

Homefield College Limited

Homefield College Limited - 139 Homefield Road

Inspection report

139 Homefield Road
Sileby
Loughborough
Leicestershire
LE12 7TG

Tel: 01509812126
Website: www.homefieldcollege.ac.uk

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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

The inspection was carried out on 15 June 2017 and was an unannounced inspection.

Homefield College Limited – 139 Homefield Road is registered to provide accommodation and personal care for up to four people with learning disabilities and autistic spectrum disorder who do not require nursing care. Accommodation is provided in a bungalow in Sileby. At this inspection, there were three people living in the service.

At the last Care Quality Commission (CQC) inspection on 2 February 2015, the service was rated Good overall with Requires Improvement in the Effective domain because one person had been identified as not having the mental capacity to consent to a specific area of their care. The mental capacity act had not been followed to make sure that the support the person received was in their best interests.

At this inspection we found the service remained Good overall.

People told us that they felt safe when receiving support from staff at 139 Homefield Road. People were protected against the risk of abuse. Staff recognised the signs of abuse, what to look out for and knew how to report any concerns. Medicines were managed safely and people received them as prescribed.

Staff followed guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff.

There had been a change in how staff were deployed. This had been discussed with staff prior to the changes being made. However, staff felt that this continued to be a concern for them. The provider agreed to discuss this further with staff to resolve their concerns.

Staff received regular training and supervision to help them to meet people's needs effectively. Staff completed an induction to enable them to get to know the service. Team meetings had not been held regularly.

People were supported to follow a balanced diet. Where someone had a specific diet that they followed staff had a good understanding of this and guidance was in place for staff to follow. People received the support they needed to stay healthy and to access healthcare services.

Each person had an up to date support plan that was centred on them as an individual. This provided staff guidance on how to meet people's support needs and their likes, dislikes and preferences. These were reviewed regularly.

People were encouraged to participate in activities, pursue their interests and to maintain relationships with

people that mattered to them.

People were supported in line with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The provider and staff understood their responsibilities under the MCA.

Staff were caring and treated people with dignity and respect. They ensured people's privacy was maintained. People were supported to have choice and control of their lives.

People had access to a complaint's procedure and felt confident to raise any concerns that they may have.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager ensured that they met their legal responsibilities and obligations.

People, relatives and staff all told us that they could approach the registered manager. Staff told us that they felt supported by them.

There were systems and processes in place to monitor and review the quality of the service that people received. Where areas for improvement were identified an action plan was put in place to address these.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service is Effective.

Staff received regular training to develop their knowledge and skills to support people effectively.

People's choices were respected. Staff asked people for consent before they were supported.

People had access to healthcare professionals as required.

People were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 checked 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 15 June 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. The expert by experience had personal experience of using similar services.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection. We spoke with the local authority who commissioned the service for some people who lived there. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care.)

We spoke with three people who used the service and two relatives of people who used the service. We spoke with three support workers, the registered manager and the deputy manager.

We looked at the provider's records. These included two people's care records, which included care plans, health records, risk assessments and daily care records. We looked at four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

Is the service safe?

Our findings

People and their relatives told us that they felt safe when receiving support from staff at 139 Homefield Road. One person said, "Yes I do feel safe."

People were protected from abuse or harm. A relative told us, "I have never seen any practice that concerns me." Staff had received training in safeguarding adults. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were able to explain these to us. All staff had a reference guide about safeguarding that was worn on their identification badge. This provided information about what to do and who to contact if they felt someone was at risk of abuse or harm. It provided information about the provider's procedure. Staff told us that they felt confident in how to identify and report any concerns about abuse. One staff member said, "I would instantly tell the safeguarding officer, or I could go higher." Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns. The provider also had information about raising concerns on a notice board for people who used the service, and staff.

People were protected from avoidable harm. Risks were identified as part of the support that people received. These had been assessed and guidance put in place to tell staff how the risk could be minimised. Risk assessments were specific to each person and had been reviewed and updated when people's needs had changed or at least annually. This made sure that staff had up to date guidance on how to support people safely to minimise risks. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

People were protected from the risk of harm because there were contingency plans in place in the event of an untoward event such as a fire or flood. Staff knew the fire response procedure and had practiced this with people who used the service. Guidance was in place for staff that detailed actions to take in the case of other foreseeable emergencies. Each person had a personal emergency evacuation plan (PEEP) in place. Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.

Where accidents or incidents had occurred these had been documented and investigated. This included a description of what had happened and actions taken. Where investigations had been required these had been completed with changes made in order to reduce the likelihood of reoccurrence.

People and their relatives told us that they felt there were enough staff to support them and meet their needs safely. A relative commented, "There is always enough people." We saw that staff responded to people when they asked for support in a timely way.

People were supported by suitable staff because the provider followed robust recruitment procedures. This enabled them to check the suitability and fitness of staff before they were employed.

People received their medicines safely. Arrangements were in place for the safe storage administration, storage and disposal of medicines. One person showed us their medicine storage and explained how the staff supported them to take this. Staff had received training in this area and been assessed and deemed competent to administer medicines. Staff's competency to administer medicines had not been reviewed. The provider told us that regular checks of competency were to be introduced from 3 July 2017. Each person had information in their support plan that identified what medicine they took, the dose and reasons for this. People stored their medicines in their room and were given them in private to ensure confidentiality.

Is the service effective?

Our findings

At our last inspection on 2 February 2015 we rated the Effective domain as requiring improvement. This was because a mental capacity assessment had not been completed and recorded for a person where it was believed that they did not have the capacity to make a specific decision. Staff also needed to complete training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This had been arranged but had not been completed at the time of our inspection. Staff have now completed this training.

People told us that staff asked them for consent before supporting them. One person told us, "They ask me before doing things." We saw that staff asked people before supporting them and respected the answer that the person gave. A member of staff said, "I ask people what they need." People's consent and ability to make specific decisions had been assessed and recorded in their support plans. Staff had received training in MCA and DoLS and understood their responsibilities under the act. One staff member said, "I have done MCA and DoLS training. All three people here have capacity and can make their own choices. I support them and give them options if needed." The registered manager told us the process that they would follow if they believed someone was not able to make a specific decision and this was in line with guidance in the MCA. We found that at the time of our inspection no one who lived at the service was being deprived of their liberty.

People received support from staff who had received training and support to enable them to fulfil their role. One staff member said, "We do a lot of training. They ask you questions and you fill in forms. All of it is up to date. The only one we are not doing now is first aid." The registered manager explained that in 2017 it had been agreed by the provider that staff would not complete first aid training. All senior managers would do a full three day first aid course and be available to give advice or respond through the on call system. Staff could explain the process that had been introduced as result of this change. They told us that they could call 111 or 999 or the on call manager depending on the situation and if they felt someone needed treatment. Records showed that staff had completed training in a range of courses. This included training that was specific to the needs of people who used the service. For example, staff had completed training in understanding autism as people who used the service had been diagnosed with autism.

Staff had completed an induction before they started to work at the service. One staff member said, "My induction was six weeks. My manager at the time gave me so much confidence. New staff do shadowing across all of the services." We saw that as part of their induction staff completed the Care Certificate. This was introduced in 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. Staff told us that they had supervision meetings with their line manager. One staff member said, "I had supervision a couple of months ago. I am due another one. [Line manager] is pretty good about doing them regularly." Another staff member commented, "I have supervision. I can go to [line manager] and [registered manager] at any time."

People were supported to maintain a healthy balanced diet and eat food that they enjoyed. One person said, "I like the dinners here. We have books." They showed us recipe books that were in the house for people to use to cook their meals. A relative told us, "I phone on Sundays. [Person] tells me what they have had. Her weight is steady." Staff were aware of people's individual dietary needs and their likes and dislikes.

A relative said, "[Person's name] has Celiac disease. The staff are very aware and very good." We saw a menu had been planned for the week with all three people. There was a gluten free checklist to remind staff of what was safe for the person to eat. Staff could explain in detail how they supported the person to ensure that there was no cross contamination between foods. We saw that people were supported to make their own meals and access the kitchen when they wanted to.

People were supported to maintain good health. One person said, "I like the dentist." Another person explained to us they went to the GP and optician. They also told us that they had recently had a mammogram. A relative commented, "Appointments are always covered." Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. A staff member told us, "We are very good at doctor's appointments. As soon as someone asks they are taken." Staff updated records about people's healthcare appointments, the outcomes and any actions that were needed to ensure that all staff had up to date information about people's health needs.

Is the service caring?

Our findings

People received care from staff who showed compassion and kindness in this interactions. One person told us, "I like all the staff." A relative said, "[Person's name] is thriving. It's a nice stable environment with who and what she likes." We observed positive interactions between people and staff. People looked comfortable in staff member's presence. They responded to their questions and asked for help, advice and assistance. Staff involved people in conversations and focused on the person and what they wanted to say. Staff told us that they wanted to best for people who used the service. One staff member said, "I wouldn't be doing my job if I didn't care. If we can't keep an eye out for people, we shouldn't be there." Another staff member commented, "We are in their house. They see us all the time. We are like family."

People were encouraged to maintain their privacy and dignity. One person said, "I have my own key to my bedroom." A relative commented, "[Person's name] has own bedroom and keys. They can just close the door." We saw that staff encouraged people to ensure that their clothes were adjusted to avoid exposure. They did this in a discreet way. Staff were observed to knock on people's doors and ask permission to enter. Staff also explained other ways how they promoted people's privacy. One staff member said, "I give people space in the bathroom. I only come in if the person needs support and I always ask."

People were involved in making day to day choices about their daily routine and activities. One person said, "I choose my own clothes and what trips to go on." Another person told us, "I like to get up early to have a bath." We saw people were able to spend time the way they wanted. Some people chose to spend time in the lounge, one person had chosen to go out with staff, and another person chose to spend time in their room.

People were supported to be involved in tasks that were aimed at developing their independence. We saw that each person had a day to help to prepare the meal and had other activities that they completed regularly. One person said, "I help to cook." We saw that support plans included information about what tasks people could do and what support they needed assistance with to guide the staff on how to support people to do what they could for themselves. One staff member said, "If people need help they will ask for it. I encourage them to do as much as possible on their own."

People were involved in how their service was run and in decisions about this. Each week a house meeting had been held where people chose the menu for the following week and activities they wanted to do. People told us that they had been involved in choosing how their bedroom was decorated. One person said, "I chose the colour on my bedroom walls." The registered manager explained to us that people had asked that a painting on the wall in the communal area be changed as they no longer liked this. They explained how people had been involved in choosing the colours and décor of the lounge, kitchen and hallway. One person invited us to their room and we saw it was filled with their belongings and personalised to their tastes.

Information was available for people in ways that made it easier for them to understand. For example, we saw that information about voting was on a noticeboard. This used simple words and pictures so that it was

easier for people to read. Each person had information in their support plan about the best way to communicate with them to help them to understand. We saw that staff followed the guidance when speaking with people.

Advocacy information was on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People received support that was focused on them as an individual and was designed to meet their needs. One person showed us their personalised care plan and explained how the staff had reviewed this with them each month. We saw that support plans had been developed with people who used the service and their relatives where people agreed to this. The deputy manager explained that staff had a monthly meeting with people to review their support plan and make sure that people were happy with the support that they received. Support plans contained information about people's likes dislikes and preferences for how their support was delivered. For example, we saw the routine that one person preferred to follow in the morning was recorded in detail so that staff knew exactly what the person wanted to do.

People usually received support from staff who knew them well. However, staff told us that changes in how staff were deployed had meant that people using the service received support from different staff. One staff member said, "Being moved around (to work in different houses that are owned by Homefield College) makes it harder. I do know everyone but don't know them as well at all of the houses." Another staff member told us, "I had a discussion with [person's name] mum. They were putting different staff in and things were not always being done. [Person's name] doesn't like personal care from new staff. Now more new staff have started core staff are all over the place."

The registered manager and provider explained to us that following a legal ruling about how many hours a member of staff could be on duty they had to make changes to the staff rota. This meant that staff could no longer complete an afternoon shift, a sleep in shift and then a morning shift as that meant staff were at work for a 24 hour period. This had impacted on staff's working patterns and had resulted in some staff choosing to leave. The provider told us that they were recruiting more staff and had used agency staff to ensure that staffing levels were maintained and that people received all of their support. They said that the changes to the rota had been made in order to try and ensure that people had regular staff who they knew to support them with activities. The provider told us that they would continue to discuss the staff's concerns about how they were deployed with them.

People participated in a variety of activities and events that they enjoyed. One person told us, "Monday I cook, Tuesday I go to drama and Wednesday and Thursday I work in a shop" Another person said, "I like music festivals. We had a local one last Saturday just down the road. I also like shopping day." On the day of our inspection we saw one person was going out with staff to have their nails done as they were going on holiday the following day. The other two people were at work placements. All three people were going on holiday and were very excited about this. Staff explained that people had been given the opportunity to decide where they wanted to go this year and all three people had picked one place. Staff explained about trips that had been arranged and also free days to relax. We saw that each person had an activity planner. This included work and volunteer placements, art and crafts, changing their bed, going to church and walking. A relative said, "[Person's name] doesn't do as much in the evenings. They are busy during the day so there is no harm relaxing in the evening."

People were supported to stay in touch with their family and friends. One person explained how they spoke

with their parents most evenings through skype video calling. Staff told us that some people visited their parents at home, or families visited them at the service. They explained that if people wanted friends to visit this was arranged and agreed with the other people who used the service.

People were comfortable to raise a complaint if they needed to. One person said, "No [I haven't made a complaint]. I would get a form to fill in or ask [staff name]." A relative told us, "I have never had to but I would speak with [registered manager] or [deputy manager] or provider." Another relative explained that they did have a concern in the past and had raised this and held a meeting with the registered manager. They said, "If we have a particular concern we can initiate a meeting. We had a full meeting at our request." The complaints procedure was made available in the service and used pictures and simple language to help people to understand this. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

Is the service well-led?

Our findings

People and their relatives spoke well of the registered manager and the service that they received. A relative said, "[Registered manager] and staff know us and our relative. If something was wrong they would ring." We saw a person appeared to know the registered manager well and was joking and laughing with them. The registered manager explained that the person did this regularly. Another person had a detailed conversation with the registered manager about their upcoming holiday, which the registered manager was going on, and planning what they were going to be doing. This showed that the registered manager was present and involved in the service and what was happening.

Staff told us that they felt supported by the registered manager. One staff member said, "I absolutely love my job and the people I work with. I have fantastic supportive managers." Another staff member told us, "We can rely on the managers. They are on-call and will come in. It is fantastic." All staff we spoke with told us that they felt comfortable raising queries with the management team. One staff member said, "We can go to them at any time. They know the service." We saw that staff had attended team meetings. However, these had not been held regularly... One staff member said, "We have staff meetings. They are few and far between." The deputy manager explained that they were trying to arrange meetings on a more frequent basis and had arranged a meeting for after the holiday.

Staff told us that they were not happy about changes in staff rota management and how these changes had been implemented. One staff member said, "Communication could be better. We had a change in the rota and staffing and raised concerns about this. We have had a response from the provider. They say change is good and people should not rely on one member of staff. People with autism don't need change. People need to get to know you." Another staff member told us, "There have been staff changes over the last two years. I have noticed some changes in people as there are new staff. I am concerned about having to work at all the houses. I think just being at two would be best. One staff member commented, "I believe that [registered manager] should be given autonomy to arrange the staffing. They know the service and how it runs. People sat in an office at the college don't know the service."

The registered manager and provider explained that changes in how staff were deployed had been made as a result of a legal ruling about the number of hours staff could work. This had impacted on staff's working patterns and had resulted in some staff choosing to leave. A further change had been that instead of the registered manager writing the staff rota people had been asked to complete this task utilising all of the staff who were employed by the college and treating the staff team as one whole team instead of being allocated to one or two or services. The provider said, "Following the changes to staff deployment we have developed the rota to allow people choice over what they do during the day and in the evening. We moved to a more person centred approach. We want core staff to support people on activities as they need to know people to get the most out of the activity. We are committed to the safety and well-being of the residents. We asked that the rota be managed centrally to make the best use of the staff team and to allow the registered manager more time to be in services instead of writing the rota." The provider explained that they had spoken with staff about the changes and the reasons for these as they happened. They also said that this had been discussed as staff had raised concerns about the changes. The provider agreed that they would

continue to discuss staff concerns with them to try and address these. They told us, "The staff views will not be ignored."

People had been asked for their feedback on the service and about changes they would like to meet. We saw minutes from residents meetings. These had been held monthly. They included health and safety, safeguarding, service developments such as decoration and meals and a topic of the week. Topics included cyber bullying, cyber safety, fire safety, issues in the home and food and choices. We saw that people had requested a new DVD player for the lounge and this had been purchased. Actions were not recorded to show that they had taken place, but we saw that they had been completed. Relatives had been asked for their feedback through a questionnaire. One relative commented, "We have had questionnaires. They have not been every year." The registered manager told us that questionnaires had been completed in 2016, but these had not identified areas for improvement. They explained that a questionnaire was being developed for 2017.

Systems and processes were in place to review the quality and safety of the service. The registered manager or deputy manager completed checks on areas such as water temperatures, cleaning and finances. Every six weeks the health and safety officer completed an audit on the service. This included areas such as support plans, medicines, incidents and accidents and the environment. Areas for improvement were identified with timescales. This gave the registered manager an action plan to complete and provide feedback to the senior management team. The action plan was reviewed at the next audit to ensure actions were completed. The senior management team held quarterly meetings to review action plans, accidents and incidents and safeguarding to review that actions had been taken and measures put in place to avoid reoccurrence.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures through the online staff portal.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The registered manager understood their responsibilities and the conditions of registration with CQC were met. During our inspection we saw that a poster was displayed in a prominent position to tell people the rating from our previous inspection. We also saw that the rating was displayed on the provider's website. The display of the previous rating is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors.