

Homefield College Limited

Homefield View

Inspection report

44 Cossington Road
Sileby
Loughborough
Leicestershire
LE12 7RS

Tel: 01509815553
Website: www.homefieldcollege.ac.uk

Date of inspection visit:
28 July 2016

Date of publication:
09 September 2016

Ratings

Overall rating for this service	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Homefield View on 28 July 2016. This was an unannounced inspection. This meant that the staff and provider did not know that we would be visiting.

Homefield View provides residential care and support for up to five people with learning disabilities in the further education sector. At the time of our inspection there were two people using the service.

We carried out an unannounced comprehensive inspection of this service on 5 October 2015. A breach of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to a breach of Regulation 11; need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homefield View on our website at www.cqc.org.uk.

There was a registered manager in place. 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.

At the last inspection we carried out on 5 October 2015 we found the provider had not met the Regulation where people lacked the capacity to consent to their care and treatment the provider had failed to act in accordance with the provisions of the Mental Capacity Act 2005 (MCA). At this inspection we found the provider had made some of the required improvements.

The registered manager and staff understood their responsibility to ensure people were supported in line with the MCA and Deprivation of Liberty Safeguards (DoLS). We saw that work was under way to increase people's involvement in decisions about their lives. At the time of our inspection this work had not been completed and as a result capacity assessments and best interest decisions were still outstanding for one person.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported.

People's nutrition and hydration needs were met. Staff encouraged healthy lifestyle choices. People's health needs were met and, where necessary, outside health professionals were contacted for support. People's health records were being maintained.

People and staff felt that the registered manager was approachable and were confident action would be

taken to address any concerns should they have raised them. The provider carried out regular quality checks on the service and had a range of audit systems in place to measure the quality and care delivered so that sustained improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not consistently effective.

We could not improve the rating for Well – led from requiring improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards but some assessments had not been completed. Staff had received training and support to meet the needs of the people who used the service. People were supported to maintain their health and their nutritional and hydration needs were met.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led

We could not improve the rating for Well – led from requiring improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

We saw that the registered manager had taken action to address the concerns that were raised at our last inspection. However not all action points had been completed. The latest Care Quality Commission (CQC) inspection report was not on display. Systems were in place to monitor the quality of the service being provided. The staff team felt supported by their manager. The provider had taken action to make sustained improvements.

Requires Improvement ●

Homefield View

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.

We undertook an unannounced focused inspection of Homefield View on 28 July 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 5 October 2015 inspection had been made. We inspected the service against two of the five questions we ask about services: is the service effective and well led. This is because the service was not meeting a legal requirement.

The inspection was carried out by an inspector. Before the inspection visit we reviewed information we held about the service and information we had received about the service from people who had contacted us. We contacted the local authority that had funding responsibility for the some of the people who used the service.

We spoke with two people who used the service. We also spoke with three support workers and the registered manager. We looked at the care records of two people who used the service, staff training and supervision files, and other documentation about how the service was managed.

Is the service effective?

Our findings

At our previous inspection carried out on 5 October 2015 we found that where people lacked the capacity to consent to their care and treatment the provider had failed to act in accordance with the provisions of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; need for consent. 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 most of the required improvements.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. 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

We found that where people were considered to have capacity to make decisions about their care and treatment they were supported to do so. We saw that efforts had been made to ensure that people had the relevant information in a way that they understood so that they could make informed choices and decisions. For example we saw that a questionnaire, using simple language had been used with one person to check if they understood how to manage their money. We saw that where people were suspected as not having capacity to make decisions about their care, efforts had been made to assess their understanding and develop ways to help them make informed choices. Staff competent in the assessment of people's capacity had carried out this work. We saw that although the provider had made improvements in assessing people's mental capacity and undertaking best interests decisions, they had not been completed for one person. There was a risk that this person's human rights were not being upheld.

Staff had received training about the MCA and understood how it affected their role and the people they were supporting. Staff were able to demonstrate that they understood their responsibility under the Act. The provider's policies were being updated to ensure staff received guidance with regard to the Act. The registered manager told us that this was to ensure the principles of the MCA were embedded in all aspects of the service.

People were not restricted and their consent was requested before care and support was undertaken. The registered manager told us that their "First priority was to get consent to care for each person." They told us that one person had requested support for a particular activity in a manner that would have caused them restrictions. The staff team had offered support to the person in a manner that was less restrictive which they had accepted. We saw that where people had refused care or treatment this had been respected.

Staff had the knowledge and skills to meet people's needs. Staff told us that they had attended courses in

`autism specific practices' and `safeguarding'. One staff member told us, "We are always updated." They told us that the training they received helped them to meet people's needs. One staff member said, "I think it helps a lot because you have more understanding." 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. Where people have specific needs around their behaviour staff are trained and supported to meet these needs.

Staff received regular supervision to ensure that they were competent to fulfil their role. Staff told us that the meetings were positive. During supervision meetings staff were asked to review their performance and any issues regarding the support of people using the service were discussed. Their knowledge around safeguarding policies and procedures was also checked.

People were supported to have enough to eat and drink. One person told us, "We decide what to eat, menu plan and do the shopping." People were offered choices around their meals and were supported to be involved in their own food preparation. One person told us, "One day I cook, the next day the other housemate cooks." During our inspection we saw one person enter the kitchen and help themselves to a jug of juice. They told us that this was their favourite flavour. We saw that fruit was available to people throughout the inspection visit. Staff encouraged healthy eating choices as well as physical activity.

People told us that they had access to a number of health care professionals. One person was able to tell us the reason they had a regular appointment with the nurse and that they were comfortable with the treatment they received. Staff told us that another person who used the service expressed concern about visiting health care professionals. The registered manager told us that they had implemented support strategies with this person to help them feel more comfortable with gaining access to health care. We checked people's health care records and saw that they had regular appointments with health care professionals for their on-going health needs as well as in emergency situations. This meant that people were supported to maintain good health.

Is the service well-led?

Our findings

People told us that they knew who the registered manager was and that they were accessible to them. One person told us, "I see him when we go up to the college. He is on call sometimes so he sometimes works down here." They told us that they had confidence that the registered manager would address any issues or concerns that they might have.

We saw that the registered manager had taken action to address the concerns that were raised at our last inspection. For example, we had identified that there was an error in the way that controlled drugs were recorded. We saw that the registered manager had contacted the pharmacy and the issue was resolved. The registered manager had demonstrated that there was a drive for improvements within the service and had ensured that resources were available to support required changes. We saw that an improvement plan had been implemented to address our previous concerns in relation to the MCA. However not all of the action points had been completed at the time of our inspection. The registered manager told us that this had started with improving staff training. Additional resources had been sourced and an overhaul of systems had taken place. This demonstrated that the registered manager and provider had taken appropriate measures to drive improvements.

Staff told us that they felt supported. They provided us with examples of when they had called upon the registered manager for support and it had been provided. One staff member described the registered manager as being, "Pretty on it." Another said, "He is very supportive, really good." The registered manager communicated with staff members effectively. For example, we saw an email that had been sent to all staff to offer reassurances that their concerns regarding a person's behaviours had been taken seriously and outlining the actions that were being taken to address these. We saw that staff had access to the provider's policies and procedures and the staff hand book which had been made available to them electronically. Staff team meetings happened regularly. These were also attended by members of the board who have responsibility for overseeing the service. During staff meetings information was shared including the training and development opportunities available, the service philosophy discussed and achievements were celebrated.

The service took a flexible approach to addressing problems. For example, recording and reporting systems had been changed to better suit the needs of the people who used the service. The registered manager told us about other changes had been made to how the service was run based on feedback and observations. They told us that as a result people and staff were more relaxed.

The registered manager had effective systems for gathering information about the service. Processes for identifying areas of concern and analysing how to improve on quality to ensure the smooth running of the service and drive improvement were in place. Regular audits were completed and reviewed by the provider. There was a system in place for ensuring that action points were met and prioritised. The provider had systems in place to analyse information about what was happening in the service, for example accident and incident reports were collated to look for trends. This meant that the provider could take action to address concerns if required.

The registered manager told us that they had identified that the training and induction courses for new staff meant that some staff had not received appropriate training early enough in their induction program. As a result they had reviewed the induction training program and introduced 'bite sized' training packages to enable staff to gain an understanding of important information before they completed the full training course. This meant that the provider had reviewed their systems and developed practice in order to drive improvements.

We saw the provider's registration certificates were displayed. However, the latest Care Quality Commission (CQC) inspection report was not available and the provider's overall performance rating from the last inspection visit was not displayed. The provider has a legal duty to ensure the rating of its performance by CQC is shown at the service. We raised this with the registered manager and a copy of the overall performance rating was displayed by the end of our inspection visit.

The provider employs professionals who are trained to support people's behavioural, sensory and communication needs. Staff at the service had access to these professionals for support and guidance with regard to people's individual needs. Staff told us that this helped to reassure them that they were able to gain support if required to meet people's specific needs.

The provider was keen to measure and review service delivery against best practice standards. Homefield College, of which Homefield View is part of, has been awarded Autism Accreditation status as an adult residential service. This is an internationally recognised award which is given to services that are able to demonstrate good practice when supporting people with autism. The process requires the service to audit themselves against a set of standards and then reviewed by approved peers.