Homefield College Limited

Homefield View

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 17 May 2017.

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

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that they felt safe while they received support from staff at Homefield View. Staff understood their responsibilities to protect people from abuse and avoidable harm. There were procedures in place to manage incidents and accidents.

Risks to people's well-being had been assessed. Where risks had been identified control measures were in place.

There were enough staff to meet people's needs. Staff had been checked for their suitability before starting work. Staff received support through an induction and regular supervision. There was training available for staff to update them on safe ways of working and how to meet people's needs.

People's equipment was regularly checked and there were plans to keep people safe during significant events such as a fire. The building was well maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

Where people had medicines that were taken as and when required there were not always guidelines in place for staff to follow. Staff had been trained to administer medicines. Their competency to do this had been checked but had not been reviewed. The registered manager told us that this was to be implemented from the beginning of July 2017.

People chose their own food and drink and were encouraged to maintain a healthy diet. They had access to healthcare services when required to promote their well-being.

People were supported in line with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff and the registered manager had an understanding of the MCA. We found that people's capacity to make a specific decision had been considered where necessary. Staff told us that they sought people's consent before delivering their support.

People received support from staff who showed kindness and compassion. Their dignity and privacy was

protected including staff discussing people in a professional and discreet manner. Staff knew people's communication preferences and used these to support people effectively.

People were involved in decisions about their support. We saw that people's records were stored safely.

People were supported to develop skills to maintain their independence. People and their relatives had contributed to the planning and review of their support. People had care plans that were centred on them as an individual. Staff knew how to support people based on their preferences and how they wanted to be supported. People took part in activities, hobbies and work or volunteer placements that they enjoyed.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives. However, some people did not remember where this was found.

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

Systems were in place which assessed and monitored the quality of the service and identified areas for improvement. People and their relatives were asked for feedback about the service that they had received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe. Incidents were recorded and investigated.

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

Where people had medicine that was taken as and when required there was not always guidance for staff to follow. Staff were trained and deemed as competent to administer medicines. However this was not reviewed to ensure that they remained competent to administer medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were encouraged to make decisions about their support and day to day lives. Staff asked for consent before they supported each person.

People were encouraged to follow a healthy diet. They had access to healthcare services when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected.

People were supported to maintain relationships with relatives and people who were important to them.

People were involved in making decisions about their support.

Is the service responsive?

Good

The service was responsive.

People and their relatives had contributed to the development and review of their care plan. Care plans provided information for staff about people's needs, their likes, dislikes and preferences.

People undertook hobbies and activities they were interested in and enjoyed. They were supported to develop their independence.

There was a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

Good

The service was well led.

Staff were supported by the registered manager and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received. People had been involved in developing their own service.

The registered manager was aware of their responsibilities. Checks were in place to monitor the quality of the service.

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.

This inspection took place on 17 May 2017 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection we spoke with three people who used the service. We also spoke with two relatives of people who used the service. This was to gather their views of the service being provided. We observed interaction between staff and people who used the service throughout our visit. We spoke with the registered manager, a day time supervisor, two support workers and a housekeeper.

We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at four staff files to look at how the provider had recruited and supported staff members.

Requires Improvement

Is the service safe?

Our findings

People told us that they were supported to take their medicines. One person said, "The staff help me with my tablets." Another person told us, "My medication is called [medicine name] and it is kept in the meds room. I get my meds when I need them. I like that the staff look after my tablets." The service had a policy in place which covered the administration and recording of medicines. Staff told us that they were trained in the safe handling of people's medicines and training records confirmed this. However, we found that staff had been observed when they first started administering medicines to confirm they were competent to do so. This practice had not been reviewed. It had been identified by a pharmacist during their visit in February 2017 that staff member's competency should be reviewed regularly. The registered manager told us that the medicines policy was being reviewed and that annual competency checks were to be introduced. They confirmed that this was due to start at the beginning of July 2017.

Some people had prescribed medicines to take as and when required, such as to help with any pain that they had. We saw that there were not any guidelines for staff to follow that detailed when these medicines could be offered to people. We found that where people had medicines that had not been prescribed for them such as an over the counter remedy for a cold there was no guidance for staff when this could be given. We also found that medicines that were not prescribed had not been dated when opened. It is important to do this to make sure that medicines are not stored after opening for longer than the manufacturer's guidelines. We discussed this with the registered manager. They told us that they would make sure that guidance was in place and that all medicines were dated when they were opened.

We looked at the medicine administration records (MAR) and found that these had been filled in correctly. However, we also found that if someone was prescribed a medicine that had not been printed on the MAR charts that these were handwritten by one member of staff. It is good practice that any handwritten medicine is countersigned by a second member of staff to make sure the directions is correct. This has been identified by a pharmacist during their visit in February 2017. However, we found that MAR charts that were in use had handwritten entries that had not been countersigned. The registered manager told us that this practice would be stopped straight away.

People and their relatives told us that they felt there were usually enough staff. One person said, "Sometimes I have to wait for help. Not for a long time. When we go on outings there isn't enough staff as [person's name] sometimes becomes anxious and we have to come home." A relative said, "There is enough staff." We raised staffing levels for activities with the registered manager. They told us that if someone needed to come home, or was didn't want to attend an activity then staff would be found from one of the other properties run by Homefield College. Staff told us that they thought there was enough staff to meet people's needs. One staff member said, "People can do what activities they want to do. There is always a member of staff who wants to do something." The registered manager told us that the rota was designed around the needs of the people who used the service. It was based on the assessed needs of people who were using the service and then developed to make sure that each person had staff available for times when they wanted to participate in tasks and activities. The rota confirmed that staff were available to support people to attend their planned activities. This meant that staffing levels were appropriate to meet the needs

of people who used the service.

People and their relatives told us that they felt safe when they received support from staff. One person told us, "What is safe? I am safe in my bedroom. I'm not really scared or frightened." Another person said, "It is safe here. My things are safe as well." A relative commented, "[Person's name] is extremely safe." Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "I would report any worries. We are fantastic at safeguarding. I would sooner over report." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. We saw that each staff member had a reference card with their ID badges that they wore all the time they were at work. This identified how to identify concerns and who to report to. A member of staff commented, "It is a good reminder to have" The provider had policies to keep people safe from avoidable harm and abuse. Staff were able to tell us about these. We saw that staff had received training in protecting vulnerable adults. This meant that staff knew what to do should they have had concerns that people were at risk of harm.

Staff knew how to reduce risks to people's health and well-being. We saw that risks associated with people's support had been assessed and reviewed. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may not be able to cross the road safely without support. We saw that there were guidelines in place for staff to follow. These included making sure that staff observed the person and prompted them to follow the green cross code. This meant that risks associated with people's support were managed to help them to remain safe.

People could be sure that staff knew how to support them to remain safe in the event of an emergency. This was because there were plans in place so that staff knew how to evacuate people from their homes should they need to. There were also plans in place should the home become unsafe to use, for example in the event of a flood. This meant that should an emergency occur staff had guidance to follow to keep people safe and to continue to provide the service.

We saw that the checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, fire alarms, as well as the temperature of the hot water to protect people from scald risks. Records showed that fire drills had taken place and that people had been involved so they knew what to do in case of an emergency.

The registered manager took action when an incident or accident happened. We saw that details of any incidents or accidents were reviewed including actions that had been taken. We saw that the registered manager notified other organisations to investigate incidents further where this was required such as the local authority. This meant that the provider took action to reduce the likelihood of future accidents and incidents.

People could be confident that staff had been recruited safely as the provider followed recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We saw within staff records that these checks had taken place.

Good

Is the service effective?

Our findings

People and their relatives told us that they were supported well and felt that staff team had the skills and knowledge to meet their needs. One person said, "They know how to look after me." Another person told us, "Staff know what they are doing because they have been trained well." A relative commented, "The staff are hugely well trained." Staff members who were spoke with told us that they received training to help them to understand how to effectively offer care to people. One staff member said, "We are always on training. We get offered loads and extras if we want it." Another staff member said, "We have ten days of training, plus additional if needed." Training records showed that staff had received training that enabled them to meet the needs of people who used the service. For example, we saw that staff completed training in epilepsy to make sure that they understood how to support a person who was living with this condition. The registered manager told us that training was arranged throughout the year to make sure that staff received refresher training when they needed this. This meant that staff were provided with the knowledge and understanding they needed to support people who used the service.

Staff members described their induction into the service positively. One staff member told us, "It was useful. I couldn't just go into a house and know what to do." The registered manager told us that staff completed an induction so that they understood their responsibilities. They told us that they were encouraging staff to complete the Care Certificate for new staff. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role.

People were supported by staff who received guidance from a manager. One staff member told us, "I have supervision regularly. I can speak to my line manager whenever I need to." Another staff member said, "I have regular supervision and an appraisal. I can bring anything up. If we have any information or are struggling when supporting someone we discuss it." Supervision provides the staff team with the opportunity to meet with their manager to discuss their progress within the service. Records we saw confirmed that supervisions had taken place. This meant that staff received guidance and support on how to provide effective support to people.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that it was.

The registered manager had a good understanding of MCA and DoLS. They were able to demonstrate that

people's capacity to make a specific decision such as agreeing to the support that the staff were providing had been considered. For example, we saw that each person had been given information in a way that made it easier for them to understand to check that people understood what support they needed the reasons for the support and that they agreed to receive this. One person told us, "The staff ask me if I want them to help me and they do listen to me." We found that where a person's capacity to make a decision was in doubt that appropriate capacity assessments had been completed. This meant that people's capacity to make specific decisions had been considered.

Staff had a good understanding of the MCA and how to involve people in making their own decisions. One staff member told us, "Most people here can make their own decisions. If they struggle with the odd decision we talk to them about it and give people options. We have to enable people to learn to make their own choices. We encourage this." Staff told us that they asked people for consent. One staff member said, "I knock on the door and ask if I can come in. People can say they don't want you in their room. It is their room so it is their choice." All staff we spoke with told us that people had the right to refuse if they didn't want support. This meant that people's human rights were protected by staff.

People told us they were happy with the food that staff supported them to make. One person said, "The food is good. You can choose what you want." There was a menu for the week that had been agreed by all five people. Each day one person had picked a favourite meal that they would prepare. At weekends people all helped to make meals. Staff told us that people could always have an alternative if they did not want what was on the menu. We saw that people were encouraged to follow a healthy diet and each person had information in their support plan about how to involve them with preparing their own food and drinks.

People were supported to maintain good health. One person said, "I see the doctor if I need to." A relative told us, "[Person's name] is registered with the local GP and sees them when they need to." We saw that people were supported to access healthcare appointments and the reason for the appointment and any outcome was recorded so that this information could be shared with relevant people.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff team at Homefield View were kind and caring. One person said, "The staff are very caring." Another person told us, "They [staff] are kind and gentle." A relative commented, "The staff are very caring." Staff we spoke with demonstrated their passion and commitment to improve the welfare and wellbeing of people that used the service. One staff member said, "I think we all care. Everyone works to each person's individual plan. We try and get the best out of everyone."

People's dignity and privacy was respected. A relative told us, "[Person's name] is treated with dignity and compassion." Staff we spoke with told us how they promoted people's privacy and dignity. One staff member said, "It is important to knock on the door. We made a sign with [person's name] so they can let us know if they are happy for us to come in or not."

People were given information in ways that were easier for them to understand. A relative told us, "They manage [person's name] communication needs well as they can be difficult to understand. They [staff] encourage the use of Makaton signing and use symbols as well." Makaton is a form of sign language. A member of staff told us, "We use pictures to help people understand. We then check their understanding." We saw that information was on display around the house and this had been presented using simple words and pictures. This included important information for people such as what to do in case of a fire. We saw that guidance was in place for when staff left their employment. Staff explained that this had been identified as one person found it very difficult if staff left the service. This explained why staff may leave the service to help the person to understand. People's communication needs had been considered in their care plans. For example, one person used a specific aid for their communication. Staff encouraged the person to use this tool as it made communication easier for them. This meant that people received information in ways that were appropriate for them to help them to understand.

People were usually supported by staff who knew them well. One person said, "There is always staff here. Sometimes they use agency and on call staff." Staff we spoke with knew about the people they were supporting. They told us how they got to know people including things that were important to them. One staff member said, "We get to see people regularly. People get to see all of the staff and get to know them." Another staff member told us, "Each person has objectives so you know what they want to do. We spend time with people and talking with them. They will tell us things which are important to them." Another staff member commented, "It would be better if we used less agency staff. Sometimes they don't have chance to get to know people well. They are usually on with a core member of staff." We found that agency staff had been used at Homefield View recently due to problems with recruiting permanent staff. The registered manager told us that recruitment was on-going and they were trying to ensure that they had a full staff team. They said that where possible there would always be a permanent member of staff on duty. We saw that people's care plans included details about their likes, dislikes and preferences. These included information about food, television programmes, music and hobbies. This meant that staff had important information about each person to enable them to support the person to do things that were important to them.

People were supported to maintain links with family members and other people who were important to them. One person told us, "I talk to [relative's name] on the phone and tell them about what I have done." A relative said, "I can visit whenever I want." Staff explained that family were encouraged to visit or people were supported to visit their family.

People were involved in making decisions about their support. One person told us, "They brought me an alarm clock as I didn't like the staff coming in my room to wake me up. This was my responsibility to use." A relative said, "Homefield View is very student led. [Person's name] has free will to make decisions." Another relative commented, "The menus are democratically chosen." We saw from care plans that people were encouraged to make decisions. For example, in one person's care plan we read, 'ask how [person's name] would like their hair styling." Records showed that people had been involved in decisions about their support. For example, people were asked what they wanted to achieve and were supported to do this. This meant that people were supported to be involved in decisions about their support.

People's sensitive information was kept secure to protect their right to privacy. The provider had a policy on confidentiality that was followed. We saw staff following this. For example, we saw that people's care records were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

Good

Is the service responsive?

Our findings

People had contributed to the planning and development of their support. One person told us, "I have a care plan." They showed us their own copy of the care plan that had photographs in it to show what the person had achieved. A relative told us, "There is a care plan. It is ever changing and is flexible. I am involved in the reviews." We saw that people's care plans contained information about routines that they followed and what was important to them. For example, we read exactly how to support one person to wash their hair following guidance from a hairdresser to ensure this was done correctly. The registered manager explained that people's support needs were assessed prior to them coming to Homefield View. We saw that these assessments had taken place and involved the person and their relatives.

People's care plans were centred on them as individuals and contained information about their likes, dislikes and preferences. We read how one person preferred to be supported with having a shower. This included using humour and also reminding the person how many minutes it would take to have a shower, and then how many minutes that left them to do an activity that they enjoyed before they went out for the day's planned activity. Staff knew about people's care plans and could describe information recorded within them. This meant that people could be sure that they received care centred on their preferences. We saw that people had set objectives that they were working towards. Records showed that progress towards goals had been reviewed monthly and new targets had been set. This meant that people were being supported to achieve their aims and objectives.

People's care plans had been reviewed with them every academic term. A relative told us, "The care plan is reviewed at the same time as the college plan. I am involved in these." We saw that people had an allocated worker as a tutor and met with them regularly. A member of staff explained, "We need to pick up on little things and makes sure all the staff are aware. It gives the person someone they can talk to and some help. It is very important as people are living away from home for the first time. We can deal with any worries." We saw that these meetings were used to review progress against objectives and plan what people wanted to do. Each person had their own copy of their care plan that they kept in their room. The registered manager explained that this was used so that people could tell staff how they wanted to be supported and this was reviewed with their tutor. We saw that this document contained pictures of the person and was written in their own words. This meant that people had been involved in reviewing their care.

People were supported to follow their interests and hobbies. One person said, "I work at a shop run by the college. The best things here are the trips and the activities." We saw that people attended a range of activities throughout the week and had an activity plan in place. This included hobbies such as swimming and guides, completing tasks in the house such as cleaning to develop people's skills and independence, and work or volunteer placements.

People were supported to develop their independence skills. One person said, "I am working towards my independence. Staff are helping me. They shadowed me at first and then when I could do that I started going out in the village on my own." Staff told us that this was a big part of their role. One staff member said, "It is set up here so that people can develop. We worked with one person to support them to learn how to

wash their hair. It took six months. They were very proud and we were proud of [person's name]." Another staff member told us, "I really think people progress. You can see a massive change in confidence and personality." We saw that people had time allocated in their timetable to develop key skills such as cooking, cleaning and how to use a computer safely. Staff explained that they had done training in ways to support people to stay safe while using social media and that they supported people to develop knowledge about the internet and how to be aware about information that was available online.

People and their relatives knew how to make a complaint should they have needed to. One person told us, "I would tell staff if I was not looked after properly." A relative said, "I would know how to complain and would talk to [staff name]." We saw that a complaint's procedure was available for people who used the service and their relatives so that they knew the process to follow should they have wished to make a complaint. People told us that they were not aware of this. We saw that it was included in the student's handbook and each person had a copy of this. The information had been put into a format that was easier to understand using pictures and simple language. One person said, "I didn't know it was there." We discussed this with the registered manager who said they would remind people of this and consider displaying it. The registered manager told us that they had not received any complaints in the last year.

Good

Is the service well-led?

Our findings

People and their relative's felt that they were happy with the service they received. One person told us, "Its good living here." Another person indicated to us that they thought that living at Homefield View was very good. A relative said, "[Person's name] has a good quality of life. They have grown as a person. They are stable, well settled and happy." Another relative commented, "The staff work extremely hard to provide a good quality of life for [person's name]." Relatives commented that they felt included and welcomed at Homefield View. Staff we spoke with told us that they felt that the service was well led. One staff member said, "[Registered manager] is a blessing to Homefield." Another staff member said, "We all work as a team including the management. They are there to help. It makes you feel a sense of belonging."

People and their relatives had opportunities to give feedback to the provider. One person said, "We have meetings here in the kitchen. I think that they listen to me." Another person told us, "We have meetings every Sunday. The staff listen when we suggest things. [Registered manager] is in charge." A relative commented, "I haven't been asked to fill in a survey but I share many things verbally. I was asked for my opinion at [person's name] review." Another relative said, "[Registered manager] is extremely open to any and every aspect and suggestions." We saw that people and their relatives had been asked for their feedback through a questionnaire that had been completed. This included any areas for improvements. Topics that had been discussed at weekly meetings included the menu and what activities people wanted to do. These had been held weekly.

Staff members told us that they felt supported by the registered manager and were able to speak to them if they had any concerns or suggestions. One staff member told us, "[Registered manager] is so approachable. He listens to everything you say and he will tell you if something is wrong and give you feedback." Another staff member said, "[Registered manager] is brilliant. The office door is always open. You can send an email at any time and will get a response." We saw that the registered manager was available to people and staff throughout the day and listened and responded to their questions and concerns. This showed effective leadership.

Staff told us that they attended regular team meetings. These provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "[Registered manager] runs house meetings. He uses it as a time to address issues and pick up points." We saw minutes from the last two team meetings. Topics discussed included good practice, the mental capacity act, safeguarding and training. Staff told us that they felt they were listened to. One staff member explained that they had felt that paperwork was time consuming and took time away from supporting people. They told us that the registered manager had come up with a way to make this quicker and it had meant that staff had more time to spend with people. This meant that the provider made sure that staff knew their responsibilities as well as offering them opportunities to give their feedback.

We saw that the provider had made available to staff policies and procedures that detailed their responsibilities that staff were able to describe. These included reference to a whistleblowing procedure within the safeguarding procedure. A 'whistle-blower' is a staff member who exposes poor quality care or

practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I can report to the police or to CQC. We have a protocol I would follow."

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

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