Homefield College Limited

Homefield College Limited - 42 St Marys Road

Inspection report

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Date of inspection visit:
10 May 2016

Date of publication:
21 June 2016

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

This was an unannounced comprehensive inspection that took place on 10 May 2016. At the last inspection completed on 30 August 2013, we found the provider had not met the regulations in two areas; the service had not followed key principles of the Mental Capacity Act (MCA) 2005, and records were not stored securely. At this inspection we found the provider had made the required improvements and the regulations were being met.

Homefield College is a specialist college service. It is registered to provide accommodation for up to 17 people who have a learning disability or autistic spectrum disorder, a sensory impairment and who were young adults. The college is currently providing short breaks to people which they called residential experiences. The college was located on two floors. Each person could choose which bedroom they wanted to use for their stay. There were kitchen facilities available within the college along with a communal lounge, games room and art room. At the time of inspection there were five people using the service.

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 received care and support that was responsive to their needs and preferences. People and their relatives participated in developing their support plans.

Support plans provided information about people so staff knew how they wanted to be supported. People were encouraged to develop their independent living skills. A varied range of activities were on offer for people to participate in if they chose to do so.

People were protected from the risk of harm at the service because staff had undertaken training to recognise and respond to safeguarding concerns. They had a good understanding about what safeguarding meant and how to report it. The building was well maintained and kept in a safe condition.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where people displayed behaviour that was challenging the training and guidance given to staff helped them to manage situations in a consistent and positive way that protected the person, other people using the service and staff.

People's medicines were handled safely and were given to them in accordance with their prescriptions.

There were enough staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction and regular supervision. There was an on-going training programme to

provide and update staff on safe ways of working.

People were encouraged to maintain a balanced diet. We saw that people were able to choose their meals and were involved in making them.

People were supported to make their own decisions. Staff and managers had an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We found that appropriate assessments of capacity had been made.

People were involved in decisions about their support. Staff treated people with respect.

People and staff felt the service was well managed. The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

Systems were in place which assessed and monitored the quality of the service. This included obtaining feedback from people who used the service and their relatives. Systems for recording and managing complaints, safeguarding concerns and accidents and incidents were in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from risk of abuse and avoidable harm. Staff knew what action to take if they suspected that abuse was taking place. Risks to people had been identified and assessed.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed.

Is the service effective?

Good

The service was effective.

Staff were trained to meet the needs of the people who used the service.

People were encouraged to make decisions about their care and day to day lives. Consent to care and treatment was sought in line with the Mental Capacity Act (2005). Staff understood the requirements of this.

People received the support they required with their healthcare needs, to keep healthy and well. People were encouraged to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. Staff interacted with people in a caring, compassionate and kind manner.

Staff knew people well and understood how each person wanted to be supported.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed with them. Support plans provided information for staff about people's needs, their likes, dislikes and preferences.

There was a range of activities on offer that people enjoyed.

People's felt that they could raise concerns or complaints and that they would be responded to.

Is the service well-led?

Good

The service was well led.

People and their relatives knew who the manager was and felt that they were approachable.

People had been asked for their opinion on the service that they had received.

There was a range of audit systems in place to measure the quality and care delivered and so that improvements could be made.

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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 10 May 2016 and was unannounced. The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, two senior care staff, and two care staff

We met people who used the service and we spoke with three people. We spoke with three relatives of people who used the service. This was to gather their views of the service being provided.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe when receiving support from the care staff. One relative told us, "I have no concerns over [person's name] safety. There are always staff at hand which is very reassuring." Another relative said, "They do their best to keep them safe."

Staff members we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. All staff we spoke with told us that they
would report any suspected abuse immediately to the manager or to external professionals if necessary. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff had been given an information pack called a safeguarding wallet that was credit card sized. This included information about who to contact and informed staff of their right to raise concerns. We saw that staff had these available to refer to if they needed to take action in relation to reporting abuse. Staff told us they had received training around safeguarding adults. Records we saw confirmed this training had been completed. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission.

People's support plans included risk management plans and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this risk. These included assessments about accessing the community and risks associated with using kitchen equipment. Risk assessments were reviewed every half term unless a change had occurred in the person's circumstances. This was important to make sure that they information included in the assessment was based on the current needs of the person. We saw that where someone had behaviour that may be deemed as challenging plans were in place so that staff responded consistently. The plans identified triggers and ways to diffuse the situation. Staff told us that they were confident in following these plans and had been trained to do so.

Where accidents or incidents had occurred these had been appropriately documented and investigated. The documentation included a detailed description of what had happened. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

People were protected from the risk of harm because there were robust contingency plans in place in the event of an untoward event such as large scale sickness or accommodation loss due to flood or fire. Staff knew the fire response procedure and this was practised to make sure that everyone knew what to do in an emergency. We saw that regular testing of fire equipment had taken place and that maintenance work had been completed to keep the premises safe for people to use.

People told us that there were enough staff to meet their needs safely. Relatives agreed that there was always someone around to help if needed and that there were enough staff on duty. A relative told us, "There seems to be enough staff on duty." Staff told us that they felt there were enough staff to meet people's needs. The rota showed that suitably trained and experienced staff were deployed so that each

person had their allocated support. We saw that staff responded to peoples requests in a timely manner. We found that staff had time to talk with people and support people when they asked for this.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Staff had undergone detailed recruitment checks as part of their application process and these were documented. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that people could be confident that safe recruitment practices had been followed.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete and that they had been trained to administer medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines. Each person who used the service had a care plan to determine the support they needed and a medication administration record to document what medicine the person took. Where someone had a 'PRN' medicine we saw that a protocol had been written so that staff knew when this could be taken. PRN medicines are prescribed to be taken only when they are required. We saw that there was guidance in place to tell people what homely remedies they could safely take that would not interact with their medicine. These had been reviewed by the GP. We looked at the records relating to medicine and found these had been completed correctly.

Good

Is the service effective?

Our findings

At our last inspection carried out on 2 September 2013 we found that people's capacity had not been assessed when it had been believed that they did not have capacity to make a specific decision. We found that there were no records to show that decisions had been made in people's best interest in line with guidance in the Mental Capacity Act 2005. These matters were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that where a person's capacity to make a decision was in doubt assessments were being completed and recorded. They showed us information about the MCA and the need to assess people's capacity that had been developed to be sent to the families as well as letters explaining this in an easy to read format for the people who used the service. This meant that the registered manager had considered people's capacity to make a specific decision and had taken steps to complete a capacity assessment. This is in line with the guidance for the MCA.

Staff were able to demonstrate that they had understanding of the MCA and that they worked in line with the principles of this. This involved supporting people to make their own decisions and involving others when this had been needed. Records that we saw confirmed that staff had completed training in the MCA. One staff member told us, "I know people who use the service well. I would know if someone did not want to do something. We use pictures and symbols to help people to make their own choices." Another staff member said, "We are led by the person and their choices." The registered manager told us, "We have worked through training to show that it is not just about offering choice to people but informed choice. We have been working with family and staff to develop understanding in this area."

People and their relatives were positive about the ability of staff to meet each individual person's needs. One relative told us, "I was impressed with how they [staff] calmed [person's name] so quickly and skilfully. I couldn't do that as well as them."

People were supported by staff who received a thorough and effective induction into their role. Staff told us that they had completed an induction. They described how they had been introduced to the people they supported and said they had been given time to complete training, read care plans and policies and procedures. The staff also said that they had shadowed more experienced staff before working alone with people using the service. Records we saw confirmed that staff had completed an induction. We saw that the provider used the Care Certificate for newer staff members. The Care Certificate was introduced in April 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. Alongside the Care Certificate staff also undertook a bespoke induction for the service. This included an introduction to the college.

People were supported by well trained staff. We looked at the training records for all staff. These showed that staff had completed a range of training including training that was specific for the needs of the people who they supported. We saw that training was monitored through a matrix. This identified what training staff had undertaken and what needed to be refreshed. The staff we spoke with told us that they felt that they had completed enough training to enable them to carry out their roles and that training was good quality. One staff member told us, "The training is fantastic. There are a lot of opportunities for training. You can put in a request if you feel you need something extra." Another staff member said, "We have done loads of training. I couldn't do the job without it. Every September we get information and training about the new students so we get to know their individual needs." This meant that staff had the skills and knowledge to meet the needs of people who used the service.

People were supported by staff who received guidance and support. There were processes in place to supervise all staff to ensure they were meeting the requirements of their role. Supervisions are processes which offer support, assurance and learning to help support workers develop. Staff told us that they had regular supervision and felt supported. One staff member told us, "I have supervisions every couple of months." Another staff member said, "I have supervision three or four times a year. If I have a problem I speak with the manager. I feel supported." Records we saw confirmed that supervisions had taken place.

People indicated to us through signs that they enjoyed the food when they had a residential experience. Relatives told us that people were given food that they enjoyed although some relatives felt this was not always a healthy option. One relative told us, "I have no worries that [person's name] will go hungry there." Another relative said, "I am concerned that 'junk food' is given as a choice." We discussed this with the registered manager and they told us that people were offered food that they enjoyed and healthy eating was prompted. The registered manager said that if someone made an unhealthy choice then they were encouraged to have fruit with this to balance the meal. Staff told us that people were offered choices for their meals and this was based on foods that they liked. One staff member told us, "I do the shopping and get a variety of food that I know the person who is staying likes. They can then choose what they want. We try and promote healthy eating and always include vegetables." People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. Throughout the day people were able to go to the kitchen and help themselves to drinks and snacks. Staff told us that the kitchens were open throughout the time the person was staying so they could access this when they wanted to.

People could access health care services when needed, however this was not something that the college supported people with usually during a residential experience. Staff told us that if a person had an appointment they would be supported to attend this. They understood their responsibilities to seek medical help if someone became unwell during their residential experience. We saw that people were referred to therapists when appropriate, such as if there was a concern with someone's ability to eat or drink. We saw that care plans contained contact details of people's relatives, GP's or other involved health professionals so that staff able to contact them in the event of an emergency.

Good

Is the service caring?

Our findings

People were positive about the support that they received. They indicated to us through using signs that they liked to stay at the college. Relatives told us that they felt that the care was good and people enjoyed their residential experience. One relative told us, "I get the impression that he seems to love to go. [Person's name] gets excited when it is marked on the calendar." Another relative said, "They do a good job. [Person's name] enjoys it when they are there. I am happy with the care they receive."

People were treated with dignity and respect. We observed staff interacted with people in a caring compassionate and kind manner throughout the inspection. This included laughing and joking with people. We heard light hearted conversations which led to laughter and joking. Relatives told us that staff treated people as adults and worked with each person in a non-patronising way. Staff told us how they promoted dignity and this included knocking on doors and waiting to be invited in. Relatives confirmed that this had happened. Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance. Staff discussed private or sensitive information away from where other people could overhear their conversation.

People were involved in making decisions about their support. This included decisions about meals, going out, attending activities and participation in the reviews of their care. We saw throughout the day of our visit that people were asked what they wanted and if they wanted to participate in their activities. Records showed that people had been involved in decisions about their support.

People's preferences and wishes were taken into account in how their care was delivered. For example routines that they wanted to follow were respected. Information had been gathered about people's personal and medical histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

People's independence was promoted. Risk management plans identified ways in which people could be supported to undertake things themselves with measures in place so that things were done safely. For example, one person liked to make their own drinks but could present risks when using kitchen equipment. There was guidance in place for staff to follow to enable this person to make themselves a drink safely. People were supported to undertake household and every day activities to maintain their independence. Staff told us that people were encouraged to make their own meals. One staff member told us, "If it is their tea they are involved in making it." Another staff member said, "We go to the shops to get the food. It is a learning experience." We saw that people were supported to make their own drinks and food throughout our visit. The registered manager told us, "We use the academic targets that have been identified to support people to develop their independent living skills during their stay so that there is continued learning."

Staff were knowledgeable about the people who they supported. They could tell us about people's likes, dislikes and preferences. One staff member told us, "The little things are really important. They are all recorded in people's support plans." Another staff member said, "We are learning about [person's name]."

People could choose to bring their own bedding and items with them for their residential stay if they wanted to. We were invited to see three rooms. These were clean and tidy and people could choose which room they wanted to stay in. The registered manager told us that people had preferred rooms and that they usually chose the same room each time they stayed. There was a communal lounge, dining room and kitchen where people could spend time if they wanted to. The staff told us that people could access all of the college facilities during their residential stay.

Good

Is the service responsive?

Our findings

People were supported by staff that knew them well and understood their needs. A relative told us, "They understand [Person's name]." We found staff knew people well and were able to discuss their needs and individual circumstances with us. One relative said, "The staff know [person's name] well."

People had been involved in an initial assessment of their needs before they had a residential experience. Information had also been sought from their relatives and other professionals involved in their care. Information from the assessment had informed the support plan.

People had been asked to participate in developing their support plans. Records showed that people and their families had been involved in reviews of peoples support and involved in decisions with the person's consent. we saw that the registered manager prepared information in an easy to read format and used people's preferred communication method to enable them to participate in their own reviews.

People's support plans were personalised and provided details of daily routines specific to each person. For example, in one person's care plan it identified that they liked the bathroom preparing in a specific way to encourage them to have a bath. Staff told us that the service was person centred. One staff member said, "It is very student orientated. They look at what each person needs." Support plans had been kept under review to make sure that they reflected people's current circumstances. This helped ensure that staff provided appropriate support to people and could meet their needs as these changed. Staff had a good understanding of the support needs of the people they worked with and could tell us about these. One relative told us that they felt that the staff did not always support their relative to complete their personal care and that they had discussed this with the staff and the manager. We discussed this with the registered manager. They told us that the person would sometimes refuse to have a wash and this was being monitored. They said that some staff had more success in encouraging the person to complete their personal care. The registered manager told us that they were working with the person and the staff to develop a routine that had worked so that this could be followed each time the person stayed to make sure that staff had a consistent approach. Each care plan had goals and targets that the person had identified that they wanted to achieve and steps to achieve these. This meant that people were being supported to work towards achieving their own goals and targets.

Feedback from the stay between staff and families after the residential experience took place in the form of a residential experience book that was used to record what people had done during their stay. Relatives told us that they would like to receive more information in this book. One relative told us, "I don't always get feedback. I would like more." We discussed this with the registered manager who told us that they had reviewed what had been recorded in the books with the staff. The staff team had agreed what information should be recorded in the residential experience books to give detailed feedback on the person's stay and on what they had done. THe registered manager told us that they felt this would enable relatives to receive the information they wanted about the residential experience.

Staff knew how to support people if they became upset or distressed. A relative told us, "They know the

triggers and behaviours. They use reassurance and redirection in a skilled way." We saw from one person's care plan that they could display behaviour that could be challenging and they could become verbally or physically aggressive. The care plan identified examples of how to identify the triggers for the behaviour and de-escalate this behaviour. Staff were able to explain these to us in detail. The care plan and risk assessment had been reviewed regularly and when there had been an increase in the person's behaviours changes were made to how to de-escalate the behaviour. This meant that the service had been responsive to the needs of the person and changed the plans to become more effective.

People's stays were planned around their individual needs. A relative told us that they sometimes had difficulty agreeing which dates their relative could stay and there was limited availability. We discussed this with the registered manager who told us that stays were planned based on each person's needs and preferences. They said that the rota was planned around who interacted well with each other to make sure that each person had the most enjoyable stay possible for them.

People were offered a wide range of activities to provide them with stimulation during their residential experience. Relatives told us that people have access to a range of activities such as swimming, walks, horse riding and going to the gym as well as access to the college facilities and independent living skills. One relative told us, "[Person's name] has a better social life then I do." Another relative said, "[Person's name] does go out but could do more." One relative commented, "The activity of deciding what [person's name] wants to eat, going shopping and preparing the meal is encouraged." Staff told us that people could make plans for what they wanted to do during their residential experience and were offered a variety of activities. One staff member told us, "People can choose what they want to do in the evenings and at weekends." Another staff member said, "We plan trips but people can also do other things they like such as cooking. People can also chill out." Staff told us that some people chose to relax during their stay and not take part in activities however that there were always options available for people if they wanted to do something. Relatives confirmed that this was the case. One relative told us, "They respect [person's name] wishes."

People and their relatives told us that they would speak with staff or the registered manager if they were worried or had any concerns. Relatives told us that they felt confident in approaching the registered manager if they needed to discuss any aspects of people's care. There were procedures for making compliments and complaints about the service. We saw that no formal complaints had been received. The registered manager told us that they offered people the complaints policy if they raised any concerns with them but that no one had chosen to make a formal complaint. They told us that all people were provided with a copy of the complaints procedure.

Good

Is the service well-led?

Our findings

At our last inspection carried out on 2 September 2013 we found that records were not stored securely and were kept in a communal area. These matters were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

People could be confident that their personal details were stored securely and protected. We saw that confidential information was kept securely. This ensured that people could only access this when they were authorised to do so.

People and their relatives told us that they were happy with the service provided and the way it was managed. One relative told us, "The service is good. They do a good job. [Person's name] is happy." Another relative told us, "I know who the manager is, they are very approachable." Another relative said, "I sometimes get mixed responses from the staff. I had to go to a higher level to get things sorted."

The service had a registered manager. We received positive feedback about how they managed the service. Staff spoke well of the registered manager and the management team. One staff member told us, "The management are all accessible. I feel supported. It is a good company." Another staff member said, "We are supported by our line managers. You can speak to them at any time." The service had been accredited against the Investors in People standard which is a standard for people management. The management structure in the home provided clear lines of responsibility and accountability. The registered manager was supported by the senior management team, the deputy home manager, and a team of senior support workers. Management team meetings were held every two months to discuss the service and plans for the service. Staff told us that the registered manager and the senior management team were always available and that they spent time in the service to see how people were. We saw staff, visitors and people who lived at the service were comfortable speaking with them. This helped to promote a positive and open culture to keep people safe.

The registered manager regularly monitored the quality of care at the service. We saw that audits had been completed every six weeks. These looked at areas such as the environment, reviewing all maintenance work that had been completed, health and safety checks and finance checks. Records showed that actions were recorded to show the progress against any areas for improvement. The registered manager told us that the trustees have a report of all audits that had been completed, actions that had been taken to be reviewed at trustee meetings. Safeguarding meetings were held monthly and information shared with Trustees three monthly. The purpose of this meeting was to review any safeguarding incidents and actions that had been taken to make sure that all appropriate actions had been implemented and to identify any trends. This meant that the service had processes in place to monitor the quality of the service and drive improvements in the delivery of a quality service.

People and their relatives were asked for feedback on the service. Relatives confirmed that they had received an annual questionnaire about the quality of the service that had been provided. We saw that the last survey had been completed in November 2015. The registered manager told us that the comments were reviewed and the feedback had been discussed internally. They said that people were not given feedback on the results of the questionnaire. The registered manager agreed to discuss this with the senior management team to identify a way for feedback to be given to people following the survey. We saw that feedback had also been sought from the staff through a self-assessment of the service. The registered manager told us that this had been completed yearly and the results of this were available on the Intranet which was accessible to all staff.

We found there were good communication systems at the service. We saw that there was as student committee which held meetings to discuss the service including the residential experiences. We saw that people were asked for any items they wanted to discuss. Minutes from this were available to all people who used the service. Relatives told us that they received newsletters to update them about what had happened at the service.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.