

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 ●

Summary of findings

Overall summary

Homefield College Limited – 76 Cossington Road is a care home located in Sileby, Leicestershire that provides support for up to three people who have a learning disability or autism. At the time of our inspection there were two people living in the home. At the last inspection in February 2015, the service was rated Good. At this inspection we found that the service remained Good.

People told us they felt safe living at Homefield College Limited – 76 Cossington Road. A relative we spoke with agreed with what they told us. Staff continued to keep people safe from avoidable harm because they understood their responsibilities. Risks associated with people's care and support were assessed and monitored. New staff members were appropriately recruited and sufficient numbers of staff were employed to meet the care and support needs of those living there. People continued to be supported with their medicines in a safe way.

People were supported by a staff team that had been appropriately trained, supervised and supported. People's human rights were protected because staff were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to maintain good health and they had access to relevant healthcare services. People's dietary requirements had been identified and they had been involved in developing menus to include their own likes and preferences.

People were supported by a staff team that was kind and caring and who treated them with dignity and respect. People were supported to make choices about their care and support and their independence was promoted.

People had plans of care that had been developed with them, their relatives and others that knew them well. This meant that the staff team were able to support them in a way they preferred. The staff team knew the needs of the people they were supporting well. People knew what to do if they had a concern and they were reminded of this through regular meetings and conversations.

The staff team felt supported by the registered manager. People's thoughts of the service were sought on an informal basis, providing them with the opportunity to be involved in how the service was run. Systems were in place to monitor the quality of the service being provided.

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 safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

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 13 June 2017. The visit was unannounced and was carried out by one inspector.

Before the inspection, we reviewed information that we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service. We used this information to inform our inspection planning.

At the time of our inspection there were two people living at the service. We were able to speak with one of the people living there and one relative. We also spoke with the registered manager, the deputy manager and two support workers.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included two

people's plans of care. We also looked at associated documents including risk assessments and medicine administration records. We looked at records of meetings, recruitment checks carried out on three support workers and the quality assurance audits that the management team had completed.

Is the service safe?

Our findings

People told us they felt safe living at Homefield College Limited – 76 Cossington Road and felt safe with the staff team who supported them. One person told us, "I do [feel safe] and the staff are alright." Their relative agreed and told us that their family member was safe living there. They told us, "I do think [name] is safe, I have no concerns."

The management team understood their responsibilities for keeping people safe from avoidable harm including referring concerns to the local safeguarding authority. The staff team had received training in the safeguarding of adults and were aware of what to do if they felt people were at risk of being abused. One staff member explained, "I would follow the procedure and would not be afraid to make a referral to the safeguarding team." Another explained, "I would call CQC or safeguarding."

Risks associated with people's care and support had been assessed and where risks presented themselves, these had been managed effectively. This made sure that risks to people's health and welfare were wherever possible, minimised and the people using the service kept safe from avoidable harm.

An appropriate recruitment process was followed when new members of staff had been employed. This included carrying out background checks and obtaining references. The registered manager explained that they had struggled to recruit new support workers in the past and as such had needed to rely on agency workers. However this had improved and a more stable staff team was now working at 76 Cossington Road. People felt that there were suitable numbers of staff on duty each day. They told us that the staff team were available when they needed them. One person told us, "I can do what I want, when I want. They [staff team] help me." A staff member explained, "I tend to work at 76, (Cossington Road) I am there quite a lot of the time, but it can change. It's Ok, though I prefer to work there."

People received their medicines in a safe way. Medicines were being appropriately stored and records were accurately completed. There was an appropriate system in place for the receipt and return of people's medicines and audits were carried out to ensure that people's medicines were handled in line with the provider's policies and procedures. Only staff members who had been appropriately trained were able to administer people's medicines. A recent pharmacy audit recommended that competency checks be carried out to make sure that the staff team continued to support people with their medicines in a safe manner. The registered manager assured us that these would be implemented.

Checks had been carried out on both the equipment used to maintain people's safety and on the environment. Fire safety checks and fire drills had been carried out and the staff team were aware of the procedure to follow in the event of a fire. The provider had a business continuity plan in place for emergencies or untoward events such as loss of utilities or flood. This meant that the staff team had a plan to follow to enable them to continue to support the people using the service should these events ever occur.

Is the service effective?

Our findings

People told us the staff team knew them well and had the skills and knowledge they needed to look after them properly. One person told us, "I like peace and quiet, they [staff team] know that and they know me." A relative explained, "They know [name] and what she likes, yes, I would say they were skilled."

The registered manager explained that all new members of staff had been provided with an induction when they had commenced working at the service. Staff members we spoke with and records seen confirmed this. One staff member told us, "I have done this work before but I still had an induction. I had a shadowing shift with another lady who had worked there for a while and I met [people using the service]."

Training records showed us that appropriate training had been provided. This included training in the safeguarding of adults, health and safety and equality and diversity. The staff team had the knowledge they needed to appropriately support the people using the service. We did note that not all of the staff team, particularly new staff members, had received formal training on a specific health related topic which the people using the service lived with. The deputy manager explained that whilst formal training had not yet been provided, discussions had taken place on how best to support the people using the service in the interim and the staff members had been booked on the next training session in this topic. This would ensure that they had the up to date knowledge they needed to continue to meet people's needs. A staff member told us, "I am due to do the training and we were told about their condition." We also noted that not all staff had received training in basic first aid. We were told that there was a process to follow whereby a core team of trained first aiders were available on call should they be needed and staff members we spoke with knew to contact 999 for the relevant support.

The staff team had the opportunity to meet with a member of the management team to discuss their performance through supervision and appraisal.

Mental capacity assessments had been carried out to determine whether people had the capacity to make specific decisions about their care or support. For example, when deciding whether to accept support with their medicines and consenting to having care provided by the staff team. We saw that the people using the service were deemed to have the capacity to make these decisions. A staff member told us, "They [people using the service] have the same rights as us and we cannot assume that they cannot make a decision. They can make bad decisions just like us." The staff team had received training on the Mental Capacity Act (MCA) and the registered manager and management team understood their responsibilities with regard to MCA.

People had been involved in devising the weekly menu and were supported to eat and drink a balanced and healthy diet. They were supported to assist in the kitchen at meal times and they had allocated days when they were supported by a staff member with preparing and serving the evening meal. Laminated photographs of meals provided were available to remind people what was on offer at each mealtime.

The staff team monitored people's health and where necessary, referrals to healthcare professionals such as doctors and dentists had been made. A relative told us, "[Relative] gets to see the GP when she needs to."

Is the service caring?

Our findings

People told us the staff team at Homefield College Limited – 76 Cossington Road were kind and caring and they looked after them well. One person told us, "I get on with the staff and have no problems with them. They are kind and helpful." A relative explained, "They treat [relative] with respect."

People were supported in a caring manner. The staff team had a good understanding of people's needs and support was provided in a relaxed and good-humoured way.

People's plans of care included details about their personal history, their personal preferences and their likes and dislikes and the staff team were well aware of these. For example one person loved jacket potatoes, whilst another enjoyed cooked turkey, when we looked at the weekly menus, these preferences had been incorporated. People and things that were important to them were also included in their plan of care. This meant that the staff team had the information they needed to provide individualised care and support. One of the people using the service told us, "I like watching 'Corrie' and I like going to Loughborough or Leicester, the staff go with me." When we checked this person's plan of care, these preferences were included and the staff team were aware of them.

People were supported to make decisions on a day to day basis. Whilst the people using the service were able to make decisions about their care, either by themselves or with the support of a family member, details of advocacy services were still made available. This meant that people had access to someone who could support them and speak up on their behalf if they ever needed it.

Staff members gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "I always knock before I enter people's rooms and I make sure I show them dignity when we are out and about." Another explained, "[staff member] is doing dignity champion training. I give people privacy when they are bathing for example; I sit on the top step of the stairs whilst they are in the bathroom." People had locks on their bedroom doors which allowed them the privacy they required.

A relative told us that they were able to visit at any time and details on visiting was displayed in the reception area. They told us, "I can visit and I am always made welcome."

Is the service responsive?

Our findings

People had been involved in the planning of their care with the support of their relatives. Plans of care recorded the care and support that people wanted and their individual preferences in daily living. People's interests and likes and dislikes had also been explored and included. Person centred plans (PCP's) had been developed with them and included what they liked to do. Where a person's needs had changed, their plan of care had been reviewed and updated to reflect this. Staff members we spoke with had a good knowledge of people's care needs and were able to describe in detail the support that people needed.

We did note that not all of the day to day records were up to date. The registered manager explained that because the staff team had not been stable for some time, some of the recording had lapsed. However the people using the service now had a key worker each to support them and to make sure the paperwork was completed appropriately in the future.

Reviews of people's care needs had been carried out. This provided them with the opportunity to discuss any issues and made sure that they had as much choice and control over their care and support needs as possible.

People told us they were able to participate in activities that they enjoyed and they were encouraged to follow their interests. One person told us, "I'm going to drama today and it is book club on Thursday." Activity timetables were used to remind people what they were attending each week. Sessions included, cooking, art and drama, book and film club and gardening. At the weekends people chose how and where to spend their time. This included shopping in the local town and visiting a local charity shop. Daily records showed that people had been supported to go shopping and also a recent visit to a theme park had been enjoyed. One of the people using the service told us about a planned holiday they were about to take. They explained, "I am looking forward to our holiday next week, we're going to Somerset." It was evident that people were both encouraged and supported to partake in activities that they both wanted to do and enjoyed.

People were encouraged and supported to maintain relationships with people who mattered to them. One person was supported to speak with their family on a daily basis via the computer and another, the telephone. A relative told us, "[Relative] is able to phone me."

People were reminded of the provider's complaints process during weekly meetings that were held and a copy of the process, which was available in an easy to understand format, was displayed. The registered manager confirmed that there had been no concerns raised in the last 12 months. Relatives spoken with knew who to talk to should they have a concern of any kind. One relative told us, "I have no concerns, but if I had, I would say. [Name] is the manager and when there has been a hic-cup with [relative] care, it has been sorted."

Is the service well-led?

Our findings

There was a registered manager in post. During our visit we saw them chatting with the people using the service and the staff team and we saw them supporting people with their daily lives. A relative told us that the management team were approachable and always available to speak with. They explained, "I would speak to [deputy manager], there is no need to bother the manager because she would sort it. They are approachable and you can talk to them."

Staff members told us that they felt supported by the management team. They explained that they felt able to speak to them if they had any concerns and they were available whether in person or on the telephone. One staff member told us, "I feel supported, [registered manager] is usually around or available on the phone if we have any issues." Another explained, "The manager is fantastic. All three of them, [registered manager and two deputy managers] are lovely, really supportive."

Weekly meetings were held and people were able to choose whether to attend or not. One person told us, "We have meetings but they are boring. I don't like questions so I don't go." At these meetings people were reminded of how to stay safe, how to make a complaint and the actions to take in the event of a fire. Menu choices were also made and people were given the opportunity to share their thoughts on the service provided. The staff team made sure that when someone chose not to attend, they were made aware of the discussions that took place and were given the opportunity to share their thoughts.

One to one discussions with people took place. These provided people with the opportunity to discuss how they were feeling, if they had any concerns and whether they were happy with the care and support they were receiving. Whilst people confirmed that these opportunities for sharing their thoughts were taking place, these were not always recorded.

Staff meetings had been held. Topics discussed at the last meeting held in March 2017 included MCA, health and safety, safeguarding and the completing of audits. The opportunity for staff to share their thoughts of the service was also provided. People using the service and their relatives were encouraged to share their thoughts of the service. This was through daily dialogue and weekly meetings. Surveys had also been used in the past but not for some considerable time. The registered manager explained that a new survey was in the process of being developed and these would be used to gather people's feedback in the near future.

There were monitoring systems in place to check the quality and safety of the service being provided. The provider had a health and safety officer who carried out an audit of the service every six weeks. Audits covered areas such as medicines, incidents and accidents and the environment. We saw that issues identified at the last audit conducted on 2 May 2017 had been addressed.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. We saw that the ratings poster from the previous inspection had been displayed. The display

of the poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and visitors.