

Homefield College Limited

Homefield College Limited - 139 Homefield Road

Inspection report

139 Homefield Road
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14 January 2020

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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 College Limited – 139 Homefield Road is a residential care home providing personal care to three people with a learning disability or autistic spectrum disorder at the time of the inspection. The service is registered to support up to four people.

Homefield College Limited - 139 Homefield Road is a bungalow, all living spaces are on one level. At the time of inspection, the fourth bedroom was used as an office with no plans to convert this to a bedroom for another person to move to the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Improvements were needed to managerial quality assurance systems and processes to enable the registered manager to have a better oversight of the service. People knew the management team by name as they regularly provided support to people. People, relatives and staff provided positive feedback about the management team. The service sought feedback from people about their care experience to ensure any issues or concerns were promptly addressed.

Staff received training to meet people's individual needs. However, we found training undertaken for a specific health need was not accredited. During our inspection the registered manager co-ordinated appropriate training for staff and implemented practice observations to ensure care was being delivered by staff as planned.

MCA assessments had been undertaken, improvements were needed to the recording of best interest decisions. However, we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People's needs were assessed before receiving care from the service to inform the development of their care plans.

People received care from staff that were kind, caring and compassionate. People and staff had built positive relationships together and enjoyed spending time together. Staff were respectful and open to people of all faiths and beliefs. People's privacy and dignity was respected.

People were supported by staff that took time to find out about their hobbies, interests and what was

important to them. People accessed planned daytime activities, and outside of these engaged in activities of their choosing. Easily accessible complaints information was available to people living at the home. People knew who to speak with if they had any concerns and felt confident their concerns would be addressed.

People felt safe and were supported by staff that kept them safe from harm or abuse. Medicines were administered on time and people were supported by staff that had been safely recruited. Staff had a good knowledge of risks associated with providing people's care. Accidents and incidents were reported, and lessons were learned.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection

The last rating for this service was Good. (Published 10 August 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 College Limited - 139 Homefield Road

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.

Service and service type

Homefield College Limited - 139 Homefield Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 8 January 2020 and ended on 14 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from 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 the information the provider

sent us in the 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 used all this information to plan our inspection.

During the inspection

We observed interactions between staff and two people. We spoke with two people and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, head of care and support, head of human resources, deputy manager and care staff.

We reviewed a range of records. This included three people's care records and one medicine record. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, meeting minutes, and accident and incident records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had regular opportunities to express concerns during weekly house and keyworker meetings. One person said, "Staff do help me feel safe."
- Some people went out independently. The service had organised for a police community support officer to speak to people about staying safe.
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns. They told us the management team would address any concerns and make the required referrals to the local authority.
- Staff felt confident about raising concerns relating to people's care. Whistle-blowing information was displayed in the service. One staff member said, "I've got no concerns with staff practice. I would definitely report concerns."

Assessing risk, safety monitoring and management

- Risk assessments were incorporated into people's personalised care plans. Staff knew the support people needed to keep them safe. For example, we observed a staff member prompting a person to adjust the position of their footwear so reduce the risk of them tripping.
- Environmental checks had been completed to ensure a safe living environment was maintained. Substances hazardous to people's health were stored securely.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the service safely in the event of an emergency. These were up to date and reflective of people's current needs. Fire drills were undertaken, this meant people knew what to do should the fire alarm sound.

Staffing and recruitment

- Planned staffing levels were achieved and adjusted to respond to changing needs.
- People and staff told us there had been improvements to the consistency of staffing.
- Safe recruitment checks had been undertaken to ensure staff were suitable to work with people receiving care.

Using medicines safely

- Medicines systems were organised. Stock levels were regularly reviewed to ensure people's medicines had been given as prescribed.
- Protocols were in place to instruct staff when to give medicines people needed 'as required.' Pictorial instructions directed staff where to apply prescribed creams.
- Medicines Administration Records (MAR) were completed correctly and audits were undertaken to identify areas for improvement. Medicines were securely stored, and at the correct temperature.

- Staff did not administer medicines to people until they had been assessed as competent to do so. One staff member said, "We all did our medicines training last year."

Preventing and controlling infection

- The service was observed to be clean and tidy.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw these were available in areas whereby personal care was provided. One person's care plan detailed the action staff needed to take to minimise the risk of infection when supporting people with their healthcare needs.
- Staff followed safe procedures for food preparation and prompted people to wash their hands when preparing meals.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. Records showed accidents and incidents were recorded and were reviewed by the registered manager to identify learning. The head of care and support told us they monitored themes across the organisation to inform the planning of health and safety training for staff.

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 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

- People's physical, social and wellbeing needs were holistically assessed before receiving care from the service. People were fully involved in writing their care plans. Care plans fully reflected people's needs and choices.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Training for a specific healthcare need was undertaken by the management team who had not been confirmed as competent to deliver this. We discussed this with the registered manager who promptly arranged for accredited online training to be undertaken by staff. The provider told us they would also seek face to face training in addition to this. There was no impact on the person, however there was a risk that staff may not be aware of current best practice.
- People received care and support from competent and skilled staff. Staff told us they received regular training including safeguarding adults, first aid and infection control. A staff member said, "I get regular supervision. The manager will let me know if I can do something better or am doing things really well. They are very supportive and really care."
- New staff undertook an induction that included shadowing regular staff to get to know people's needs. A more structured induction programme had been implemented, a staff member told us, "This has improved the retention of staff."
- Staff told us they felt supported by the management team.

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

- The people living at the service met once a week to devise their menu, a pictorial menu was then printed. One person said, "We had a very nice tea yesterday, we had a stir fry and rice pudding."
- People were supported by staff to shop for ingredients to prepare their meals. One person told us how they liked to add their yoghurts to the shopping list.
- People were able to access drinks and snacks as they wished. Two people living at the service needed a special diet. Care plans included detailed information about people's dietary needs, likes and dislikes. We found staff had an exceptional knowledge of what people could and couldn't eat. One person could not have gluten, staff ensured there was no cross contamination during food preparation.

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 local community and medical services to support people to maintain their physical and emotional health and wellbeing. Records showed staff knew people well, identified deteriorations in people's health and sought appropriate healthcare support. One person had experienced a deterioration in their skills and abilities. Staff worked closely with healthcare professionals to determine whether there was a physical cause.
- The service followed best practice guidelines regarding oral healthcare. People's care plans instructed staff how to support people with their oral healthcare needs. Records showed people accessed the dentist as needed.
- Health action plans (HAP) were in place, these detailed the support people needed to remain healthy. These were up to date and reflective of people's needs. Staff had recorded ongoing concerns, appointments and treatments. Staff were passionate about ensuring people attended their 'well man' and 'well-woman' checks and supported people to prepare for these appointments.
- 'Know me better' documentation included important information about people's needs. This meant if people were admitted hospital, healthcare staff would have information to help them provide personalised care.
- The service had planned a wellbeing event. They told us information would be available to people about different healthcare services, how people could access these and keep themselves healthy and safe.

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

- The design and decoration of the service met people's needs.
- People had personalised their rooms and were empowered to make decisions about the services décor.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions about certain aspects of their lives were assessed. Where decisions about best interest had been made, these were not clearly recorded. This had been identified by the registered manager, they had contacted the local authority for support to review the assessments and best interest decisions and provided MCA training to staff.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff we spoke with had good knowledge of the MCA and understood people's right to make unwise choices. One staff member said, "Not everyone has capacity to have full control over their lives, so we support them in their best interest."
- DoL's authorisations had been appropriately applied for and records showed one authorisation was in place.

- People's care plans instructed staff to offer people choice with every aspect of their care delivery, we observed this in practice.

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 cared for by staff who were kind, caring and knew people well. People were relaxed with staff and interactions were positive. We observed staff and people laughing together and taking pleasure in each other's company. A staff member said, "It's important to us that people are happy."
- Staff knew people's likes and dislikes and hobbies and interests, and we observed staff speaking with people about these during our inspection.
- People's cultural and religious needs were detailed in their care plans. A relative told us, "[Name] goes to church on Sundays as long as there is someone to help [Name] get there. It's completely [Names] choice if they want to go."
- Staff were respectful to people of all faiths and beliefs. The service had considered how to support people and staff from the LGBT+ community.

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

- We observed staff offering people choices during our inspection. Such as where they wished to go for lunch. One person said, "I get to choose, I just say if I want something."
- People's views regarding their care were sought during weekly house meetings. People were empowered during these meetings to make decisions about their care such as what they wanted to eat during the week, what they wanted to do and who with. The provider also undertook annual surveys to seek people's feedback.
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The service told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Care records instructed staff how people liked their privacy and dignity to be respected and promoted.
- Staff spoke to people politely and referred to people by their chosen name.
- Staff recognised the importance of confidentiality. Records were stored securely.
- People were supported to be as independent as possible. Staff recognised their individual skills and abilities and supported them to cook, clean, shop and use public transport. A staff member said, "We prompt [Name] to be more independent but can't force them."

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 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

- Care plans reflected people's likes, dislikes, what was important to them and how staff could best support them. Records showed they were reviewed regularly with the person and as their needs changed. One person said, "They have all the right information."
- People received personalised support as detailed in their care plan. This included the support they needed if they became distressed.
- Staff knew people well and told us this was because care plans contained more than enough information.
- People and staff had built positive relationships together. Staff enjoyed spending time with people they cared for. One staff member said, "We are like a second family." Another staff member said, "If staff are confident and happy, people are."

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.

- People's communication needs were detailed in their care plans. We observed staff communicating effectively with people. Menus were provided in a pictorial format, complaints and safeguarding information was 'easy read' and pictures were used to support people to make choices.

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

- People told us they enjoyed spending time with each other and had also developed friendships with people living in the providers other services.
- During the week people accessed a variety of day time activities that developed their independent living skills such as book club, cooking and music. At the weekends people took part in activities of their choosing such as shopping, meals out, cinema and going to church. One person said, "I go out with staff with all the time."
- People were supported to maintain relationships with family and friends. People told us they kept in touch with family members via voice and video calls.
- Staff knew who was important to people as 'relationship circles' had been completed, care plans instructed staff how to support people to maintain contact with people important to them and when to support people to send greetings cards for important events. A person told us, "We celebrate birthdays, staff help me to send cards to family."
- A summer social event was held each year, whereby people's achievements were celebrated.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to manage complaints. Complaints information was accessible in the service and in an easy read format. There had been no complaints since the last inspection.
- Local government ombudsman (LGO) contact details were detailed in the complaints policy, but not the easy read complaints leaflet. The LGO look at individual complaints about adult social care providers. The registered manager told us they would add this information to the easy read complaints leaflet.
- People and their relatives told us, should they have any concerns they would not hesitate to raise these with the management team and felt confident they would be promptly resolved. One person said, "I speak to [staff] about any worries, they talk to [registered manager] who sorts it."

End of life care and support

- People did not receive end of life care at the service. However, their preferences and wishes for care at the end of their lives had been considered and reflected in their care plan. One person had written their own serious illness plan, which clearly detailed their preferences and wishes.

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 deteriorated to requires improvement. This meant the service management and leadership was not always consistent. Improvements were needed to the providers quality assurance systems and processes.

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

- Quality assurance systems and processes had not identified training provided for a specific healthcare need was not suitable. However, when we brought this to the managers attention they took prompt action to source training and ensure this was undertaken by staff.
- Deputy managers undertook audits to monitor the quality, safety and standard of the service. Action had been taken where concerns were identified. Prior to the inspection the provider had identified there was no system or process in place to enable the registered manager to have an oversight of the quality and safety in the service. The provider had developed and tested a new management audit tool. This needed to be fully implemented and embedded in practice.
- Best interest decisions needed to be completed whereby people had been assessed as not having capacity to make decisions about certain aspects of their lives. The registered manager told us they planned to complete best interest decisions by March 2020.
- The registered manager understood the regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications. They were compliant in these areas.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the manager. They had a comprehensive handover at the beginning of each shift which enabled them to provide effective and personalised support.

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

- Person-centred care was embedded in practice, people we spoke with told us they were happy with the care they received. A relative told us, "I do question when I phone [Name] and when they come home 'are you happy?' [Name] has never said they are not, we've never had any complaints."
- New care plan documentation had been implemented that enabled staff to write more person-centred care plans with people, they fully reflected what was important to them and how best to support them.
- The registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.
- People, relatives and staff knew the management team by name and all told us they could contact them with any concerns or queries.
- The management team were visible within the service and had an exceptional knowledge of people's needs. Without exception we received positive feedback about the management team. One person said, "I see [registered manager] often, they are the boss and are good." A staff member said, "It is 100 percent

better here than where I have worked before. Issues are always resolved, nothing is left unturned and I feel like I have got back up. I go home end of day with a smile on my face." Another staff member said, "They [management] can't do enough for you."

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, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The provider was open and honest with us during our inspection and highlighted areas they had identified for improvement.

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

- People were encouraged to share their views of the service through weekly house meetings, resident's council meetings, surveys and by contacting the management team directly.
- Quarterly staff meetings were undertaken for the provider to update staff on any changes within the organisation and to seek feedback, they also discussed any learning from accidents and incidents. Monthly staff meetings were also undertaken within the service.

Continuous learning and improving care

- The provider had a business improvement plan in place. The management team were passionate about driving improvements to enhance people's care experience when they stayed at the service.
- Improvements were planned to the electronic record keeping system to further enhance the reporting and monitoring of accidents, incidents and safeguarding concerns. There were also improvements planned to the electronic system for recording training, to alert the registered manager six months prior to staff training expiring to assist with planning staff training.
- The provider was committed to supporting staff to develop in their roles, annual appraisals were undertaken which considered staff's development needs.

Working in partnership with others

- The provider and registered manager worked closely with commissioners and the safeguarding team to ensure the service developed and people remained safe.
- Staff worked closely with other health professionals such as community nurses and GPs which enhanced the health and well-being of people.