

Homefield College Limited

# Homefield College Limited - 37 Greedon Rise

## 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?

Requires improvement 

Is the service well-led?

Good 

## Overall summary

This inspection took place on 16 October 2015 and was unannounced. At the last inspection on 17 January 2014 we asked the provider to take action to make improvements. We asked them to improve practice relating to obtaining peoples 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.

Homefield College Limited - 37 Greedon Rise is a registered care service, providing accommodation,

# Summary of findings

nursing and personal care for up to three people. There were two people using the service at the time of our inspection. The service had recently reopened as residential accommodation on 1st September 2015.

The service is required to have a registered manager in post. 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. There was a registered manager in post at the time of our inspection.

People felt safe at the service. People felt able to talk to staff members about any concerns. Weekly house meetings were held where items such as fire safety, health and safety and safeguarding were discussed to support people to understand these areas.

Staff had a good understanding of the various types of abuse and told us how they were able to report any concerns or incidents. Staff had a good understanding of people's needs and supported them in line with their support plans.

Staffing levels at the service were adequate. However, people's activities did not always take place because staff with the required skills were not always available.

People were provided with day to day choices about the things that they wanted to do. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and knew the steps that they should take if they had a concern about a person's capacity in relation to a decision.

Risk assessments and care plans were in place, staff were aware of any changes but these had not always been regularly reviewed.

Staff all shared the same vision and values and promoted them through their daily work.

Relatives told us that the communication between staff at the service and themselves was good. Quality assurance systems were in place.

# 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. Risk assessments were in place to ensure that people were kept safe. Systems were in place to ensure that people's medicines were managed safely. There were enough staff on duty although they were not always suitably skilled to support people with the activities of their choice.

Good



### Is the service effective?

The service was effective.

People were provided with day to day choices about the things that they wanted to do. Staff knew the steps that they should take if they had a concern about a person's capacity in relation to a decision. People were involved in decision making about the food that they wanted to eat.

Good



### Is the service caring?

The service was caring.

Staff were caring and treated people with respect and dignity. Staff knew people's likes, dislikes and preferences. Staff had developed good relationships with people and communicated with them effectively.

Good



### Is the service responsive?

The service was responsive

People were involved in making decisions about their care and support. People were not always supported to participate in activities of their choice. People and their relatives felt able to raise any concerns.

Requires improvement



### Is the service well-led?

The service was well led.

Staff all shared the same vision and values and promoted them through their daily work. Staff felt that there was open communication between the staff team. Quality assurance systems were in place.

Good



# Homefield College Limited - 37 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 16 October 2015 and was unannounced. The inspection was carried out by one inspector.

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 spoke with the two people that used the service and one of their relatives. We also received some feedback from a relative of the other person. We also spoke with the registered manager, two deputy managers and a support worker. We spent time at the service observing support that was being provided. We looked at care records of the two people that used the service and other documentation about how the service was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

# Is the service safe?

## Our findings

People told us that they felt safe at the service. One person told us, "I feel safe. It's nice and peaceful." Another person told us how they had a monitor in their bedroom that gave them, assurance that they were safe. Relatives told us they felt that the service was safe. Staff also told us that they felt that people at the service were kept safe. People told us that they felt able to talk to staff members about any concerns. We saw that weekly house meetings were held where items such as fire safety, health and safety and safeguarding were discussed to support people to understand these areas.

Staff had a good understanding of the various types of abuse and told us how they were able to report any concerns or incidents. They told us that they felt assured that any concerns they did report would be actioned. They were also aware of how to escalate their concerns should the need arise. Staff were provided with a safeguarding leaflet that they kept with their identification badges. Staff told us that this provided them with information and details about how any suspected abuse should be reported and enabled them to have contact details to hand. There was as safeguarding team that had been established by the provider that met monthly to discuss and safeguarding concerns and review any actions that had been taken. This enabled the provider to ensure that they had a consistent approach and kept any safeguarding concerns under continual review.

We saw that where any incidents at the service had occurred a full report had been completed. This included details about the incident and any actions that had been taken to reduce the risk of a similar incident from occurring again. People were supported following any incidents. People confirmed that this was so. They told us that staff talked to them about what had happened and the actions that had been taken as a result.

We saw that risks associated with people's care and behaviours had been assessed. Control measures to reduce the risks had been identified and put in place. For example where a person had displayed a specific behaviour, staff talked with the person about the risks and consequences of their actions. Where a person displayed a behaviour of taking certain objects from the service and

disposing of them, staff had also put dummy objects in place. This meant that if the person did become anxious or agitated and display the behaviour the risks and consequences of their actions had been reduced.

Staff told us that they always have a senior member of staff on call that would have access to it in the event of an emergency. There was also an emergency grab bag kept at the service that contained torches, a first aid kit and emergency contact information. Staff were clear about the action they would take in the event of a fire. We saw that fire drills were carried out to familiarise people that used the service with the actions that they would need to take.

People told us that there were enough staff to meet their needs. However, they added that sometimes if they had a different staff member on the shift, for example because of staff holidays or sickness, they weren't always able to do the things that they had planned. Relatives told us that there were enough staff on duty. They also told us that sometimes people weren't able to carry out their planned activities due to the staff members on the shift. For example, the week of our inspection the usual staff member that took people swimming was on holiday. The staff member that covered was not able to go swimming so people did not get to go. When asked about this one person told us, "I was disappointed." We discussed this with the registered manager who told us that she would try and ensure that this did not happen again by arranging appropriate staff cover.

The service followed a recruitment process when they employed staff and they told us that prior to staff commencing work all pre-employment check were carried out. We had previously seen two staff member's files that worked at the service that confirmed this. There was an induction process in place and a house induction checklist that was completed by each staff member before they started to work at the service.

People told us that staff helped them with their medicines. People knew why it was important for them to take their medicines. We saw that there was a medication policy in place that provided guidance and information for staff to ensure that people's medicines were managed safely. We saw that medicines were stored safely and records showed that people received their medicines as prescribed. We saw that when people took medicines out of the service they were signed out and back in.

# Is the service effective?

## Our findings

At the last inspection on 17 January 2014 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 told us that staff gave them choices and asked if they wanted to do things before they provided them with any assistance or support. We saw that people were given choices in day to day decision making. One person told us how they had produced their support plan with a staff member. They had used pictorial aids to help and they told us that that was how they liked their care and support to be provided.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) are legislation that protects people who lack mental capacity to make decisions about their care and who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. Any restrictions must be authorised by a local authority. If a person lacks mental capacity then an assessment and best interest decision would need to be in place to make sure the person is protected and if any restrictions applied a DoLS application would need to be made. At the time of our inspection nobody was being unlawfully deprived of their liberty. The registered manager had attended an external training course on MCA and DoLS. They told us that all staff would have received training by January 2016. Staff members told us about the steps that they would take if they had any concerns about a person's capacity and were knowledgeable about the MCA, best interest decisions and DoLS applications.

We saw that where people displayed behaviour that challenged others there were plans in place which described triggers for behaviour and provided details and guidance for staff to follow. We spoke with staff that had a detailed knowledge of the plans and they were able to tell us about they would respond. Their responses were consistent with the written guidance. We saw that staff members communicated with people effectively and had a good understanding of people's behaviours and knew how to respond.

People told us that the staff were good and understood them. Relatives felt that staff understood people's needs. Staff told us they'd received adequate training to enable them to meet people's needs.

Staff told us that they were able to discuss anything with their line managers but they had not had regular supervisions over the past few months as a number of organisational changes had taken place. A supervision is a process where staff members meet with their manager to discuss how they are performing and if there are any training needs or concerns. We discussed this with the registered manager and deputy managers who confirmed that regular supervisions had not taken place but this was an area that they were starting to address. A deputy manager had been carrying out a supervision at the time of our arrival.

One person told us, "I do menu planning on Wednesday afternoon." We saw that a weekly menu planning session took place where people were supported to plan their meals for the week. Staff showed us recipe books that were available to help people with choices and how they discussed the importance of having a balanced diet with people. One person showed us how they used the internet with staff to find recipes of their choice. They told us that wanted to make dish with an African heritage. We saw staff support them to find a recipe and confirm that they would add the ingredients to the shopping list so that they were able to make it the following week. We found that people were supported to eat a balanced diet and the food temperatures were recorded to ensure that food was appropriately cooked and served.

People told us that they were able to see the doctor if they wanted to. We saw that a podiatrist had recently visited the service. Staff told us that the week prior to our visit a professional health review of a person's needs had taken place. Their relative also confirmed that this had taken place. We saw that healthcare information was recorded in people's support plans. This included contact names and numbers for services that people liked to use. This meant that the information was readily available for staff should the need arise for the person to use any healthcare services.

# Is the service caring?

## Our findings

People told us that the staff were caring. One person told us, “The staff are good.” When asked what made them good, they told us, “They make sure that I’m good at getting my breakfast.” The other person told us, “The staff are happy.” A relative told us, “They take it all [people’s behaviours] in their stride.” Another relative told us, “My [person using service] is happy and settled, this is due to the incredibly caring nature of the care staff who show enormous consideration and understanding towards [my relatives] needs.” We saw that staff listened to people and responded to them appropriately ensuring that people had understood. We saw that staff empathised with a person who was telling us how they’d missed their swimming session.

We saw how one person was excited on the morning of our inspection in anticipation of an event that was due to take place. We saw that staff acknowledged this and provided them with choices of activities that they could undertake to maintain their wellbeing while waiting. We also how staff offered the person positive feedback from staff when they had completed a task.

People told us that were involved in choices about their daily support. People also told us that their choices were respected by staff. One person told us how they were going out for lunch but they were going slightly later than usual. We saw staff offer the person reassurance on several occasions about the outing. They did so in a calm and unhurried manor and we saw that this satisfied the person.

We found that the care planning process was focussed on people as the individuals, and their views and preferences. Staff were able to tell us about people’s likes, dislikes, preferences and behaviours. People were encouraged to personalise their own private space and make them feel at home. We saw that people’s bedrooms contained things of interested to them. One person showed us some wall stickers that they had recently purchased and staff had supported them to put up.

People’s privacy and dignity was respected. We saw that people had locks on their bedroom doors which allowed them privacy as required. We saw that when people went out they locked their bedrooms. Staff 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.

We saw that when a person went to have a bath the staff member shut the door and left the room. They stayed close by and kept checking on the person to ensure that they were safe but allowed them privacy while they were bathing.

People were involved in the day to day running of the house to promote their independence. One person told us how they liked to Hoover. Another person told us, “This afternoon I’m going to get the kitchen all cleaned up.” People told us that they enjoyed carrying out tasks around the house.



# Is the service responsive?

## Our findings

People told us that they were able to do the things that they wanted to do. One person told us, “I like a bath,” they went on to tell us how staff supported them to have a bath. Another person told us that they liked to go to a particular place for lunch and they told us how staff supported them to go there. People also told us how the service supported them to go on an annual holiday and how much they enjoyed it. We found that a person was not able to take part in their planned activity as there were no staff with suitable skills available to support them.

One person told us how staff had supported them to develop a plan to meet their needs. We saw that they had a person centred support plan in place that detailed how they wanted their needs to be met. This included information about their likes, dislikes and preferences as well as their usual routines. We were told that this was also in place for the other person that used the service but it could not be located on the day of our inspection.

We saw that care plans were in place that contained information about people’s care needs and how staff were able to support them to meet their needs. Care plans had not always been updated regularly or when people’s needs had changed. This meant that there was a risk that staff would not have up to date information about how they were able to meet people’s needs. We discussed this with the registered manager and staff members at the service who were aware of people’s current needs. They acknowledged that reviews of care plans had not taken place as frequently as they should have done but staff had been made aware of any changes to people’s needs.

People told us they took part in activities of their choice. People were provided with a range of activity sessions and they were able to choose which ones they participated in.

These sessions included things such as swimming, book club, cookery and art sessions as well as people participating in general tasks around the house. One person told us how their weekly planned sessions had recently changed. They went on to tell us how they discussed the available options with a staff member. They also told us that there were times when they were not able to participate in their planned sessions because of suitable staff members not being available or because of other people’s behaviours. We discussed this with the registered manager who advised that there were occasions when people’s timetables had to change due to staffing issues or people’s behaviours but that this was discussed with people and alternative activities or outings were put in place.

The service ran a café in a nearby village and we found that people were supported to carry out voluntary work at the café. One person told us how they were supported by staff to work at the café. They told us that they enjoyed it.

People told us that if they were not happy that they’d speak to staff about it. House meetings were held weekly where people discussed their week and were able to raise any concerns or problems that they had. Relatives told us that they felt able to raise any concerns with staff. They went on to tell us that although they had not made any formal complaints any issues they had raised had been addressed. Staff members were aware of the complaints policy and procedure and were able to tell us how they report and escalate any complaints or concerns raised with them. This was consistent with the policy in place.

The complaints policy was available for people in a pictorial format. The complaints policy included information about the different stages of the process and provided timescales in which complaints would be investigated with in.



# Is the service well-led?

## Our findings

House meetings were held on a weekly basis where people were able to discuss any concerns. People confirmed that these took place. We saw that minutes included comments from people that used the service such as, “I had a good week,” and “I like living here.”

Staff told us they felt well supported in their roles within the service. They told us that they felt able to raise any concerns with their seniors. Staff felt that they did not always receive effective communication from the provider of the service when decisions had been made. They went on to explain how following a recent restructuring a number of changes had taken place and staff and people that used the service had not always been provided with information about how and why these had occurred. Staff members told us how they had been left to explain to people that used the service that some staff members would not be returning. We discussed this with the deputy managers of the service who told us meetings between the senior management of the provider, the registered manager and the deputy managers had recently been introduced. They felt that these meetings enhanced the communication between the provider and the services and that they were able to talk through any concerns they may have.

Staff told us that there had not been any official staff meetings at the service since people had moved into the service but they felt that they was open communication between the staff team. A deputy manager told us they were planning to put staff meetings in place once the core staff group was established. They told us that these would then take place every eight weeks.

Staff told us that an annual event was held by the provider. This was an opportunity for relatives of people that used the service to get together and discuss the service and

provide any feedback. Neither of the relatives that we contacted had attended the event this year due to prior commitments. They confirmed that if any events took place that they received invitations.

Relatives told us that the communication between staff at the service and themselves was good. They told us that they were always contacted if there were any major changes to people’s care. They also told us that they felt that any changes needed to be made that staff would listen to them.

There was clear vision at the service shared by all of the staff. The values of the service included involvement, independence, dignity, respect, equality and empowerment. We saw the ‘vision statement’ and ‘mission statement’ on display within the service. Staff had a detailed knowledge of the services vision and values. We saw that these were promoted by the manager and staff in their day to day work.

There was a registered manager at the service who was aware of their legal responsibilities and obligations. We had received some notifications from them as required but we had not received one to advise us that the service was active again after the service had been being used for an alternative purpose. We discussed this with the registered manager who advised that they would ensure that this notification would be completed if the situation arose again.

The provider had an internal auditing team in place that carried out quality assurance checks at the services. A report was provided to the registered manager to which they had to provide a response and action plan to address the items that had been raised. Areas that required improvement were then followed up at the next quality assurance visit. None of these checks had been carried out since the service began to operate again but there were plans for these to take place.