

Homefield College Limited

Homefield College Limited - 51 Greedon Rise

Inspection report

51 Greedon Rise
Silbey
Loughborough
Leicestershire
LE12 7TE

Date of inspection visit:
26 June 2017

Date of publication:
04 August 2017

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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

We inspected Homefield College Limited – 51 Greedon Rise on 26 June 2017. The visit was unannounced. This meant that the staff and the provider did not know that we would be visiting.

Homefield College Limited – 51 Greedon Rise is located in Sileby, Leicestershire. The service provides accommodation for up to three people who have a learning disability or autism. There were three people using the service at the time of our inspection. At the last inspection in February 2015, the service was rated overall Good however, required improvement in Effective because the staff team had limited knowledge with regard to the Mental Capacity Act 2005 (MCA). At this inspection we found that the service remained Good and improvements had been made around staffs knowledge of MCA .

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe living at Homefield College Limited – 51 Greedon Rise. Relatives we spoke with agreed that people were safe living there. Staff we spoke with understood their responsibilities for keeping people safe and were aware of what to look out for if they suspected that someone was at risk of harm. People's care and support needs had been identified and the associated risks had been assessed and managed. Where risks had been identified these had, where ever possible, been minimised to better protect people's health and welfare. Appropriate processes were followed when new members of staff had been recruited to make sure they were suitable to work there. People received their medicines as prescribed and in a safe way and there were appropriate systems in place to audit the management of medicines.

The staff team were appropriately trained and were supported through supervisions and staff meetings. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which meant people's human rights were protected. People had access to all of the relevant health care services that they needed to keep them well. They were supported to maintain a healthy, balanced diet and were fully involved in the development of the menus that were in place. The menus catered for each person's individual needs and preferences.

The staff team were kind and caring and they treated people with dignity and respect. They involved people in making day to day decisions about their care and support and people told us that the staff team knew them well.

People were supported in a way they preferred because plans of care had been developed with them and with people who knew them well. People were regularly reminded of what to do if they had a concern of any kind.

Staff members felt supported by the management team. They explained that they were given the opportunity to meet with them on a regular basis and felt able to speak with them if they had any concerns or suggestions of any kind.

People's views of the service were sought through meetings and informal chats. Systems were in place to regularly monitor the service being provided and a business continuity plan was available for the staff team to follow in the event of an emergency or untoward event.

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 remained safe.

Is the service effective?

Good ●

The service was effective.

The staff team had the knowledge they needed to meet people's needs.

People's consent to their care and support had been sought and the staff team understood the principles of the Mental Capacity Act 2005.

People were involved in the planning of their meals and menus catered for their individual needs.

People were supported to access healthcare services when they needed them.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

Homefield College Limited - 51 Greedon Rise

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 June 2017. The visit was unannounced and carried out by one inspector.

Before the inspection, we reviewed information that we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service. We used this information to inform our inspection planning.

At the time of our inspection there were three people living at the service. We were able to speak with two of the people living there and two relatives of the people we spoke with. We also spoke with the registered manager, the deputy manager and three support workers.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care. We also looked at associated documents including risk assessments and medicine

administration records. We looked at records of meetings, recruitment checks carried out for two support workers and the quality assurance audits that the management team had completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Homefield College Limited – 51 Greedon Rise and they felt safe with the staff team who supported them. One person told us, "Safe? Yes I feel safe." Relatives we spoke with agreed that their family members were safe living there. One told us, "I feel [relative] is safe, I have no reason to worry about him." Another explained, "He is certainly safe there. I have no concerns."

The management team knew the actions they needed to take to keep people safe. They knew the procedure to follow when a safeguarding concern was raised including referring it to the safeguarding authority and CQC. The staff team had received training in the safeguarding of adults and were aware of their responsibilities for keeping people safe from avoidable harm. One staff member told us, "I would pass my concerns to my line manager. If it was a safeguarding issue I would contact safeguarding as well." Another explained, "I would get in touch with my manager or the safeguarding on call."

Where risks had been identified with regards to people's care and support, these had been assessed. Completing risk assessments made sure that risks to people's health and welfare were wherever possible minimised and the people using the service were kept safe from avoidable harm.

Appropriate checks had been carried out when new members of staff had been employed. References had been obtained and a check with the Disclosure and Barring Scheme (DBS) had been made. A DBS check provides information as to whether someone is suitable to work with the people using the service. Suitable numbers of staff were deployed to meet people's needs. Support staff told us that on the whole they worked regularly with the people living at 51 Greedon Drive, though they did feel that consistency of staff was sometimes an issue. One staff member told us, "I regularly work at Greedon Rise, though the shifts can be erratic. They [people using the service] need consistency and continuity and not seeing many changes of faces. You need to build up a trust." Another explained, "I have worked for Homefield for five years, It has its advantages and disadvantages moving from house to house but I enjoy working at the different houses and it doesn't impact on getting to know people. I know them very well."

People received their medicines as prescribed. Medicines were being appropriately stored and stocks were checked to make sure they were correct and in line with the medicine administration records (MAR's). Staff members were trained in the administration of medicines and only when they were deemed competent were they allowed to support people with their medicines on their own. At the time of our visit staffs competency was not being checked regularly to make sure they continued to support people in a safe way. The registered manager informed us after our visit that these checks would start the week commencing 3 July 2017.

Regular safety checks had been carried out on the environment and on the equipment used at the service. This included checks on the hot water. We noted that where concerns relating to the temperature of the hot water in the kitchen had been identified, these had been reported to the appropriate person's. A risk assessment had been completed and action was being taken to reduce the temperature to a safe level. Fire safety checks and drills had been completed and a fire risk assessment was in place. Environmental risks

had been assessed and monitored so that wherever possible people were protected from avoidable harm.

Is the service effective?

Our findings

People received care and support from a staff team who knew them well. One person told us, "They know how to help me." A relative told us, "I feel the staff know his needs very well. I feel the staff are well trained. When new staff are appointed they have an induction and work with others until they are competent."

At our last inspection in February 2015 we asked the provider to take action to make improvements. We asked them to improve staffs understanding of Mental Capacity Act 2005 (MCA). At this inspection we saw that staff had received training in this area and understood their responsibilities.

The staff team had received an induction into the service when they first started working there and relevant training had been provided. This included training in the safeguarding of adults, health and safety and equality and diversity. This meant that they could support the people using the service effectively. One staff member explained, "I had an induction and initially shadowed others, I learnt on the job and someone guided me through my induction." We noted that not all of the staff team had received training in basic first aid. The registered manager explained that there was a process to follow whereby a core team of trained first aiders were available on call should they be needed and staff members we spoke with knew to contact them, 111 or 999 for the relevant support. The staff team were supported through supervision and appraisal, though one staff member spoken with told us that it had been some time since their last supervision. They told us, "Supervisions are sporadic at the moment, but I am able to speak with my line manager at any time."

People were supported and encouraged to make decisions about their care and support on a daily basis. A relative told us, "They [staff team] encourage him to make decisions for himself." We saw that people were offered choices. These included what to eat and drink and how and where to spend their time. A staff member told us, "They [people using the service] can choose what they want to do, they like to spend time in their room and that is their choice."

Assessments had been carried out to determine people's capacity to make decisions. For example, when deciding whether to accept support with their personal care. Records showed us that the people using the service were deemed to have the capacity to make these decisions. The staff team were aware of the MCA and their responsibilities around this. One staff member told us, "It is there to establish whether people are able to make decisions for themselves. We shouldn't assume that people cannot make a decision." Another explained, "We respect their views and decisions, they have the right to make bad decisions just like you or I. It is about supporting them to make choices for themselves and if they are unable to, then having someone to make those decisions in their best interest."

People were supported to maintain a healthy balanced diet and were fully involved in the planning of their meals. People's likes and dislikes with regard to food and drink were explored and people's preferences were catered for. People's health was monitored and when necessary, input from relevant healthcare professionals had been sought. A relative told us, "They support him to visit the GP and he is always accompanied and they take him to the dentist regularly as well." This showed us that people's health and

welfare were taken seriously.

Is the service caring?

Our findings

People told us the staff team at Homefield College Limited – 51 Greedon Rise were kind and caring and they looked after them well. One person told us, "I like living here, they look after me. The staff are kind." A relative told us, "As soon as he moved in he was very happy, the staff are very kind to him." We observed the staff team supporting the people using the service. They had a good understanding of people's needs and they offered support in a way that suited them. People were treated well and support was provided in a friendly and relaxed way.

Good relationships had been built between the people using the service and the staff team. They were supported to make decisions on a daily basis and when decisions were made, these were respected by the staff team. People were listened too and their views were acted on.

The staff team had the information they needed to provide individualised care and support because they had access to people's plans of care. These included details about their past history, their personal preferences and their likes and dislikes. A staff member told us, "We read their packs, it tells you about them, what they like and how they spend their time." People were supported to be as independent as possible and were supported to be involved in tasks around the home. People were encouraged to personalise their own room. One person showed us their room and this had been decorated in the colours of their favourite football team and their favourite mode of transport.

The staff members we spoke with gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "I always knock and wait for an answer. They like the privacy of their own room and we respect that." Another explained, "When supporting them to have a bath, we make sure their private parts are covered."

Relatives could visit at any time. One explained, "I can visit at any time and I am always made welcome."

There were processes in place to ensure that information about people was treated confidentially. A confidentiality policy was in place and Information about people was shared on a need to know basis. The room in which people's records were kept was also kept locked when not in use. This showed us that information about people was respected by the staff team

Is the service responsive?

Our findings

People received care that was based on their individual needs. One person told us, "They look after me, shower, bath, shave me, they help me." A relative explained, "The staff know his needs very well."

People had been involved in the planning of their care with the support of their relatives. A relative told us, "A thorough assessment was done for his residential placement and it went from there." Plans of care were in place and these contained relevant information with regards to how people wished to be supported. They included people's likes and dislikes and their daily preferences. This included people's favourite food, their favourite television programmes and how they preferred to spend their day. The plans of care had been reviewed and whenever possible, signed by the person using the service showing their involvement.

People were supported to participate in activities that they enjoyed and they were encouraged to follow their interests. A relative told us, "He does lots of things and activities, so he has a much better life than he would have at home." Timetables were used to remind people what activities they were attending each day. These included cooking, drama, horticulture and book clubs. On the day of our visit the people using the service spent the morning shopping in the local town. Regular trips out were organised and the week prior to our visit a holiday in Summerset had been enjoyed. One person told us, "We went to the seaside and on a roller coaster, it was good." Another said, "The holiday was so good."

People knew what to do if they were unhappy about something. One person told us, "If I was worried, I would go to the staff." The provider's complaints procedure was discussed during weekly meetings and a copy of the process, which was available in an easy to understand format, was displayed. The registered manager told us that there had been no concerns raised in the last 12 months. Relatives we spoke with knew who to talk to should they have a concern of any kind. One told us, "If I had a concern, I would go straight to the management."

Is the service well-led?

Our findings

A registered manager was in place and people felt the service was properly managed and the staff team were friendly and approachable. One person told us, "[Deputy manager] is nice." Another said, "I like [support worker] he's nice." A relative told us, "The management is spot on, very approachable."

Staff members felt supported by the management team and told us that there was always someone they could talk to if needed. One explained, "I am able to speak with my line manager at any time. I am never made to feel like a nuisance, she listens and they have been a great support." Another told us, "I feel supported, we have an on call system and we can get someone straight the way if needed. If you have a problem you can go to her [registered manager]."

House meetings took place every Sunday and people were encouraged to attend. At these meetings a variety of issues were discussed including health and safety, menus and keeping safe. We did note that records of these meetings were not always available. The registered manager told us that the staff team would be reminded to make a record of these at the next staff meeting. A staff member told us, "Meetings? We have them on a Sunday, usually every week. I sit and talk to them about how they are feeling, if they've had a good week, if they have any problems or if they need anything. Health and safety we also discuss." Another explained, "Every Sunday we have a meeting, we discuss feelings and any issues or worries. We also discuss the following week's menus."

Staff meetings had also taken place. These provided the staff team with the opportunity to discuss any issues and share their thoughts of the service provided. Regular items discussed included, the care and support of the people using the service, maintenance, health and safety, safeguarding, and MCA.

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.

People were encouraged to share their thoughts of the service provided. This was through the weekly meetings and daily dialogue. Surveys had also been used in the past but not for some time. A relative explained, "We have received a parent survey to complete in the past but not recently." The registered manager told us that a new survey was in the process of being developed and this would be used along with telephone contact, to gather people's feedback in the near future.

The registered manager understood their responsibilities and the conditions of registration with CQC were met. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.

