

# Homefield College Limited

# Homefield View

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Homefield View provides residential care and support to people with learning disabilities in the further education sector. The service can support six people. Six young adults were using the service at the time of inspection. Everyone using the service attends college during the day. Some people return to their family homes at weekends and in college holidays.

### People's experience of using this service and what we found

There were some areas where processes needed to be strengthened and the registered manager was already working on these. These included effective processes for management oversight of the quality assurance system, embedding a schedule of regular team meetings and staff supervision sessions and ensuring that care files contained all assessments, for example, those relating to mental capacity decisions.

People were cared for safely. A range of individual risk assessments were in place to reduce known risks to people. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles.

There were enough staff to meet people's care needs. People were supported with their medicines. The service was clean and fresh, all staff had been trained in infection control.

People's care records contained information covering all aspects of their care and support needs. Staff had a good understanding of people's needs and individual preferences. People's personal histories, preferences and dislikes, diversity needs such as cultural or religious needs and links with family were all considered within the care plans. Staff received training to meet people's needs.

Where required, people were supported with their eating and drinking to ensure their dietary requirements were met. People were supported to access health care services when needed.

People received support from reliable, compassionate staff. Staff enjoyed working at the service and there was good communication and team work. Staff were caring in their approach and had good relationships with people. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought, and staff took time to help people communicate their wishes using their preferred means.

The registered manager worked in an open and transparent way and was passionate about ensuring that people received good care. The service was in regular communication with relatives. People and their relatives knew how to make a complaint and were confident that any issues raised would be dealt with.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
The last rating for this service was Good (published July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Homefield View

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

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.

#### Service and service type

Homefield View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider had submitted a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We viewed this on the day of the inspection.

#### During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the area manager, registered manager, three deputy managers, HR manager and three support workers.

We reviewed a range of records. This included two people's care records and three medicine records. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training records, safeguarding information and accidents and incident information.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We look at policies and procedures, feedback surveys and staff meeting minutes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as needs improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. Everyone we spoke with told us they felt safe and family members told us their relatives received safe care. One relative told us, "It is such a safe environment, we are so happy."
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following appropriate procedures.
- The registered manager was aware of their responsibilities for reporting any safeguarding concerns to the local safeguarding authority and to the Care Quality Commission (CQC). Safeguarding records also confirmed this.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Relatives and visiting professionals confirmed that risks were managed appropriately whilst developing and promoting people's independent living skills.
- Care files included a range of assessments which identified known risks to individuals and set out how these risks could be reduced. We saw these included behaviour risk assessments and positive behaviour support plans where there were risks associated with behaviours that challenge. These informed staff how to provide care that reduced known risks.
- Personal emergency evacuation plans (PEEPS) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. A fire drill had recently been carried out and fire safety was regularly discussed in the weekly resident meetings.

Staffing and recruitment

- Everyone we spoke with told us they felt there were enough staff working for the service.
- Staff deployment was reviewed daily to ensure that people were supported by staff who could meet their specific needs. For example, one person had difficulties with chewing and swallowing so required a trained member of staff to support them at mealtimes.
- Staff recruitment records demonstrated the provider carried out robust pre-employment checks including obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Using medicines safely

- People received the right support to take their medicines as prescribed.
- Staff received training to administer medicines, and annual competency checks took place to ensure that staff continued to administer medicines safely and according to the provider's policy.
- Protocols were in place to provide guidance to staff on how and when to administer medicines prescribed, 'as and when required'. A protocol was being developed for over the counter medicines, in particular for the administration of pain relief via paracetamol.

#### Preventing and controlling infection

- The environment was well maintained and clean throughout, including all six bedrooms and en-suite facilities.
- Staff had been trained in infection control and were aware of the importance of good practice in this area.

#### Learning lessons when things go wrong

- Staff knew how to respond to incidents and accidents. Accidents and incidents were reviewed, and action taken to address any identified concerns. These were also reviewed at provider level so that learning could be shared throughout the organisation.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information gathered prior to people moving into the service was used to develop individualised care plans. Information came from various sources such as relatives, previous educational settings and visits to the home by people and their families.
- Care was delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes.
- Care plans showed that all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and time spent shadowing experienced staff members. A range of mandatory training was undertaken such as safeguarding, medicines and infection control.
- Ongoing training was provided to refresh staff knowledge and learn new skills when required. For example, staff undertook specialist training to support people's specialist health and behavioural needs.
- Staff meetings and supervision with a senior member of staff took place. The registered manager was in the process of establishing these on a regular basis. Staff felt they could approach senior staff freely to discuss anything they wanted to.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in choosing what they wanted to eat and this was planned at a weekly meeting. People went out shopping regularly with staff to get provisions for themselves and others in the house.
- People were involved in meal preparation and supported to eat and drink enough. One person told us they liked the food a lot. One relative told us, "They eat together, they plan meals, go to the supermarket and then take it in turns to help with the preparation."
- People identified as having any additional nutritional needs were supported appropriately. One person had a food diary that travelled with them as they could be reluctant to eat sufficient quantities without encouragement and support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked alongside health, education and social care services to support people maintain their

physical and emotional health and wellbeing. The service worked closely with the learning disability outreach team when necessary, including recently. A visiting professional from the outreach team told us, "The service are proactive and very open to us coming in, they welcome our input, they are transparent and open to suggestions."

- Staff knew people well and recognised when people needed additional health or social support. They liaised with relatives and healthcare professionals, and supported people to attend appointments as required.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised to reflect their preferences and choices. One person who had recently moved into the service told us they liked purple and were very happy their room had been decorated with items of this colour.
- There was a large, safe garden at the back of the property for people to use.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- There were no MCA assessments on care files showing specific decisions people needed support with, for example, safely managing finances independently. There was no recording of decisions which had been made in people's best interests with the involvement of people, professionals or relatives. However, external training was taking place on the day of the inspection to train senior staff members about this and the assessments would be completed and added to care files as a matter of priority. The lack of assessments on the care files was not having a negative impact upon people's care.
- Staff demonstrated they understood the principles of the MCA, supporting people to make their own decisions and choices. This included people having the right to refuse, which was respected by staff.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People told us staff always offered them choices and we observed this in practice.
- Everyone living in the service attended college during the day and went to stay with their families on some weekends and in college holidays. People were not deprived of their liberty and no DoLS applications had been made to the Local Authority.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be well cared for and treated with respect and kindness. All relatives told us they thought staff were kind and caring. One relative said, "[Name] likes the house, talks about what they do and about the people. They have posters up in their room and toys from home."
- Staff were seen to interact warmly and positively with people. One staff member said, "I'm proud to work in Homefield View. We are role models for our students. I treat all students the way I would like my son or daughter to be treated, being professional, caring and considerate."
- When people had any religious or cultural needs or preferences, the service were able to enable people to follow these. For example, going to a religious service if they wished to.

Supporting people to express their views and be involved in making decisions about their care

- Staff were skilled in communicating with people and took time to support people communicate their wishes and make decisions.
- Care plans set out how people preferred to be supported along with their regular routines. People and staff told us that staff read peoples' care plans so they were aware of people's needs and able to assist people in the way they wanted.
- Staff used a handover book and had a daily shift handover meeting so that relevant and up to date information was shared about people. This meant people's choices and decisions that day could be followed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported people to maintain their privacy. One relative said, "When [Name] returns from college, they are encouraged to go to their room, lock the door and take a shower." Another relative confirmed that staff offered guidelines and prompts in relation to personal care. One of the people living in the service told us they felt staff respected their privacy.
- People's independence was promoted. Staff followed people's requests and preferences. One relative told us, "Safety has to be balanced against independence, I feel they have the balance right."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the importance of providing care that was centred around people's individuality, abilities and preferences. People were able to participate in activities according to their preferences.
- People and the staff team had built positive professional relationships. Staff had a good understanding of people's needs and preferences
- People lived in the service while they attended college courses and so there were often new people moving in at the start of the academic year. Care plans became more detailed and personalised as the academic year developed and staff got to know people and their relatives better.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw a variety of personalised communication tools in use for people according to their preferences and these were used effectively to assist people communicate with staff. One person carried different pictures which helped express their mood and feelings.
- Pictorial aids were used effectively to help keep people safe. For example, the fire drill was displayed throughout the service using pictures and words. There were also communication aids available to help people express any concerns they had, including about different types of abuse.
- The service promoted people's rights and independence through accessible information. For example, on the noticeboard there was an easy read guide to voting which would assist in an upcoming General Election.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place so that complaints could be dealt with in accordance with the provider's policy. There had been no recent complaints made. People and relatives knew how to make a complaint. One relative said, "I would ring up if I had a problem. They ring us if there has been a problem or with any little queries. I would approach staff with any concerns."
- Relatives told us they felt able to raise any issues directly with the service and were confident these would be dealt with. One relative told us, "I know they would rather we made them aware of any issues, so they could be sorted out."

#### End of life care and support

- All of the people living in the service were young adults. In the event of a sudden health emergency the registered manager confirmed that the service would immediately contact relatives and also seek emergency healthcare support. Relatives were confident they would be contacted immediately if there were any issues.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a system of weekly audits in place covering all aspects of the service, for example medicine records, daily records and fire checks, but processes were not in place to demonstrate effective oversight of these by the registered manager. The audits had not identified that one bottle of liquid medicine had not been dated when it was opened, or that information from a relative that one person should receive a tablet in crushed format had not been authorised by the GP. The registered manager rectified both issues by the end of the inspection day.
- Although staff confirmed there were good working relationships and communication within the staff team, the system of regular team meetings and supervision with a senior member of staff had lapsed. This needed to be strengthened to ensure that staff were fully supported in their roles.
- The registered manager understood the importance of MCA assessments and was taking action to address this as a priority. The lack of MCA assessments and best interest discussions for people who required support with making some decisions could impact negatively upon people's human rights as well as their support and care.
- The registered manager oversaw several locations but had good knowledge of all aspects of the day to day running of the service and the people living there. They were passionate about getting robust systems in place to ensure people continued to receive high quality care.
- Staff felt well supported by the management team. One staff member said, "I feel comfortable to speak to each and every one of them. There is always someone around. They always have time for me."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at the centre of everything the service did. People moving into the service experienced a significant transition in both their living and educational arrangements and the staff team created a friendly and inclusive environment for people to live and thrive in.
- All relatives told us they felt listened to when they communicated with staff and management at the service.
- Staff enjoyed working at the service. One staff member said, "I like it here. I like the general atmosphere; the students just make it for me. They are lovely to be with and spend time with, it often doesn't feel like work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities under the duty of candour.
- The service worked openly and transparently with relatives and other professionals. When any problems were identified they worked collaboratively to work through issues and ensure that people continued to receive high quality individualised care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people and relatives in order to continuously drive improvements to the service.
- Staff told us they would be happy to recommend Homefield View as a place to work.

Continuous learning and improving care

- The service sought additional training where necessary to improve their systems and records. For example, on the day of inspection, focused training took place about MCA assessments.
- The registered manager gave examples of recent situations where learning had taken place which would be used to improve future processes and care. For example, to help make the transition process easier for people when they first moved into the service.

Working in partnership with others

- The registered manager and management team worked well with health and social care professionals and responded promptly to people's changing needs. This included accessing specialist training to ensure that people's complex needs could be met.