

Homefield College Limited

# Homefield College Limited - 37 Greedon Rise

## Inspection report

37 Greedon Rise  
Sileby  
Loughborough  
Leicestershire  
LE12 7TE

Date of inspection visit:  
31 October 2017

Date of publication:  
01 December 2017

Tel: 01509814640

Website: [www.homefieldcollege.ac.uk](http://www.homefieldcollege.ac.uk)

## 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 – 37 Greedon Rise on 31 October 2017. The visit was unannounced. This meant the staff and the provider did not know we would be visiting.

Homefield College Limited – 37 Greedon Rise is located in Sileby, Leicestershire. The service provides accommodation for up to three people who have a learning disability or an autistic spectrum disorder. There was one person using the service at the time of our inspection. At the last inspection in October 2015, the service was rated Good. At this inspection we found that the service remained Good.

At our last inspection in October 2015, we asked the provider to take action to make improvements with regard to supporting people to participate in activities of their choice. At this inspection we checked to see if the provider had made the necessary improvements. We found that improvements had been made.

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.

The person using the service told us they felt safe living at Homefield College Limited – 37 Greedon Rise. Their relative agreed that they were safe living there. They were kept safe from avoidable harm because the staff team understood their responsibilities. They knew what to look out for if they suspected that someone was at risk of harm and knew who to report their concerns too. The risks associated with the person's care and support had been assessed and reviewed. Appropriate recruitment processes were in place to make sure only suitable people worked at the service and appropriate numbers of staff were available to support the person living there. Processes were in place to make sure that when people needed support with their medicines, this was carried out in a safe way.

The staff team were appropriately trained and were supported by the management team through supervisions, appraisals and staff meetings. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected. The person using the service had access to relevant healthcare services and were supported to attend appointments when required. They had been involved in developing menus to include their own likes and preferred choices. Their dietary requirements had been identified and they were supported to follow a healthy and balanced diet.

Independence was promoted and the person using the service was supported to make choices about their care and support on a daily basis. They were supported in a kind and caring way and their dignity was respected.

A plan of care had been developed with them and with people who knew them well. The staff team knew the

needs of the person they were supporting because the necessary information was included within their plan of care. Whilst records were kept of the support provided to the person using the service, these were not always up to date or accurate. Actions had been taken to address this.

The person using the service was regularly reminded of what to do if they had a concern of any kind.

Staff members felt supported by the management team and told us there was always someone available to talk with should they need guidance or support. The views of the person using the service were sought. This was through informal chats and meetings. Systems were in place to monitor the quality of the service being provided and a business continuity plan was available to be used in the event of an emergency or untoward event.

Further information is in the detailed findings below.

## 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 remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service was not consistently responsive.

People's plans of care reflected their personal care and support needs.

Records reflecting the support provided by the staff team were not always up to date or accurate.

People were supported to follow their interests and take part in social activities.

A complaints procedure was in place and people were regularly reminded of what to do if they were unhappy about anything.

### Is the service well-led?

Good ●

The service remains well led.

# Homefield College Limited - 37 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 31 October 2017. The visit was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at 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. 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 was one person living at the service. We were able to speak with them and their relative. We also spoke with the registered manager, the deputy manager and three support workers.

We observed support being provided in the communal areas of the service. This was so 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 one person's plan of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for three support workers and the quality assurance audits that the management team had completed.

## Is the service safe?

### Our findings

The person using the service continued to feel safe living at Homefield College Limited – 37 Greedon Rise and felt safe with the staff team who supported them. They told us, "Staff are very good to me, I feel safe at 37 [Greedon Rise]." Their relative confirmed they were safe living at the service. They said, "Yes [relative] is safe and the staff are very good on picking up on any issues."

The person using the service was protected from abuse and avoidable harm. The management team were aware of their responsibilities for keeping people safe and they understood the process to follow when concerns were raised. This included informing the local safeguarding authority and CQC. The staff team had received training in the safeguarding of adults and they were aware of the actions they needed to take if they had any concerns of any kind. They had also received information from the registered manager regarding safeguarding and this was kept with them at all times. This detailed the action they should take and who to contact if they felt the person using the service was at risk of abuse or harm. A support worker told us, "I would contact the safeguarding on call." Another explained, "I would ring the managers straight the way."

The care and support the person received had been assessed. Where risks had been identified these had been appropriately managed. This made sure risks to their health and welfare had been wherever possible, minimised and they were kept safe from avoidable harm.

An appropriate recruitment process was followed when new members of staff had been employed. This included carrying out background checks and obtaining references. A check with the Disclosure and Barring Scheme (DBS) had also been made. A DBS check provides information as to whether someone is suitable to work at the service. Staff deployment was appropriate to meet the needs of the person using the service.

Whilst the person using the service was not supported with any medicines at the time of our visit, the staff team had received training in medicines management and appropriate storage facilities were available. A medicines policy and procedure were also in place for staff to follow should the need to support someone with their medicines arise.

The premises were well maintained. Regular safety checks had been carried out on the environment and on the equipment used at the service. Fire safety checks and fire drills had been carried out and the staff team were aware of the procedure to follow in the event of a fire. The person using the service told us, "I have a fire drill and I go out [evacuate the building]."

A business continuity plan was in place for emergencies or untoward events such as loss of amenities or flood. This meant the staff team had a plan to follow to enable them to continue to support the person using the service should these events ever occur.

## Is the service effective?

### Our findings

The person using the service received care and support from a staff team who knew them well. They told us, "I get on well with the staff, they know me." Their relative told us, "They know [person] needs, they are very good."

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 health and safety, the safeguarding of adults and equality and diversity. This meant the staff team could support the person using the service safely and effectively. One support worker explained, "I had a four week induction when I shadowed another member of staff across the organisation. I have also had training which we do quite regularly."

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, "It is ages since I had supervision but I can talk to them [registered manager and deputy managers] at any time." The registered manager confirmed that supervisions were due to be completed in November 2017.

The Mental Capacity Act 2005 (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 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). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

Assessments had been carried out to determine whether the person using the service was able to make decisions for themselves. For example, when deciding whether to accept support with their personal care. Records showed us they were. The staff team were aware of the Mental Capacity Act 2005 (MCA) and their responsibilities around this. One staff member told us, "Everyone needs to have the freedom to make decisions and if they can do things for themselves it is important that we support them and help them achieve what they can do for themselves." Another explained, "It is important, we need to make sure they have capacity to make decisions. We always assume that people have capacity until we are told otherwise. People should always be able to make decisions where they can."

The person using the service was supported to make choices about their care and support on a daily basis. They explained that they could choose what and when to eat and drink and how to spend their day. They had been involved in devising the weekly menu and were supported to eat and drink a balanced and healthy diet. They told us, "I can have snacks and drinks when I want and I can choose off the menu. I plan the menus every week and on Wednesday I cook a meal." A support worker confirmed, "On Wednesday

night staff sit down with [person] and plan the menus for the week." Their health was monitored and when necessary, input from relevant healthcare professionals had been sought. They told us, "I'm seeing the doctor in November for my health check."

## Is the service caring?

### Our findings

The person using the service told us the staff team at Homefield College Limited – 37 Greedon Rise were kind and caring and they looked after them well. They explained, "They [staff team] are very good to me." Their relative told us, "The staff are really nice with [person]."

The person using the service was supported in a caring manner. The staff team had a good understanding of their needs and support was provided in a relaxed and good-humoured way. Good relationships had been built between the person 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. A support worker explained, "We always give [person] the chance to put their view across and if they say, 'no thank you' we respect that." The person was relaxed in the company of staff and clearly felt comfortable in their presence.

Staff members gave us examples of how they maintained the person's privacy and dignity when they supported them with personal care. One staff member told us, "We only give the support that people need. I always knock on the door before I enter people's rooms because it is their private space." They referred to the person by their preferred name. We saw that their room was furnished and decorated to their taste which made their room a comfortable place where they enjoyed their privacy. The person using the service was able to receive and entertain visitors without any undue restrictions. Their relative explained, "When I visit, I am always made welcome."

The person using the service had both a plan of care and a person centred plan (PCP) and these documents included details about their personal preferences and their likes and dislikes. For example their PCP stated that they liked cheese burgers and chocolate but didn't like peas. The staff team were aware of these preferences. People and things that were important to them were also included in their plan of care and PCP. This meant the staff team had the information they needed to provide them with individualised care and support.

Information was made available in ways that were easy for people to understand. We saw that information was available that had been presented using simple words and pictures. This included weekly activity timetables and the provider's complaints process.

Details of advocacy services were made available and whilst the person using the service was able to make decisions about their care and support, the information was available should it ever be needed.

## Is the service responsive?

### Our findings

At our last inspection in October 2015, we found that people were not always supported to participate in activities of their choice. At this inspection we found that they were. The person using the service was supported to participate in activities they enjoyed and they were encouraged to follow their interests. A timetable was used to remind them of the activities they participated in each week. This included cooking, lunches out in Leicester and long walks via the local shop. On the day of our visit they were supported to catch the bus to Leicester where they were looking forward to a meal out. Regular trips out had also been enjoyed. These included a trip to Cadbury's World, the local zoo and Harry Potter World. At the weekends they were able to choose how and where to spend their time. They told us, "I chill." A support worker told us, "[Person] likes to be chilled and use the computer."

The person using the service received care and support that was based on their individual needs. They told us, "I get on well with the staff, they help me." They had been involved in the planning of their care with the support of their relatives and the staff team. Their relative explained, "I have always been involved."

Their plan of care recorded the care and support they required and their individual preferences in daily living. Their interests and likes and dislikes had also been explored and included. Person centred plans (PCP's) had been developed with them and included what they liked to do. When the person's needs had changed, their plan of care had been reviewed and updated to reflect this. Staff members we spoke with had a good knowledge of the person's care needs and were able to describe in detail the support they required.

A review of their care needs had been carried out. This provided them with the opportunity to discuss any issues and made sure that they had as much choice and control over their care and support needs as possible.

We found that the records kept to reflect the support provided to the person using the service were not always up to date or accurate. For example the daily activity sheets had not always been completed to show the support received or how the person had spent their day. The menu plans were not always available and the menu book had not always been completed. For example, according to the menu book the person using the service had received no food from lunch time on the 14 October 2017 until breakfast on the 16 October 2017. Whilst the deputy manager assured us that meals had been taken during this time, the records did not reflect this. The registered manager and deputy manager acknowledged these shortfalls and told us that actions were being taken to address this. This included discussions within staff supervisions, team meetings and the use of memos.

The person using the service was encouraged and supported to maintain relationships with people who mattered to them. They had their own computer and computer room and were able to use these without restrictions.

They knew what to do if they were unhappy about something. They told us, "I would talk to [registered manager or deputy managers]. They ask me if I'm still happy here." The provider's complaints procedure

which was available in an easy to understand format, was displayed. The registered manager told us there had been no concerns raised in the last 12 months. The relative we spoke with knew who to talk to should they have a concern of any kind. They told us, "I would talk to [deputy manager] she is the best one for emailing and talking to if I have any concerns."

## Is the service well-led?

### Our findings

There was a registered manager in place and they were supported by two deputy managers. People felt the service was properly managed and the staff team were friendly and approachable. A relative told us, "They are approachable and they always forewarn me of any issues. I have no concerns about the service at all. [Person] is happy living there."

Staff members felt supported by the registered manager and the two deputy managers and told us there was always someone they could talk to if needed. One explained, "I definitely feel supported, if I have any questions or queries, they are there to support me."

There was a whistle blowing policy in place. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Support workers said they would not hesitate to use the policy if required to do so.

Support workers had an understanding of the provider's vision and values for the service. One support worker told us, "Their aim is to provide stability, ensure their wellbeing and for them to gain independence and confidence."

Meetings with the person using the service were carried out on a regular basis enabling them to be involved in how the service was run. At these meetings a variety of topics were discussed. These included how they were feeling, any plans for the following week and any health and safety issues. At the last meeting held on 29 October 2017 the person using the service had no concerns regarding the service they received.

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 and health and safety. A staff member told us, "We have meetings, I don't normally have much to say because I deal with things as they come up and discuss things on a daily basis."

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 incidents and accidents, documentation and the environment. The registered manager and deputy manager were also responsible for auditing the records held. We noted that not all of the records checked were accurate or up to date. These included daily report sheets, fridge and freezer temperatures and hot water temperatures. These shortfalls had also been picked up through the health and safety officers' audit. We saw that the registered manager was already working on developing systems to reduce these shortfalls moving forward. On 26 October 2017, agency staff working at the service completed the provider's internal induction. This involved going through what was expected of them and the duties they were required to perform. Supervisions had been organised for November 2017 to discuss with staff the importance of accurate record keeping and a formal audit sheet had been created for the management to complete on a weekly basis. These systems would enable the management team to more formally audit documentation

and drive improvement.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. We saw that the ratings poster from the previous inspection had been displayed. The display of the poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and visitors.