

Homefield College Limited

# Homefield College Limited - 139 Homefield Road

## Inspection report

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Date of inspection visit: 2 February 2015  
Date of publication: 27/05/2015

## 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 2 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 - 139 Homefield Road provide accommodation, care and support for up to four people with learning disabilities. On the day of our visit there were three people living at the home. Accommodation was all on the ground floor.

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 were supported to make informed decisions about their daily living and activities they undertook. People told us they were happy and felt safe living at the service. Staff promoted people's independence and people's privacy and dignity was respected.

People were supported by staff that had undergone a thorough recruitment and induction process. Staff received adequate training and felt supported in their roles.

There were robust systems in place to ensure that people's medicines were managed safely. People told us they received their medicines when they needed them.

People's human rights were protected because staff were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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. However, we could not evidence that these had been recorded appropriately. 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.

People using the service had access to information in appropriate formats to enable them to understand. Pictorial aids were used in people's support plans and information was displayed around the service in formats for people to understand.

People were involved in the development of their support plans and were supported to pursue their hobbies and interests.

Staff told us they felt well supported and described the registered manager as approachable and supportive. Staff also told us that they felt valued and listened to.

There were effective quality assurance systems in place to identify improvements needed to the service.

# 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 there were systems in place to ensure that if they had any concerns they were listened to and acted on.

There were robust procedures in place to ensure that people's medicines were managed safely.

Risks associated with people's care were assessed. There were enough staff available to meet people's needs.

Good



### Is the service effective?

The service was not consistently effective.

Staff had an induction period where they got to know and understand people's needs.

The manager had knowledge and understanding of what is required under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation but they were not implementing it fully.

People had access to healthcare professionals as they required.

People were supported to maintain a balanced diet.

Requires improvement



### Is the service caring?

The service was caring.

Staff were friendly, supportive and kind.

People's privacy and dignity was respected.

People were supported to maintain their independence.

Good



### Is the service responsive?

The service was responsive.

People were involved in their care and support plans. People were supported to pursue their hobbies and interests.

The complaints policy was available in an easy read format. The service investigated and responded to complaints.

Good



### Is the service well-led?

The service was well led.

Staff felt valued and supported in their roles.

Good



# Summary of findings

There were effective quality assurance systems in place to identify improvements needed to the service.

People who used the service and staff were involved in how the service developed.

# Homefield College Limited - 139 Homefield 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.

The inspection took place on 2 February 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at and reviewed the 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 and funding responsibility for one person who was using the service.

We spoke with three people that used the service and one relative of a person that used the service. We also spoke with the registered manager and two support workers. We spent time at the service observing support that was being provided. We looked at care records of three 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. One person told us, “I feel safe.” Another person said, “Yes safe, always safe.” They told us that if they did not feel safe then they would tell staff members. We saw that weekly house meetings took place where staff discussed topic areas with people that used the service these included safeguarding, bullying and cyber safety. We saw that people contributed to discussions and they were aware of what to do if they felt bullied or had any concerns. We also saw one to one meetings with people took place with a staff member where people were asked about how they were feeling and if they had any concerns.

Staff had a good understanding of the types of abuse and the actions they would take if they had any concerns. We saw that staff were provided with an information leaflet about safeguarding and they kept this with their identification badge so they had access to it at all times. The registered manager told us how they reported any safeguarding concerns and this included making referrals to the local authority, the police and CQC where necessary. There was a senior member of staff on call on a rota system over a 24 hour period should staff need to discuss or report any safeguarding concerns.

We saw that accident and incident forms were completed appropriately and these were then sent off to the provider where they were kept centrally. We discussed a recent safeguarding incident with the registered manager. We found that appropriate action had been taken.

People told us that they were able to make choices about their care and support. We saw risks assessments relating to their choices were in place, for example individual risk assessments were in place for people to access the community with specific activities. These identified the

justification for carrying out the activity and described control measures that had been put in place. We saw that these were reviewed to ensure they continued to meet people’s needs.

People told us they felt there were enough staff at the service. We saw the staff worked between the service and another service nearby, owned by the same provider, to ensure that people were able to be supported with activities of their choice. Overnight there was a member of staff at the service available on call. We discussed this with the registered manager who told us that at the present time people did not have any assessed needs at night. People told us they were happy with this and they knew where to find staff at night time should they need them.

We looked at the staff records of two staff members. We found that appropriate checks were undertaken before staff began working at the service. Records showed pre-employment checks had been carried out. This meant people using the service could be confident that staff had been screened as to their suitability to care for the people who lived there.

We spoke with two people specifically about their medicines. They told us that staff always supported them appropriately with their medicines. One person told us, “I have [number] tablets, staff always give me [number] tablets.” Staff told us how they were initially observed administering medication until they were assessed as competent and felt confident administering it on their own. People’s medicines were all kept in a locked cupboard within their own room. Stock counts of medicines were carried out each time a medicine was administered. We saw that where people wanted to self-administer their medicines, a risk assessment had been carried out and control measures had been put in place. These were regularly reviewed. We found that there were robust procedures in place to ensure that medicines were managed appropriately.

# 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 and told us about the things they liked to do. One person showed us how they signed their support plan to consent to it. Another person showed us the pictures in their support plan that had been used to help them and staff to understand it. We saw evidence that people's consent to their care and support had been recorded. We saw evidence that demonstrate 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.

The Mental Capacity Act 2005 (MCA) is legislation that protects people who do not have mental capacity to make a specific decision themselves. We found that there was one person who the provider had identified as not having the mental capacity to consent to a particular area of their care. The registered manager told us about the steps they had taken to try and enable the person to understand, such as by approaching them at different times of the day and by using pictorial aids which is in line with the MCA legislation. We found that staff were supporting the person using a best interest approach. The manager had not adhered to the MCA legislation that states both a mental capacity assessment should be completed and a best interest decision made in consultation with other relevant people involved in the person's life and that it is recorded.

Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted. At the time of our inspection nobody was being deprived of their liberty. The manager had attended a train the trainer course in MCA and DoLS and was in the process of delivering the courses to all of the staff members. The manager told us about training that they had booked in the coming months, but at the time of our inspection not all staff had received this training.

There was an induction period at the service where staff had to complete a workbook, shadow more experienced support workers and attend regular meetings with their line manager to discuss how they were getting on. Throughout this time staff spent time getting to know people that used the service and familiarising themselves with their needs. There was also a three month probation period which could be extended if necessary to ensure that staff and the service provider were happy with their role and responsibilities.

Staff members told us they had received adequate training to enable them to meet people's needs. One staff member told us how they were being supported to obtain a level two qualification in health and social care. We looked at the staff training records that confirmed that staff had attended training specifically to enable them to meet people's needs. We saw that staff had attended a course to teach them about de-escalation techniques to help them to manage some people's behaviours.

Staff told us they felt well supported in their roles, attended regular staff meetings, had supervisions and an annual appraisal. Supervisions were 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. We spoke with the registered manager and looked at records that confirmed that these all took place although the frequency of supervisions was variable.

People told us they had choices about what they had to eat and drink. During our inspection we saw a menu planning session taking place. People were provided with appropriate aids, such as pictures of ingredients and pictorial information about a balanced diet to enable them to plan a meal. We saw that staff provided verbal support and guidance to enable people to maintain a balanced diet. We saw that where a person had a food allergy, there was written information for staff to follow and guidance available about appropriate foods.

People were supported to attend appointments at the doctors, dentists and opticians as required. People told us they were able to see a doctor if they wanted to. A family member told us that their relative had access to healthcare services as they required and that the service supported them with this. We saw evidence that appointments with external health professionals had taken place.

# Is the service caring?

## Our findings

People that used the service told us that the staff were friendly and kind. We spoke with a relative of a person that used the service who told us the staff were, “Friendly and approachable.” We spoke with two staff members who both knew people’s needs and were able to tell us about people’s preferences and things that were important to them. We saw that staff listened to people and responded appropriately to their requests. We saw that staff engaged in general conversation with people and showed concern for their wellbeing.

We found that one to one meetings with people and a staff member took place. We saw that these involved general discussion about how the person was feeling and further discussion about things that they would like to do. Staff told us that there were times when people chose not to participate in a one to one session and they explained to us how they would respect that choice and try and undertake the session on an alternative day.

We saw that pictorial aids were used to support people to make decisions about their care. People told us how they were able to make choices about their care. One person told us how they liked to have a bath and that they were able to have one when they wanted to. Another person told us they liked to watch DVD’s. We saw they watched a DVD when they wanted to.

There was no information about advocacy services that are 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 spoke with two staff members who told us how they maintained people’s privacy and dignity while supporting them with personal care. People confirmed that the way that staff supported them was as the staff had described. People had the privacy they required to carry out personal care tasks.

People showed us their support plans that included their involvement with daily living tasks around the home. One person told us how they cleaned their room and we saw another person being supported to change their bed. This promoted people’s independence as people were supported to be involved in the day to day tasks at the service. One person told us how they attended a local church service without staff support. They enjoyed attending the service and felt safe to do so without staff support. We saw that staff had assessed the situation and this promoted the person’s independence.

People told us that their relatives were able to come and visit as they liked and people also went on visits home. We saw that staff supported one person to keep in regular contact with their relatives by using Skype.



# 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 kept their support plans in an accessible format in their rooms. People showed us their support plans and talked to us about them. People's preferences were recorded and people told us they were able to make choices. One person told us they preferred to have a bath in the evening and this is what they usually did. Another person told us they liked to have a bath rather than a shower and this is what they usually had.

We spoke with a relative who told us about their experience of when their relative began to use the service. They told us that they provided the service with information about their relatives needs and staff listened to them. They told us that everything was, working well and that the service was responsive to their relative's needs.

Individual interests and hobbies were recorded in support plans and we saw evidence that people were being supported to pursue these. One person told us how they liked to go swimming. We saw that this was part of their weekly timetable. Another person told us that they enjoyed art activities; we saw that this was part of their weekly timetable. People were supported to follow their interests.

We saw that people were able to gain work experience at a local café and shop owned by the provider if they wanted to. We saw that some people chose to undertake this and some people did not.

We saw that there was an annual holiday undertaken by the provider and people were involved in discussions

about the type of holiday they wished to go on. We saw photographs of the last holiday on display and people told us how much they enjoyed it. There were trips organised that people were able to participate in if they wished to do so such as a bowling trip and a visit to the theatre. We saw that these were optional for people to attend if they wished to do so.

In addition to group activities people were supported with one to one support time where they had discussions with staff and were able to choose what they wanted to do. We saw that one person liked to have their nails done and staff supported them to go into the local town to do this.

We saw that complaints and areas for improvement were discussed with people as part of house meetings that took place. People were asked if they were happy, wanted to talk about anything or had any suggestions. We saw that there was very limited responses from people recorded but where people had requested an activity or trip this had been pursued.

We saw that the complaints policy was available for people in a pictorial format. People told us that if they had any concerns they would tell the staff. We saw that complaints that had been received had been recorded, investigated and responded to. 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. The registered manager advised us that the policy would be updated and this information would be included.

# Is the service well-led?

## Our findings

The registered manager ensured they met their legal responsibilities and obligations. This meant they adhered to the registration conditions with us.

Staff spoke positively about the registered manager who they described as approachable and supportive. Staff also told us that they felt valued and listened to. The manager spent time at the service and was on occasions directly involved in providing support. This enabled them to have detailed knowledge of people's abilities and needs. Staff told us that if they ever needed any assistance or advice they were able to contact the manager or another senior member of staff who was on call. This meant that staff had the assurance of support if it was required.

Staff had opportunities to attend staff meetings. Staff also told us they received regular updates and information about the service during handover and throughout their shifts.

Staff had a detailed knowledge of the service's vision and values. We saw the service's Vision Statement and Mission Statement on display within the service.

There were regular meetings held with people that used the service where they were able to make comments and suggestions about things that they would like to happen. We saw that one person had suggested they would like a trip to the theatre to watch a show and that this was being organised.

There was an annual summer event held by the provider that relatives were invited to. A relative that we spoke with confirmed that this was the case. Feedback about the service was positive but relatives told us they would like to receive more information about the future direction of the service.

We spoke with a staff member who had been involved in an incident at the service. They told us how supportive the service had been to themselves and the person involved since the incident. They also told us how they had been involved in a debriefing and offered external support. The manager confirmed that they had too been offered this support. This demonstrated that the service supported people and staff at the service and analysed incidents to see if any changes could have been.

We saw that unannounced quality assurance audit visits were carried out by the provider at least 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 evidence that improvements identified by the last quality assurance visit had been addressed.

There was a daily audit of medicines and money undertaken. This ensured that any mistakes or concerns were identified quickly and could be rectified without delay.