

Homefield College Limited

Homefield College Limited - 151 Ratcliffe Road

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Homefield College Limited - 151 Ratcliffe Road provides accommodation, care and support for up to three people with learning disabilities. People had previously attended Homefield College before moving to their current home. At the time of our inspection there were three people living in the home. At the last inspection, in March 2015, the service was rated Good. However, we rated the effective domain as requiring improvements. At this inspection we found that the required improvements had been made and the service remained Good overall.

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 continued to receive safe care. Staff were appropriately recruited. People were protected from the risk of avoidable harm. Where risks were identified for people while they were receiving support these had been assessed and control measures put in place. People received their medicines in line with their prescription.

There had been a change in how staff were deployed and this had resulted in an increase in agency staff used at the service. Some relatives and staff felt that this had a negative impact on the service that people received although it was improving. There were enough staff available to meet people's needs safely.

The care that people received was effective. Permanent staff had access to the support, supervision and training that they required to work effectively in their roles. Where agency staff were used their training was reviewed to make sure that this was suitable to meet people's needs.

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. Staff told us that they sought people's consent before delivering their support.

People were supported to maintain good health and nutrition. The registered manager knew what actions to take if there were concerns about people's weight. People had access to healthcare services.

People developed positive relationships with staff who were caring and treated them with respect, kindness and dignity.

People had plans of care in place that were focused on them as individuals. This allowed staff to provide consistent support in line with people's personal preferences.

People and their relatives felt they could raise a concern and the provider had implemented effective

systems to manage any complaints that they may receive.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the home. People, their relatives and staff told us that they felt confident that they could approach the manager and that they would listen. There were quality assurance systems in place to monitor and review the quality of the service that was provided. The change in how staff were deployed had been discussed with staff prior to this taking place. The provider agreed to discuss staff concerns about this further with them to try and address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

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 involved in making their own decisions where they could. Staff asked people for consent before supporting them.

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

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Homefield College Limited - 151 Ratcliffe 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 checked 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 was a comprehensive inspection that was completed by one inspector and an expert by experience on 8 June 2017 and was unannounced. 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 the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care.)

During our inspection we spoke with three people who used the service and three relatives of people who used the service. We found that some people had limited verbal communication but were able to tell us what they thought. We observed interaction between staff and people who used the service during our visit. We also spoke with five members of staff, the deputy manager and the registered manager.

We looked at records and charts relating to two people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People received safe care from a dedicated and caring team of staff. All people who we spoke with agreed that they felt safe while receiving support from staff. A relative told us, "We feel it is totally safe."

The recruitment process ensured that staff were suitable for their role and staffing levels were responsive to people's needs. We saw that staff were available when people needed them and that they did not have to wait to receive the support they needed. A relative told us, "There are enough staff." Another relative said, "They have started using agency as they were short staffed." The registered manager explained that agency staff had been used to make sure that there were enough staff while recruitment was on-going. They told us that where possible these were regular agency staff. Our observations supported this view and we saw that staff responded to people's requests for support in a timely way. The rota showed that the number of staff on duty was what had been deemed necessary by the registered manager in order to meet people's needs and keep them safe.

The registered manager and provider explained that the change in staff rotas had been made in line with a legal ruling that had been made in relation to the length of time a member of staff could be in duty. This meant that staff could no longer complete an afternoon shift, a sleep in shift and then a morning shift as this meant they were at work for a 24 hour period. This had impacted on staff's working patterns. This had resulted in some staff choosing to leave and it meant that the provider had needed to recruit more staff and rely on agency staff to ensure that there were enough staff to meet people's needs.

Relatives and staff we spoke with told us that changes in how staff were deployed as a result of this had meant that people using the service received support from different staff. One relative said, "About 18 months ago there was a longer shift system rota. Staff left because of this. There have been so many agency staff. It has improved as they have more permanent staff." The registered manager and provider agreed that there had been an increase in the number of agency staff being used who were less familiar with people's needs. A relative said, "More consistent staff would better meet [person's name] needs." The changes meant that care staff worked at a number of locations run by the provider. A member of staff said, "I do believe we should work in every house, but I have not had a full week where I have worked in one house. I am moved willy nilly. I think it is important we all sing from the same hymn sheet. We need core staff at each house to make sure that people have consistency. It is important for the people living at 151. All staff are doing their best but our hard work can be undone by lack of consistency." However, another member of staff enjoyed working at different locations. They told us, "I do like the variety. I move from house to house. I can keep in touch with people. As long as staff have the right rapport we can make a difference. I know they are trying to recruit new staff." We discussed this with the provider. They told us that the changes had been made in order to try and ensure people had regular staff for their activities. The provider said that agency staff had been used to make sure that staffing levels were maintained. They told us that they were continuing to recruit more staff and the agency use was reducing.

Risks to people had been identified and assessed. Control measures were in place to enable people to take risks more safely. Risk assessments had been reviewed and if someone's needs had changed their risk

assessments were updated to reflect this. The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. One member of staff told us, "I would speak to the safeguarding officer. We have the numbers for the safeguarding team and carry them everywhere." We saw that all staff had a reference card with their identification badge that gave advice on what to do if they suspected harm or abuse. Staff were supported to understand actions to take through training, discussions in team meetings and a policy around safeguarding people. Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People received their medicines as prescribed. Medicines management systems in place were clear and consistently followed. Staff had received training in this area and been assessed and deemed competent to administer medicines. Staff's competency to administer medicines had not been reviewed. The provider told us that regular checks of competency were to be introduced from 3 July 2017. Each person had information in their support plan that identified what medicine they took, the dose and reasons for this. We saw that people consistently received their medicines when they should. We did find that records relating to checking the stock levels of one medicine had not been completed correctly although there were no concerns with the amount of medicine administered. The registered manager told us that they would develop a more robust system to reduce recording errors.

Peoples' environment had been assessed to make sure that it was safe for people who lived at 151 Ratcliffe Road. We saw that environmental risks were assessed and monitored to make sure people were protected as much as possible from avoidable harm. Checks on the building and equipment in use had been completed including fire safety checks and drills.

Is the service effective?

Our findings

At our last inspection on 3 March 2015 we rated Effective as requiring improvement. This was because not all staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Not all staff had attended Makaton training. Makaton is a form of sign language. One person who uses the service used Makaton. Their care plan stated that it was important for staff to use Makaton to help to communicate with this person.

People received care from staff that were usually knowledgeable and had received the training and support they needed. One relative said, "Yes we believe they do. [staff have the training they need]." Another relative commented, "Some are." They explained that they felt that not all agency staff knew how to meet their relative's needs.

We looked at staff training records to see what training they had completed. Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the home. For example, staff had received specialist training in supporting people with epilepsy as one person who used the service lived with this. We found that not all staff had completed training in Makaton. The registered manager explained that although one person did use Makaton they did not use the standard signs and this made it difficult to offer this to staff. They explained that regular staff had a good understanding of the signs that the person used and what these meant. The registered manager told us that the provider did support staff member's understanding of Makaton by sending information about signs to the service each month to develop staff understanding. One staff member said, "We are training constantly. The training is all relevant." Staff told us that they were no longer completing training in basic first aid. The registered manager explained that this was a change that had taken place in 2017. They said that all members of the management team were trained and were available on call to give advice or respond if needed. Staff could explain the process that had been introduced as a result of this change where they called 111 or 999 if they felt someone needed treatment. The registered manager told us that where agency staff were used it was confirmed with the agency that they had completed suitable training in order to meet people's needs. The staff told us that they offered staff an introduction to the service when they arrived to help them to get to know people's needs.

Staff had supervision meetings with their line manager. One staff member said, "I have supervision meetings with my manager. If I want to talk about something I can. They [registered manager] are always on hand for advice." Staff had received an induction. One staff member told us, "I felt confident after I had done my induction. We covered training and each of the houses. There were always other staff I could check things with." Another staff member commented, "It used to be a six week induction. Now it is four. I think longer is better." The registered manager explained that the initial induction process had been shortened however, new staff had up to twelve weeks to complete their full induction including a workbook. We saw that the induction process involved staff working on shifts shadowing more experienced members of staff to get to understand how to work with each person.

People were encouraged to make decisions about their care and their day to day routines and preferences.

One person told us, "I can have a shower or a bath, and go out." A relative said, "[Person's name] has ways of letting people know what he wants." We saw people being offered choices about what to eat and drink, and what they wanted to do. Staff had a good understanding of service users' rights regarding choice. A staff member explained, "We check that [person's name] understands what they are saying. It is his choice as he can tell us what could happen if he makes this choice." This was in relation to something that the person was asking to do. Staff had completed training in MCA and DoLS. They understood their responsibilities when supporting people to make decisions. One staff member told us, "We explain the choices to [person's name] and the reasons. They will listen to us. We don't tell them what to do." We saw that staff asked people for consent before supporting them. Staff told us that they understood that people could refuse to do things and they would respect this.

Assessments had been conducted to determine people's ability to make specific decisions. We found that people had been found to have capacity to agree to them receiving support from staff. One person's capacity in relation to them having support with taking their medication was still being assessed with them. The registered manager explained the steps they needed to take if they found the person could not make this decision. We found that at this time no applications had been made for DoLS as none were deemed necessary by the registered manager based on the assessments that had been completed to review people's capacity.

People were supported to maintain a healthy balanced diet. One person said, "The food is good. I like macaroni cheese." A relative told us, "[Person's name] needs to control their weight and the support of staff to do this." We saw that guidance was in place about eating healthily and people were encouraged to make healthy choices. People had access to the kitchen and were supported to make themselves food and drink when they wanted to. We saw that staff monitored people's weight regularly. The registered manager told us that if people gained or lost weight this would be discussed further with the person and with any relevant health professionals. They explained that they would contact the dieticians for advice if necessary. We saw that previously when there had been concerns about a person's eating and drinking that a referral had been made to a health professional for advice, support and guidance.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person told us, "I get to see the GP." A relative said, "[Person's name] had to see a specialist last year. They took him and there was good communication between the home and the hospital." Changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. We saw that appointments were recorded and outcomes were shared with staff and relatives.

Is the service caring?

Our findings

People developed positive relationships with regular staff and were treated with compassion and respect. One person said, "The staff make me happy." A relative told us "The regular staff are very good. Agency staff are at a disadvantage." They explained that agency staff had not worked with people as regularly or as often as staff from Homefield College. People were supported to be as independent as they wanted to be. One person said, "I wash the pots." A relative told us, "[Person's name] makes his own food."

Support plans contained information about how to support and involve people in completing tasks such as washing the pots, cleaning their room and cooking. We saw that people were supported to be involved in tasks around the home and had set tasks to complete each day.

People were relaxed in the company of staff and appeared to feel comfortable in their presence. We observed that staff knew people well and engaged people in meaningful activities. For example, we saw one person being supported to be involved in preparing the evening meal for themselves and the other people who used the service. People were encouraged to personalise their own room and also the shared areas. One person showed us their room and this had been decorated in colours that they liked.

People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and what they wanted to drink.

People were given information in ways that were easier for them to understand. We saw that information was available around the service that had been presented using simple words and pictures including information about how to vote. One person had been and voted on the day of our inspection. They were very proud of this and told us about it. A relative told us, "[Person's name] has limited communication. The regular staff are good at communicating with him." Another relative said, "The staff Makaton training could be refreshed." Makaton is a form of sign language. The registered manager told us that one person used a variation of Makaton to help with their communication. They explained that person had developed some of their own symbols which staff who knew them well understood. The registered manager said that the college did remind staff of Makaton symbols every month however as the person did not always use the standard signs it made it more difficult to offer training in this. We saw staff using signing to support communication with this person. Staff explained to us that they used different communication methods for each person and that this was based on their preferences and understanding. We saw that people had guidance in their care plans to tell staff how best to communicate with them.

People were treated with dignity and respect. One person said, "The staff knock before coming to my room. It is private." We saw that people were asked discreetly if they would like to use the bathroom. Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly and offered reassurance to people. We saw that staff supported people at their own pace and did not rush them.

People were involved in how their service ran. This was through weekly meetings where they were asked what they planned the menu and agreed what they wanted to do the following week. The registered manager told us that people had been involved in choosing the colours that the communal areas were decorated in and we saw that each person had a collage of photos on the wall that included them, their family and activities that they had done. People had been supported to decorate their rooms how they wanted to. One person asked us to see their bedroom and we saw that it was personalised to how they wanted it.

Is the service responsive?

Our findings

People received care that met their individual needs. Assessments had been completed for each person and care plans had been developed in conjunction with people living in the home and where appropriate their relatives. A relative told us, "They covered everything. We were asked things we had not thought of." We saw that each person had their own copy of their care plan that contained pictures to make them easier to understand and more individualised. The staff explained that they reviewed these documents with the person each month to make sure it was still correct. Where a person's needs had changed support plans had been updated to reflect this.

Staff who worked at the service regularly knew people very well; they understood the person's background and knew what care and support they needed. One staff member said "We encourage individuality and recognise what people want to do." We saw that support that was provided was consistent with the guidance in the support plans. Daily records recorded what people had done and recorded any important information that staff needed to know. This provided staff with prompts and guidance as to what support each individual needed.

People were encouraged to follow their interests and take part in social activities. For example, one person told us that they enjoyed making things. One of their day time activities was attending a group where people made objects and did gardening. The person showed us a water feature that they had helped to make. Another person explained that they walked to their day service, could use the bus on their own and had a paid job. Each person had an activity schedule that was based upon their interests and hobbies as well as tasks around the house. One person was excited to be going swimming on the day of the inspection. We saw that other people attended groups in the evenings such as sports groups and social activities.

People were encouraged to build and maintain relationships with people who mattered to them. One person said, "I see my friends in a group." A relative told us, "We can visit when we want. We have not problems." Staff told us that people had made friends with people from the college when they had attended this and day services and were supported to go out together. They explained that people from some of the different services had been on a day trip recently and were all going on holiday soon. One person said, "I am looking forward to the holiday."

People and their relatives were happy to raise any concerns. One person told us, "I would talk to if I was worried I would talk to [Registered manager] or [deputy manager]. Staff listen to me and help work it out." A relative said, "I would go straight to the top. They are very responsive. I have no concerns about complaints." We saw that there was a clear policy in place that was available for people and their relatives. The registered manager told us that they had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

People and their relatives were happy with the service that they received. A relative said, "The home could be a flagship for the way things should be run."

The service had a positive ethos and an open culture. A relative said, "We raised a concern and they were totally open. It became more settled. I am now very happy and so is [person's name]." Another relative said, "We are kept up to date with any changes by the staff or the manager." A staff member said, "[Registered manager] supports us. They always listen and tell us why things are happening." The registered manager kept staff informed of updates in practice and for the provider through team meetings and regular contact with the staff. A staff member told us, "We have team meetings. They have not happened as much as they could but we catch up regularly." We saw minutes from the last team meeting. These showed that staff were involved in discussions about individual support needs, training and developments in the service. The deputy manager told us that they were trying to arrange another meeting but had struggled due to staff availability and team being quite small. They explained that they worked directly with most staff regularly and used this time to ensure information was shared. The provider had ensured that staff were aware of and prepared to use the whistleblowing procedure if they had any concerns about people's welfare.

The registered manager and provider explained that changes in how staff were deployed were made as a result of a legal ruling about the number of hours staff could work. This had impacted on staff's working patterns and had resulted in some staff choosing to leave. The provider said, "Following the changes to staff deployment we have developed the rota to allow people the choice over what they do during the day and in the evenings. We moved to a more person centred approach. We want core staff to support people on activities as they need to know people to get the most out of the activity. We are committed to ensuring the safety and well-being of the residents." The provider told us that they had spoken with staff about the changes and the reasons for these. They explained that staff had contacted them about the changes and their concerns about these but they felt that as new staff were recruited and agency staff use had decreased that things had improved. The provider agreed that they would discuss staff concerns with them to try and address these. They told us, "The staff views will not be ignored."

People and their relatives had been asked for their feedback on the service that they received. One person said, "We have resident's meetings. We talk about things." We saw that meetings were held each week where people could give feedback and also make choices about their service and their menu. People also had regular meetings with a nominated staff member to review their care. A relative told us, "We have filled in surveys. They allow us to raise anything". The registered manager told us that a new survey was being developed for people and their relatives to seek their feedback this year.

People were positive about the registered manager and felt confident that they would always listen and take account of their views. One person said, "Manager is [registered manager]. She listens." A relative told us, "I am very pleased with the manager and the principle. They do a lot of good work." Staff members felt that the registered manager supported them and helped them to develop a better service. One staff member said, "I am supported in my role. [Registered manager] is very flexible." Another staff member told us,

"[Registered manager] is always on hand for advice. They are always contactable."

Monitoring systems were in place to check the quality and safety of the service being provided. The provider's health and safety officer carried out an audit of the service every six weeks. This covered areas such as medicines, incidents and accidents and the environment. The management team were also responsible for carrying out checks on a regular basis. Areas monitored included water temperatures, medicine records and people's personal finances. We saw that an action plan was put in place to address any areas of concern and this was reviewed by the registered manager. The action plan was reported on as part of the next audit and any actions that had not been completed were identified with timescales for completion. Action plans and audits were also reviewed by senior managers as part of their quality meetings about the service and how it was performing.

The registered manager understood their responsibilities and the conditions of registration with CQC were met. During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position and was available on the website. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.