

Homefield College Limited

Homefield College Limited - 151 Ratcliffe Road

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 3 March 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 people's 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.

Summary of findings

Homefield College Limited – 151 Ratcliffe Road provides accommodation, care and support for up to three people with learning disabilities. On the day of our visit there were three people living at the home. Accommodation was located over two floors.

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 staff had a good understanding of how to identify and report any safeguarding concerns. Where concerns had been raised the provider had taken appropriate action.

Appropriate arrangements were in place to ensure that people’s medicines were managed safely and people were provided with privacy while they had their medicines. There were arrangements in place and guidance for staff to follow in the event of an emergency or untoward event.

Staff had not received training about the Mental Capacity Act 2005 (MCA) but there was a policy and guidance in place for staff to follow to ensure they acted in accordance with it. 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. Staff had not received any training on the Deprivation of Liberty Safeguards (DoLS) and there was no guidance in place for

them to follow to ensure that they acted in accordance with it, although at the time of our inspection this legislation did not apply to anybody living at the service. 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 access appropriate health professionals when they needed to and referrals to healthcare professionals were made without delay. People were provided with choices and guidance about their diets.

People’s independence was promoted and their privacy was respected. Weekly meetings were held where people had the opportunity to express their views. People were involved in choices and decisions about their own care and support plans were developed with people in an accessible format. They contained information about people’s preferences, likes and dislikes.

There were quality assurance systems in place and actions identified by the audits were addressed. Questionnaires requesting feedback about the service were sent out relatives, although the results of these and actions taken in relation to the information were not shared. Relatives and staff were kept updated with information about the service.

The registered manager had detailed knowledge of people’s abilities and needs and they were committed to ensuring people received the care and support they needed. People felt able to talk to the registered manager and they were assured that any appropriate action to anything they raised would be taken.

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.

People told us that they felt safe and there were systems in place to ensure that people were provided with opportunities to raise any concerns. People were supported appropriately with their medicines. Staffing levels at the service were adapted to meet people's needs.

Good



Is the service effective?

The service was not consistently effective.

People had been involved in their care and support plans and provided consent to the care and support they received. Not all staff had received adequate training to enable them to meet people's needs. People were provided with choices about their diets and they were supported to access appropriate healthcare professionals when required.

Requires improvement



Is the service caring?

The service was caring.

People were treated with dignity and respect and staff had a good understanding of people's individual needs. Staff respected people's privacy. Weekly meetings were held where people had the opportunity to express their views.

Good



Is the service responsive?

The service was responsive.

Support plans were developed with people in an accessible format that were responsive to their needs. People were able to participate in activities and group sessions of their choice. 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.

The registered manager had detailed knowledge of people's abilities and needs and were committed to ensuring people received the care and support they needed. Staff felt supported and able to raise any concerns. There were quality assurance systems in place to monitor and assess the service.

Good



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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 3 March 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a 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.

We spoke with three people that used the service and received feedback from two 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 that they felt safe at the service and that they would tell staff if they didn't. One person told us, "Safe, yes safe," and when asked what they would do if they did not feel safe they told us, "I'd tell [the registered manager]." Relatives told us that they felt their family members were safe at the service and they did not raise any concerns. We saw that weekly meetings were held with people that used the service where they discussed agenda items such as health and safety, fire safety and safeguarding. Staff ensured that people had the opportunity to raise any concerns and information was discussed about how people were able to raise concerns if they did not feel safe. Where a safeguarding concern had been raised we saw that the provider had taken appropriate action.

Staff members had a good understanding of how to identify and report any safeguarding concerns. They were also aware of how to escalate concerns if they felt that appropriate actions were not being taken. There was a safeguarding and whistle blowing policy in place and staff were provided with a leaflet containing information about safeguarding that they kept with their identification badges so that they always had it to hand.

The provider had set up a safeguarding committee of which the registered manager was a member. This group met to discuss safeguarding incidents and concerns across the whole provider and to ensure that necessary actions had been taken. There was also always a member of this committee on call for staff to phone should staff need to discuss or report any safeguarding concerns. Staff told us that if they ever needed to get hold of the person on call that they always able to.

We saw that risk assessments had been carried out and control measures had been put in place for risks associated with people's care and support. We saw that the control measures took into consideration people's freedom and choices. For example we saw how one person liked to go out independently. They were able to do this, with a control measure of it being for a set period of time pre-agreed with staff. This was so that staff could still ensure their safety.

There were business continuity plans in place for staff to follow in the event of an emergency or untoward event. We also saw a grab bag was kept that contained relevant contact information and essential items, such as, torches

and blankets that may be needed in the case of an emergency. We saw that checks of the premises and equipment at the service were carried out to ensure their safety, although these had not always been carried out as regularly as the provider intended.

We looked at the staff records of three people that worked at the service. We saw that staff had been through a thorough recruitment process but we noted that one person's application did not provide a full employment history. Also where one of their previous jobs had been working with vulnerable adults there was no recorded reason for why their employment in that position ended. We discussed this with a staff member from the human resources department of the provider who told us that actions would be taken to ensure that this would be addressed. We found that all other relevant pre-employment checks had been carried out on staff prior to them commencing work to ensure that staff suitable to work with people at the service. We also discussed an incident with the registered manager where concerns about a staff member had been raised. We found that the service had taken appropriate disciplinary action had been taken.

People told us that there was always enough staff around. We saw that staffing levels were adapted to ensure that people were able to participate in activities and staff were available throughout the 24 hour period. At the time of our inspection people did not have any specific needs during the night so the night shift was covered by a support worker who was on call on the premises. People were happy with this arrangement and they knew where to find staff during the night if they needed them.

People told us that the staff supported them with their medicines when they needed them. We saw that people had their own medicines cabinet in their room to allow them privacy while they were taking their medicines. We saw that prescribed medicines were provided from the pharmacy in a monitored dosage system which reduces the risk associated with handling of medicines. We also saw that stock checks of medicines were carried out on a weekly basis to ensure that any concerns could be identified. We carried out a stock check of four medicines; we found them all to be consistent with the recorded amounts. Records showed that people were supported

Is the service safe?

with their medicines as prescribed. There were policies and procedures in place to ensure that people were protected from the risks associated with the unsafe management of medicines.

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 people's 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.

People showed us their personal support plans that they told us they had been involved in developing. These included information about people's preferences and their usual daily routines. We saw that people's consent to their care and support had been recorded along with evidence that people had been involved in decisions about their care and support. Throughout our inspection we saw that people's consent was sought by staff and staff acted in accordance with it.

Staff told us that they had received an information leaflet about the Mental Capacity Act (MCA) 2005 and the five principles of it. 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. There was a MCA policy in place which contained a flow chart for staff to follow in determining whether or not a person had capacity. There was guidance in place for staff to follow about the principles of the MCA and to enable them to determine whether or not a person had capacity to make a specific decision. We saw that this guidance had been used and where it was determined that a person did lack the capacity to make a specific decision themselves we saw that a best interest decision had been made on their behalf. However, not all staff members had received training about the MCA to ensure that they fully understood it. We discussed this with the registered manager who told us that training was going to be delivered to all staff but they were as yet unsure of specific dates.

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. The registered manager told us that the service did not have a policy and procedure relating to DoLS. This was a concern as the staff's understanding of DoLS was very limited and there was no guidance for them follow should they

consider that restrictions on people might be needed to keep them safe. Staff did not physically restrain people and at the time of our inspection nobody was being deprived of their liberty. We discussed this with the registered manager who told us they were in the process of planning a meeting with another registered manager of the same provider to develop a policy and procedure. The registered manager and other staff members did not fully understand DoLS and the requirements on them as a care provider under it.

Where people displayed behaviours that challenged others there was detailed guidance in people's files about how staff should respond. This meant that there was a consistent approach to the behaviours from staff. We found that where people displayed behaviours that challenged others staff followed guidance and completed incidents reports. We saw that the approaches used, such as distraction techniques and reassurance, were effective and in line with the guidance provided.

People told us that they felt that staff had received sufficient training to enable them to meet their needs. Relatives agreed with this also. One relative told us, "They seem to know him well and deal with his individual needs." Staff told us that had attended some training to enable them to meet people's needs but not all staff had attended Makaton training which meant that it was hard for them to understand and communicate with some of the people that used the service. Makaton is a method of communication using signs and symbols and is often used as a communication process for those with learning difficulties. It also incorporates the use of picture cards and ties in facial expressions with the word to produce more content in the shortest form. We saw that some staff were attempting to teach themselves Makaton with the assistance of people that used the service. We discussed this with the registered manager who was aware that some staff still needed to complete this training but no training session had been booked. One person's care plan stated; 'It is important for staff to use Makaton to communicate with [name of person]. We found that out of core group of seven staff at the service four staff had not received training in Makaton. This was a concern as Makaton was used by people at the service to communicate and the majority of the time staff were working with the people without the support of other staff.

Staff told us they had received a thorough induction when they started at the service. We spoke with a staff member

Is the service effective?

about their induction period at the service. They told us that they felt well supported and showed us the information folder that they had to complete throughout their induction. This included answering questions and evidencing that they shadowed certain activities. Their induction period was 12 weeks but during the first six weeks they worked alongside another staff member in a shadowing capacity to get to know people that used the service, allow people to get to know them and to enable them to become familiar with regular routines.

Staff told us they felt well supported in their roles and that they had regular 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.

People were involved in choices about what they had to eat and drink. We saw that menu planning took place on a

weekly basis where people were supported to make decisions about what they had to eat for the week. Pictorial aids were used to assist people with their choices and information was also available to promote people to follow a balanced diet. We saw that where concerns about a person's eating had been identified the service had taken appropriate action and a referral to a Speech and Language Therapist had been made. The registered manager told us how the service had implemented their recommendations and about the changes that they had made.

Relatives told us that staff supported people to access relevant health professionals as they required. They told us that staff kept them informed of any changes to their relative's health. People were supported to attend appointments with the optician, dentist and doctor. One relative told us that they managed their relative's appointments but that was because it was their choice to do so. 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 kind and caring and that they treated them with dignity and respect. A relative told us, "I feel staff know [my relative] very well and appear genuinely fond of him. They are very caring and want the best for [my relative]." When we asked another relative for their opinion of the staff they told us, "Friendly, helpful, concerned and professional."

We saw that staff treated people with kindness and compassion and they knew people's individual needs. We spoke with two members of staff and the registered manager who all had detailed knowledge of people's needs. They were able to tell us about people's preferences and their usual routines. We found that what staff had told us was consistent with the care and support that we saw being provided and in line with people's personal support plan.

We observed care staff supporting a person to leave the service to attend a group activity. We saw that they spoke slowly and calmly to the person to encourage them to leave as their transport was waiting. We saw that they did not rush the person and they gave them time and space to go through their usual routine before they left.

We found that there was a key worker system in place that enabled people to develop relationships with staff members and build trusted bonds with them. We saw that one to one meetings took place between people and their keyworkers. These involved general discussions about how the person was feeling and further discussion about things that they would like to do.

A relative told us, "There is some consultation about timetables and activities." Another relative told us, "[my relative] is empowered to make choices and his own decisions on an on-going basis." They went on to tell us, "There is a weekly meeting when all residents have the

opportunity to express their views." We saw minutes which confirmed that weekly meetings were held where people had the opportunity to provide feedback about their week and provide any suggestions or ideas of things they wish to do in the future. We saw that people were involved in choices and decisions about their week and in future planning.

We saw that people's support plans were in an accessible format to enable them to understand the information recorded within them. We also saw that information around the service such as the complaints policy that was on display was in an accessible format.

There was no information about advocacy services that were 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.

Relatives told us that staff always treated people with dignity and respect. People all had a key to their own bedroom door and staff respected people's privacy. We observed care staff knocking and waiting for a response before entering people's rooms.

We saw that people carried out daily living tasks at the service such as washing up, cleaning, hoovering and changing their own bed. This promoted people's independence.

Relatives told us that they were supported to maintain contact with their family member whilst they were at the service. They told us that staff supported their relative with telephone contact and their relatives also returned home for visits. We saw how one person was supported with Skype to maintain contact with their relatives. There were no restrictions on visiting people at the service but relatives did tell us that they tried not to impinge on their relative's social life.

Is the service responsive?

Our findings

People showed us their support plans that provided details of their preferences, usual routines and information about their likes and dislikes. People told us they had been involved in the development of their support plans and we discussed the information with them. People confirmed that their choices and preferences recorded were correct. We looked at daily records that were made and they confirmed that people were supported in line with their plans.

When asked for their opinion of the activities at the service a relative told us, "This is a great strength of the organisation. [My relative] enjoys a variety of activities both within the organisation as they have invested in running their own activities as well as going out into the community."

Another relative told us, "There are activities he has expressed interest in, for example ballroom dancing, but local constraints prevented it. He was very keen on belonging to a drama group and an excellent group was found." People were supported to attend activities and group sessions of their choice. These included horticulture, woodwork, arts and crafts, book club, cooking club, drama, football and swimming. We also saw that some people attended a social club in the evening and this was held once a week. People told us they had chosen the activities and group sessions they wanted to attend. We also saw that people were supported to carry out voluntary work at a local shop that was owned by the provider. They told us they enjoyed this. Another person was employed one day a week at café in the local town.

We saw that there was an annual holiday undertaken by the provider and people were involved in discussions about the type of holiday they wished to go on. We saw a photograph of the last holiday on display and people told us how much they enjoyed it. There were trips organised that people were able to participate in if they wished to do so such as a bowling trip and a visit to the theatre. We saw that these were optional for people to attend if they wished to do so.

A relative told us they were encouraged to raise complaints and they were acted on. Another relative told us, "Communication is very open and I am always confident that I could speak to staff about anything. There have not been any concerns to rise, but I am in contact about any decisions needed to be made".

There was an accessible format of the complaints policy on display at the service and a copy available on the provider's intranet that was accessible for all staff. People told us that if they had any concerns they would tell the staff and they felt assured that staff would act on them. Staff knew how to raise a complaint and told us they would be happy to do so.

The complaints policy included information about the different stages of the process and provided timescales in which complaints would be investigated with in. It also provided contact details of where people could refer their complaint to for further investigation if they were not satisfied with the provider's response.

Is the service well-led?

Our findings

Relatives told us they were kept updated and informed of changes at the service. They were in regular contact with staff via the telephone and e-mail. One relative told us, “It’s always possible to arrange to talk to or meet with staff/principal [of Homefield College] for discussion.”

Staff meetings were held where people were kept up to date with changes and given the opportunity to provide any feedback through open discussion. Staff told us that they felt able to make any suggestions or raise any ideas. Staff knew what was expected of them in their roles.

Staff were very clear about the visions and values of the service and we saw that they were on display. They included information about providing people with choices, maximising people’s potential and being positive and supportive.

Staff told us that they felt well supported in their roles and they felt able to raise any concerns. They told us that they were certain that the registered manager would take action with any information they provided. They were also aware of how they could escalate concerns if they felt they were not being dealt with. Staff told us they would be happy to follow this process should the need arise.

The registered manager spent time at the service and was on occasions directly involved in providing support. This enabled them to maintain an oversight of the service. They had detailed knowledge of people’s abilities and needs and were committed to ensuring people received the care and support they needed

The registered manager ensured they met their legal responsibilities and obligations. This meant they adhered to the registration conditions with us.

We saw that there were some quality assurance questionnaires that staff had supported people using the service to complete. The registered manager told us that they were aware they had not been completed recently and this was something they were looking to reintroduce on an annual basis. There were other opportunities such as during the weekly meetings where people were able to

provide feedback and make suggestions about their care and the service in general. An example of this was where a system had been introduced to allocate some household domestic responsibilities on a weekly basis following feedback received.

Relatives told us that they had received quality assurance questionnaires in the past. Although they hadn’t received any feedback as result of the questionnaires. A relative told us, “There have been opportunities at the annual open day when we have received updates.” We spoke with the registered manager about the quality assurance surveys who told us that they had not been sent out as regularly as they would have liked but they were looking into new ways of seeking relative’s feedback. There was an annual summer event held that all relatives were invited to. This provided an opportunity for relatives to meet with staff members and receive information and updates about the service.

The registered manager and deputy manager carried out quality assurance checks at the service. They covered areas such as ensuring water temperatures had been monitored appropriately and that finance procedures had been followed. We saw that these were carried out on a regular basis although there were some gaps that the manager was aware of. This enabled them to monitor practice and identify and address any concerns.

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. However, the quality assurance system in place had failed to identify the lack of staff knowledge around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and that staff had not all received training in these subjects.