

Homefield College Limited

Homefield College Limited - 51 Greedon Rise

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 26 February 2015 and was unannounced.

At the last inspection on 3 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 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 – 51 Greedon Rise 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.

Throughout our inspection we observed people were very comfortable and relaxed with the staff who supported them. We saw people had unrestricted access to their all communal areas of the service. People’s bedrooms were kept locked and each person had a key to their room to enable them to access it as required. Staff respected people’s decisions about whether or not they were able to enter their rooms. People also had their own key to the front door.

There were plans in place to ensure that if an emergency situation or untoward incident occurred that people would be kept safe and these were readily available for staff.

People were involved in producing their support plan and they kept a copy in their own room in an accessible format. This helped people to understand the

information in it. People participated in a variety of activities and group sessions that reflected their hobbies and interests and people told us that they had choices about the sessions they attended.

Staff received a thorough induction period and they felt well supported in their roles. They had a detailed knowledge of people’s specific support needs and supported people in line with their preferences.

Staff’s knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was very limited and they had not all received training on these subjects. The manager was aware of this. The MCA is legislation that sets out the requirements that ensures where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. There was a policy and procedure in place for staff to follow in relation to MCA but there was no guidance available for staff in relation to DoLS.

Quality assurance audits were carried out and where necessary actions were taken to improve the quality of the service. People felt that they were able to raise any concerns or complaints. There were one to one meetings and weekly service meetings held that people invited to participate in and provide feedback about their views and opinions.

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 felt safe and staff had a good understanding of how to identify and report any concerns. Risk assessments were carried out and control measures put in place to reduce the risks associated with people's care. People received their medicines as prescribed.

Good



Is the service effective?

The service was not consistently effective

People's consent was sought and staff acted in accordance with it. There was a thorough induction provided for new staff so they were able to get to know people's individual needs. There was guidance in place for staff to follow relating to the Mental Capacity Act 2005 but there was no reference to the Deprivation of Liberty Safeguards and staff had very limited knowledge of the legislation.

Requires improvement



Is the service caring?

The service was caring.

People told us staff were kind and friendly. Staff knew about people's preferences and usual daily routines. People were involved in making decisions about their care and their privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People were involved in their care and support plans. People were supported to take part in activities and group sessions of their choice. People told us they would tell staff if they had any concerns and that staff would act on them.

Good



Is the service well-led?

The service was well led.

Staff felt well supported and able to raise any concerns. Quality assurance audits were carried out and where necessary actions were taken to improve the quality of the service. Staff understood the visions and values of the service.

Good



Homefield College Limited - 51 Greedon Rise

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 26 February 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 two 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 three 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 living at the service. One person told us, "I like living at 51 and I feel safe." Another person told us, "It's good living here and I feel safe." People told us that if they were ever sad or worried about anything then they would tell the staff or the registered manager at the service. Relatives told us they felt that their loved ones were safe and that they were satisfied with the service their relative received.

There was a safeguarding and whistleblowing policy in place and staff had a good understanding of how to identify and report any concerns. Staff also knew how they were able to escalate any concerns if they felt that appropriate actions were not being taken. Staff told us that there was always a senior member of staff on call, who they were able to contact if any safeguarding concerns arose.

A safeguarding board had been set up by the provider which the registered manager was a member of. This group met to discuss safeguarding incidents and concerns across the whole provider and to ensure that necessary actions had been taken.

People that used the service told us that they had a weekly meeting where they discussed their week. We saw minutes from these meetings which confirmed they took place on a weekly basis and agenda items included health and safety, fire safety and safeguarding. We saw that information about people keeping safe was discussed and people were actively involved in the discussions. People discussed how they were able to raise any concerns about their safety.

We saw that where risks associated with people's care were identified there were risk assessments, and control measures had been put in place to reduce the identified risks. We saw that where people had behaviours that challenged others there was information recorded about known triggers for behaviours and clear guidance in place for staff to follow to ensure there was a consistent approach.

There was a grab bag available for staff that contained relevant contact information and essential items, such as, torches and blankets that may be needed in the case of an emergency. Staff told us that this was always available for them. We also saw that there were contingency plans in

place for staff to follow to enable them to respond to emergency situations or untoward events. We saw that maintenance checks and services were carried out on items and equipment to ensure that they were safe.

People told us that there was always a member of staff around if they needed one. Although the staff member overnight was on-call but on the premises people knew where they were able to find them during the night if they needed them. People did not need planned care throughout the night but staff were on site should they be needed. There was a minimum of one staff member on duty throughout the 24 hour period but there were times when specific activities and outings were taking place that more staff were needed. Staff told us that additional staff were always available during these times.

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 were concerned that one person's application did not provide a full employment history and 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.

People told us that they received their medicines when they needed them. We saw that people had lockable medicine cabinets in their own rooms where medicines were stored. This enabled people to take their medicines in the privacy of their own room with staff support. We saw that weekly stock checks of medicines took place to ensure that any concerns could be identified. We carried out a stock check of four medicines. Three of the recorded stock amounts matched the recorded amount but for one medicine the stock amount did not. We discussed this with the registered manager who was aware that stock for the current month had not yet been added onto the current recording sheet. The registered manager advised us that this would be done. People received their medicines as prescribed.

Is the service effective?

Our findings

At the last inspection on 3 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 support plans which were in an accessible format and told us about the things they liked to do. One person showed us how they signed their support plan to demonstrate their consent with it, they read their support plan to us and told us that the pictures helped them to understand the words. We saw evidence that people's consent to their care and support had been recorded. We saw evidence that demonstrated 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 its five principles. 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. 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 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 have any concerns about restrictions on people to keep them

safe. Staff did not physically restrain people. 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.

People told us staff had the skills and knowledge to meet their needs. One person told us, "The staff know what they are doing, [staff member] is off training at the moment." Relatives told us that staff had the appropriate skills, training and experience to meet their relative's needs.

Where people displayed behaviours that challenged others we saw that staff followed guidance provided in people's care files and completed incidents reports. From the incident reports that we viewed we saw that the approaches used, such as distraction techniques and reassurance, were effective and in line with the guidance provided.

We spoke with a staff member 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. We also saw that during their induction period staff had two weekly meetings with their mentor to continually discuss their experiences and development. Other staff members confirmed that they had received a similar induction to the service.

Staff told us they felt well supported and that they received training to enable them to meet people's needs although not all staff had received training in the MCA and DoLS. Staff also told us how they had been supported to obtain qualifications relevant to their role. We saw that supervisions and appraisals with staff had taken place. Supervisions are 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.

People told us that they were involved in decisions about what they had to eat and drink. We saw the weekly menu

Is the service effective?

plan where people had chosen what they were going to eat. We saw that there were pictorial aids to assist people to make menu choices and information available about maintaining a healthy diet. We saw there were adequate food supplies at the service that provided people with a nutritious diet. The registered manager told us that if they had any concerns about people's diets then they were able to make referrals to speech and language therapist or the doctor. We saw evidence that the speech and language therapist had previously been involved in a person's care.

People told us they were able to see healthcare professionals when they needed to. Relatives told us that

their family members were supported appropriately to access healthcare professionals and that staff supported them. We saw evidence of visits to dentists, doctors and opticians. Staff told us that they continually monitored people's wellbeing and took actions when they identified any concerns. One staff member told us how they had noticed a change in a person's condition, reported it to the manager and supported the person to see the doctor the same day. We saw daily notes that confirmed this and we saw there had been no delay in person seeing their doctor about the condition.

Is the service caring?

Our findings

People told us that the staff were friendly and kind. Relatives told us that they had always found staff to be polite. One relative told us, “They are kind and fun,” and “They understand [my relative] and he’s happy there.” Another relative told us, “[My relative] is always pleased to get back to the service, they miss the other people that live there and the staff, they have developed that kind of relationship.”

We saw 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.

People told they were able to make choices about their care and support. For example people told us they chose the activities and group sessions that they attended. We saw that during one to one meetings with their key worker people were encouraged to discuss activities that they may like to try. We saw how one person had expressed an interest in drama and they now attended a drama group once a week. This demonstrated that people were involved in making decisions about their care and support and their views were acted upon.

We observed staff supporting people. They provided people with choices and listened to what people said and responded appropriately to them. Staff had a good understanding of people’s needs and knew about their preferences. We saw staff respond to people in line with the details in their care plans.

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.

We saw that people all had a lock on their bedroom door which they had their own key for. We saw that staff respected people’s privacy by knocking and waiting for a response before they entered people’s rooms. Staff also told us that unless it was a health and safety matter then they were not able to enter people’s bedrooms if they did not have their permission. This enabled people to have their own privacy. We saw that where a person requested not for a staff member to enter their room the staff member respected that and told them they would come back later.

People told us that they assisted with daily living tasks around the service. We saw that people carried out tasks such as cleaning their own rooms, changing their own beds and assisting with the cooking and washing- up. This promoted people’s independence as people were supported to be involved in the day to day tasks at the service.

People and their relatives told us that staff supported them to keep in touch. One person told us they phoned their relative from the phone at the service. A relative told us how staff supported their relative to phone them and staff would always contact them if their relative wanted them to. People told us that their relatives were able to come and visit as they liked and people also went on visits home. Relatives confirmed this.

Is the service responsive?

Our findings

People told us that they had care and support plans in place that they had been involved in. People showed us that they kept a copy of their support plans in an accessible format in their room. One person showed us their support plan and talked to us about it. They told us they had been involved in the development of their plan and read it to us. We saw that the support plan contained pictures and symbols of things that they liked to do. We spoke with the person about their support plan and they confirmed that the pictures and symbols helped them to read and understand the information in it. We looked at another person's support plan and we saw that pictures out of catalogues and brochures had been used to demonstrate their preferences. Staff confirmed for us that this was to meet the person's needs and that the person had been involved in its development. We evidenced from daily notes and during our inspection that people were supported in line with their support plans.

A relative told us, "[My relatives] communication skills are limited but the staff know him well and his body language would soon tell them if things are not right." Staff had detailed knowledge and understanding of people's needs and told us about things that people liked to do and provided us with examples of how they supported people in different situations. What staff told us was consistent with people's support plans. We saw that support plans and risk assessments were reviewed to ensure that they continued to meet people's needs.

Relatives told us that people had a good choice of activities and group sessions available. We saw that people were

involved in a variety of activities and group sessions of their choice throughout the week, such as a book club, a cooking session, swimming, gardening and woodwork. We also saw that people had the opportunity to decide on activities when they had nothing specific planned. Some times this involved a visit to the local town or a trip bowling. In addition there was work experience available at a local café and sweet shop owned by the provider. Where people had expressed an interest and wanted to carry out work experience they were able to with staff support.

There were a number of social events where people from the service meet up with other people from other services that were ran by the provider. One person told us about a recent birthday party that staff had helped them to arrange as they'd wanted to celebrate it as a special occasion. People that used the service and staff told us how they'd enjoyed the night.

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 available 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 did not however provide any contact details of where people could refer their complaints to for further investigation should they be dissatisfied with the provider's response. We discussed this with the registered manager who told us they would ensure the policy was updated.

Is the service well-led?

Our findings

Staff told us they felt well supported and they explained how there was always a manager on call who they could contact for support if they needed to. They also told us that they felt able to contact the registered manager at any time. One person told us specifically how supportive and understanding the registered manager and the provider had been in a recent situation. They went on to explain what a great support network there was throughout all levels of staff at the service.

Staff told us they felt able to raise concerns and they were aware of how to escalate them if need be. One person told us they felt able to talk to any of the senior managers within the provider group and they were certain that if they raised any concerns that they would be addressed.

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.

We saw that weekly meetings were held where people were encouraged to talk about their week and raise any concerns or suggestions that they may have had. There were also discussions held on a one to one basis where people were encouraged to think about things that they may like to do.

Meetings were held with staff members where they were encouraged to participate in discussions about the service and offer ideas and suggestions about the day to day running of the service. Staff also told us they received regular updates and information about the service during handover and throughout their shifts.

A vision statement and mission statement were on display within the service. They contained information about the values of the service and staff all understood the visions and values of the service.

There was a summer event held each year by the provider that relatives were invited to. Relatives that we spoke with confirmed that this was the case. Feedback about this event was positive and it was evident that relatives enjoyed attending it. There was no formal way of collating relative's views from this event although when we discussed this with the registered manager they advised us that this was something that they were looking to introduce.

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 four times a year. A report was provided to the registered manager to which they had to then provide a response and action plan to 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 that the audits and actions required were discussed at the next staff meeting to make sure that staff were aware of any changes to practice that needed to be made. However, these 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.