relating to obtaining peoples consent and acting in accordance with it. Following that inspection the provider sent us an action plan to tell us about the improvements they were going to make. At this inspection we found improvements had been made to meet the relevant requirements.

We spoke with two people that used the service who told us they had been involved in their support plans and showed them to us. One person showed us where they had signed their support plan to demonstrate their consent to it. They also showed us how they had used stickers throughout their plan to indicate their choices and preferences.

The registered manager understood the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and the requirements of them. The MCA is legislation that sets out the requirements that ensures where appropriate; decisions are made in people's best interests when they are unable to do this for themselves.

We saw that where necessary a MCA assessment had been carried out and a best interest decision had been made. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. At the time of our inspection nobody was being unlawfully deprived of their liberty. The registered manager had attended a train the trainer course on MCA and DoLS and had arranged training sessions to ensure that all of the staff had received training about it. However, at the time of our inspection not all staff had attended the training and their knowledge about the legislation was variable. The manager advised us that if there any concerns raised about a person's capacity then they would take the lead.

We saw that where people displayed behaviour that challenged others there were plans in place which described triggers and provided details and guidance for staff to follow. We spoke with staff that had a detailed knowledge of the plans and they were able to tell us about they would respond. Their responses were consistent with

the written guidance in place. Staff had all attended training about de-escalation techniques. Staff told us this helped them to feel more prepared to deal with challenging situations.

A relative told us, "The care staff have excellent skills, training and experience in care work and I have always found them knowledgeable and exceptionally understanding with all my [relative's] needs and that is why [my relative] is settled and enjoys living where [my relative] does." Staff told us they received regular training and we saw evidence that they have received training specifically tailored towards understanding and meeting people's specific needs.

Staff told us they felt well supported in their roles, attended regular staff meetings, had supervisions and an annual appraisal. Supervisions were a meeting with a senior member of staff to support them in their work and discuss any problems. An appraisal is the opportunity for staff to reflect on their work and learning needs in order to improve their performance. We spoke with the registered manager and looked at records that confirmed that these all took place although the frequency of supervisions was variable.

One staff member told us about the induction process they had been through. They told us how they had completed training, had an induction workbook to complete, had a period of shadowing more experienced staff and had regular meetings with the manager throughout. They told us that all of this combined had enabled them to get to know the people that used the service and made them feel able to understand and meet people's needs. We saw evidence of the meetings and training that the person had attended.

People told us they had plenty to eat and drink and about how they were involved in menu planning at the service. Relatives told us that people were provided with a suitable diet. We saw that people were involved in the menu planning on a weekly basis and they were pictorial aids available to assist people with their choices. We saw that information about eating a balanced diet from the various food groups was available and people were encouraged to follow this when selecting their meal options. Records confirmed that people were having a balanced diet. Each person had an allocated day when they were responsible

## Is the service effective?

for planning and preparing the main meal for people at the service. People told us that if they didn't want to have the meal that had been planned then they were able to have an alternative. We saw records that confirmed this.

People told us that they were able to see healthcare professionals as and when they needed to. One person told us how the staff were supporting them to an appointment at their dentist. A relative told us, "[My relative] sees [their] GP when necessary and has regular check-ups. They also sees the dentist every 6 months and the optician every 12

months." They went on to tell us, "The care staff email regularly to let me know if there have been any changes in [my relative's] health. They are very good at noticing even small changes and will let me know immediately. They have encouraged [my relative] to let them know if they are feeling unwell or has a problem." We saw evidence of professional healthcare involvement when people were feeling unwell. Requests for appointments had been made without any delay.

# Is the service caring?

## Our findings

People told us that the staff were friendly and kind. One person told us, "The staff are good," another person said, "The staff are good and they listen." A relative told us that the attitude and approach of staff was 'mainly very good', another relative told us, "I think the care staff are exceptional and work with total care and attention."

We observed staff communicating with people with kindness and compassion. People were involved in general conversations about the environment and plans for the day. One person told staff that they did not want to talk, they indicated that they wanted to sit quietly in the lounge area and not be disturbed. We saw that staff respected this. Staff responded appropriately to people's concerns and addressed them in their preferred way. We spoke with two staff members who knew people's preferences and were able to tell us about their individual needs.

People told us they were able to make decisions about their care and support. We found that one to one meetings with people and a staff member took place. We saw that these involved general discussion about how the person was feeling and further discussion about things that they would like to do. Staff told us that there were times when people chose not to participate in a one to one session and they explained to us how they would respect that choice and try and undertake the session on an alternative day.

There was no information about advocacy services that are available to people on display. We discussed this with the registered manager of the service who told us that they would look into this and ensure that information about advocacy services was available for people.

We saw that people had locks on their bedroom doors which allowed them privacy as required. We saw that when people went out they locked their bedrooms. Staff told us that unless it was a health and safety matter then they were not able to enter people's bedrooms if they did not have their permission.

One person told us how when they were having a bath a staff member stayed outside the door. This was to ensure their safety but it enabled them to have their own privacy while carrying out their personal care. Staff had a good understanding of how they were able to ensure that's people privacy and dignity was maintained while they were supporting people to carry out their personal care. Relatives told us their loved ones were treated with dignity and respect. We observed staff treating people with consideration and respect.

People told us that staff promoted their independence by getting them to do as much as they could for themselves. We saw that people were involved in daily living tasks around the home and they were supported by staff as necessary.

There were no restrictions on relatives visiting the service and we saw that people also undertook regular visits home. We saw that people that used the service were supported to maintain contact with their relatives via e-mail and over the telephone.

# Is the service responsive?

## Our findings

People told us they were involved in making decisions about their care. Relatives provided us with mixed responses about the extent of which their relatives were involved in making decisions relating to their care. One person told us how they were able to choose when they had bath. Another person told us how they were able to make choices about the things that they did. One person showed us their support plan and showed us how they had answered questions that provided details of how they wanted their care to be provided. We saw that pictorial aids had been used throughout their support plan to assist the person to understand. We observed staff providing people with choices and enabling people the time they needed to respond.

People told us they were able to choose the activities that they wished to participate in. We saw that there was a variety of activities that took place and people were able to choose the ones that they participated in. Relatives told us that on the whole the activities available met their relative's needs.

One person told us how they carried out voluntary work at a local shop that was owned by the provider. They told us they enjoyed this. Another person told us how they enjoyed the cooking and book clubs. Along with the scheduled activities that took place people were also supported to follow their individual hobbies and interests. We saw how one person went swimming on a regular basis and how another person was supported to attend a disco on occasions.

People told us that they had been on an annual holiday with the service. People told us how they had enjoyed it

and they were looking forward to going away again in the summer time. We discussed the holiday with the manager who told us how people were involved in decisions about the activities that they undertook during the holiday.

We saw that people had one to one time with staff where people chose the activities that they undertook. We were told that choices were discussed with staff and consideration also had to be given to people's personal budgets. Staff told us about some things that had recently been introduced for people to make them more affordable, such as a face mask at home rather than going to a beauticians and a manicure at home rather than visiting a nail bar. The service had responded to people's choices and preferences and offered financially viable options as well as supporting people to visit external services such as a beauticians but on a less frequent basis.

We saw that complaints and areas for improvement were discussed with people as part of house meetings that took place. People were asked if they were happy, wanted to talk about anything or had any suggestions. We saw that there was very limited responses from people recorded but where people had requested an activity or trip this had been pursued.

We saw that the complaints policy was available for people in a pictorial format. People told us that if they had any concerns they would tell the staff. The complaints policy included information about the different stages of the process and provided timescales in which complaints would be investigated with in. It did not however provide any contact details of where people could refer their complaints to for further investigation should they be dissatisfied with the providers response.

# Is the service well-led?

## Our findings

Staff spoke positively about the registered manager and told us how they felt well supported in their roles. One staff member told us, "It's a happy place to work". Another person told us, "I feel well supported and enjoy my job." Staff told us that they were able to approach the manager with any queries or concerns and they felt assured that action would be taken. One person told us how the manager had helped them to increase their own self confidence and professional development at the service. They told us this had been done by the manager providing them with feedback about their own performance and listening to their ideas.

There was clear vision at the service shared by all of the staff. The values of the service included involvement, independence, dignity, respect, equality and empowerment. We saw the Vision Statement and Mission Statement on display within the service. Staff had a detailed knowledge of the services vision and values. These were promoted by staff.

The manager spent time at the service and was on occasions directly involved in providing support. This enabled them to have detailed knowledge of people's abilities and needs. They also understood the day-to-day running of the service and were able to step in to assist staff if they needed any support. One staff member told us how they called the manager once when they had a concern about a person's behaviour and the manager immediately responded.

Staff told us that staff meetings took place. We saw evidence that staff meetings had taken place although the frequency of them was variable. Staff also told us they received regular updates and information about the service during handover and throughout their shifts.

The registered manager ensured they met their legal responsibilities and obligations. This meant they adhered to the registration conditions with us. Staff knew the expectations of them within their role.

Relatives told us that they had taken part in quality assurance in the past but that they were not sent out on a regular basis. Some relatives could recall seeing information about the outcome and actions of these surveys and some could not.

There was an annual summer event held by the provider that relatives were invited to. Relatives confirmed that this was the case. Feedback about the service was positive.

We saw that unannounced quality assurance audit visits were carried out by the provider at least four times a year. A report was provided to the registered manager to which they had to provide a response and action plan to address the items that had been raised. We saw that areas of improvement that were required were followed up at the next quality assurance visit. There was a robust system in place to ensure that concerns that were identified had been addressed. We saw evidence that improvements identified by the last quality assurance visit had been addressed.

There was a daily audit of medicines and money undertaken. This ensured that any mistakes or concerns were identified quickly and could be rectified without delay.