

Hereward Corporation

# Hereward College

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hereward College is a care service within a further education college which provides support for 12 people during term time. These are young people with complex physical needs, learning disabilities and autism. The service can accommodate up to 40 people. This is a large building in the grounds of the college. A respite service is also offered to people over a shorter period of time.

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

Outcomes for people using the service was positive. Staff were very caring in their approach and had good relationships with people. Promoting independence was a key part of the service and people were encouraged to improve their daily life skills to develop further.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks while ensuring people could remain independent.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns. Robust systems were in place to ensure any potential safeguarding concerns were prevented at the earliest opportunity.

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; systems supported this practice.

People received care which was responsive to their individual needs. Staff took the time to get to know people and had a good understanding of how to support them well.

Care records provided staff with information in relation to people's backgrounds, interests and individual health needs.

Staff encouraged people to maintain a balanced diet and respected their individual choices. The provider and staff team worked with external healthcare professionals to ensure people's health and wellbeing was

maintained.

A registered manager was in post. Positive feedback was received in relation to the management of the service. People and staff were actively involved in, and had opportunities to feedback about, the running of the service including the re-design of the facilities at Hereward College.

Quality checks were carried out to monitor the service, and these identified where improvements could be made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The service was rated as Good (published 9 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will 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?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Hereward College

## 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 completed by two inspectors, an assistant 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

Hereward College is registered as a specialist college. It provides accommodation for people who require nursing or personal care.

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. They had been in post for 15 years.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns.

The provider completed a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service. We also spoke with three relatives over the telephone. We spoke with two independence learning support staff, two care managers, a nurse, a training administrator, an HR manager, the registered manager and the vice principal for safeguarding and pastoral care. We reviewed a range of records including five people's care records and five medication records. A number of other records were reviewed in relation to the management of the service, including quality checks, training records, meeting minutes and accidents and incidents. We looked at three staff files to ensure staff had been recruited safely.

# 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. People were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks associated with people's health and wellbeing had been identified, assessed and documented. For example, risks around going out into the community, and supporting people in the use of social media.
- Overall risk assessments were detailed and informed staff how to manage and reduce risk. Staff told us, "We are really carefully with risk. We don't stop them (people) taking risks we support them to do it safely." Another staff member told us, "Any changes are recorded on the care log which is read out at handover, so all staff are up to date." We identified some risk assessments required a further level of detail. For example, one person had a food allergy and whilst staff knew the person well and this allergy was documented, there was limited information about the signs of this happening and what staff should do in this situation. We discussed this with the management team who addressed this immediately and reviewed other people's risk assessments to ensure the level of detail in them enabled staff to keep people safe.
- Staff had been trained in fire safety and regular fire alarm tests and drills took place. An additional staff member to the care team stayed at the service overnight in case of any emergencies. Personal emergency evacuation plans were in place which documented how people should be supported in the event of an unplanned incident.
- A business continuity plan was documented however did not provide the practical steps for staff to follow in an emergency. We raised this with the management team who addressed this so a 'grab bag' containing vital information such as care plans and risk assessments was available, and a practical emergency action plan was put in place.
- An on-call system ensured staff could contact managers for advice and support out of office hours.
- Safety checks were completed in relation to the environment.

### Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe living at Hereward College, and the provider's policies and procedures provided staff with guidance on how to keep people safe.
- Following some issues identified previously, safeguarding systems had improved. Staff had received further training in safeguarding, understood the signs of abuse and how to protect people from this. One staff member told us, "The level three training is more in-depth, it gives us the confidence to know what to do and take action if none of the senior managers are here."
- Enhanced safeguarding systems were robust in capturing all concerns and actions taken in conjunction with designated safeguarding lead officers. Lower level incidents were recorded which meant staff could act to prevent concerns increasing and protect people more quickly. One staff member told us about one system used, "We love 'CPOMS' (safeguarding and child protection software for schools). It's the best way to communicate and keep students safe. It highlights any patterns or changes because it pulls all the

information together in one place." The vice principal retained a clear oversight of the systems to ensure people remained safe.

- Mentors provided additional opportunities for people at one to one meetings if they wished to raise any other concerns.

#### Staffing and recruitment

- People were supported by enough staff to meet their care needs. One person told us, "If there are any issues, there are call bells everywhere, you can get help at any time." Care was provided based on people's assessed needs and people received support from one or two members of staff.
- Staff recruitment files included relevant checks to ensure all staff were suitable to work with vulnerable adults. Staff were unable to start work until these checks were completed.

#### Using medicines safely

- Medicines systems were organised, and people received their medicines as prescribed. People were encouraged to self-medicate where possible.
- Protocols were in place for the administration of medicines taken on an 'as required' basis, however these were basic. Following our visit, the registered manager provided updated protocols and medication administration records which contained further information to ensure staff supported people safely.
- Guidance was in place for staff in relation to over the counter medicines known as 'homely remedies' to ensure they understood when these could be given.
- Staff were trained to administer medication and competency checks were carried out to ensure they remained safe to do this. Senior staff, including nurses, completed audit checks of medicines to ensure these were correct. If errors were identified, then a process was followed to support staff further and additional training was provided.

#### Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks including wearing personal protective equipment such as gloves and aprons when providing care. One person told us, "There is hand sanitiser everywhere and the cleaners clean our rooms every day."

#### Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. These were analysed to identify any themes or trends and the action taken by staff to prevent reoccurrence.



# 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. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff. Due to current staff members being long serving, this had not been required recently. One staff member had recently been promoted and they told us, "Even though I had been a team leader I worked alongside [care manager] for over a month so I learnt exactly what I needed to do in my new job. [Registered manager] told me to take my time and I was able to shadow until I felt confident."
- Staff completed the necessary training to enable them to carry out their roles, for example, sensory awareness, first aid and autism awareness. Staff told us they felt the training was good and was relevant. Additional training had been provided specific to people's needs, for example catheter care. A residential staff training day had taken place in relation to the five key areas CQC inspect against for further learning.
- The management team had recognised that people's needs were changing at the service and so training was adapted with support from a psychologist and psychiatrist to include mental health and behavioural needs.
- People were positive about how staff supported them. One person told us, "The staff are well trained, and they take our well-being into account."
- A daily handover of important information took place between staff when shifts changed, so staff were up to date with any changes to people's care needs.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- Most people using the service had capacity to make decisions. Staff understood the principles of the Mental Capacity Act and consent was sought from people before providing them with care. One staff member told us, "We assume every student has capacity. We can't take away their liberty unless it is proven

they don't have capacity."

- No one using the service currently had a DoLS in place.

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

- People's needs were complex, and care and support was provided in line with current guidance.

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

- People were supported to prepare meals in line with their needs and choices. One person joked, "We choose the food and cook it, so if it's not good, we only have ourselves to blame!" Another person told us, "We choose a menu each week then sort the shopping out either online or we go to the shop". People met fortnightly to devise menus for their flats, however they could choose to eat in another flat each day on the site if they preferred different meals.
- People took food hygiene qualifications to ensure they worked safely. Kitchens had height adjustable work surfaces to support people's independence in wheelchairs when cooking.
- Specific dietary needs were catered for and staff were aware of these.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated with other agencies such as the local authority and health professionals including dietitians, speech and language therapy and community learning disability nurses when required. Advice given by professionals was documented by staff and followed.

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

- People had personalised their rooms to their individual tastes.
- A programme of refurbishment had taken place to ensure the environment was suitable for the needs of the young people living there and people and staff had been involved in these changes. One person told us, "It's got adapted everything here, ramps, lifts etc. you can get about the whole place easily." A well-being den was available if people wanted a quiet space to relax alongside a sensory room with a voice activated control to adjust the environment. Some communal social spaces had been designed such as a learning zone where people could use computers in a group setting if they chose to.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain healthy, for example in relation to their weight. One person was now eating their evening meal earlier to help with this. Staff supported another person to exercise more by taking a daily walk.
- Care plans provided information of the support people needed to maintain good oral hygiene.
- Sexual health advice and information was provided to people if required.

# 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 improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were extremely happy living at the service, and we observed some very positive interactions between people and staff, where staff were very caring in their approach. The registered manager described the service as, "A home away from home and like one big happy family."
- Relatives were all exceptionally happy with the service. One relative told us, "[Person] absolutely loves it. Doesn't want to come home. They're an amazing team and everything is so efficiently run. I feel very welcomed there as does my [family member], any problems are dealt with promptly and they listen to all their needs." Another relative said, "It's absolutely fabulous! The staff are so friendly, it's like a family. They do anything for you, any problems they sort out and the care is excellent. It's just fantastic I wouldn't improve anything, the facilities, the staff – all amazing. I have got no complaints, they keep in touch with us and are very open and honest. [Person's] independence was non-existent before, but now they do it all."
- Staff completed training in relation to equality and diversity. Some staff and people were supported around their dietary needs in relation to their religious beliefs. An LGBT+ (Lesbian, Gay, Bisexual, Transgender plus) rights group further supported some young people.
- Staff were extremely proud when telling us about people's achievements. Staff comments included, "We support students to live the life they deserve," and "I absolutely love my job. Everything we do is for the students. You get so much back seeing them happy, in control and enjoying life." One example was given of a person who came to the college under very difficult personal circumstances, displaying high levels of anxiety and distress, however with staff commitment, empathy and care, they had flourished in relation to their emotional needs, becoming calmer and being able to socialise and interact with others. Staff had gone above and beyond in supporting them to decorate and furnish their room, and also, to remain in contact with family members.
- Staff supported people very well during difficult periods in their lives. For one person whose relative was unwell, staff supported them practically and emotionally to understand and deal with the situation, any changes and to help answer questions they had. Staff then rearranged their medical appointments, so they were able to support the person instead of their relative doing this, so taking the pressure off them at this time.

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

- Staff understood the importance of people's views, wishes and choices being respected, and people were fully involved in decisions about their care and support. Care records were person centred and contained information which enabled staff to understand people's likes, dislikes and preferences. People were involved in writing and reviewing these. One staff member told us, "Students write their care plan with staff,

or we write it if they can't. It has to be the student's plan, what they need and want. Then they sign it."

- People's care and support plans had been reviewed and updated to reflect any changes to their needs. People, and relatives where applicable, were involved in review meetings with staff and other professionals to ensure care remained suitable. A Skype (video call) facility was available to professionals who may be unable to attend the college in person.
- One person had chosen to only have female staff due to cultural reasons. Arrangements were made so they lived in an all-female environment. During a meeting, some people had decided they would like their own 'code of conduct' to be developed (as guidelines for people living in the accommodation and when out in the community). This documented some 'do's' and 'don'ts' to ensure people treated others with respect. Staff had supported them to do this and this had now been implemented.
- No one was supported by an advocate currently, however staff were aware of when this might be required.

Respecting and promoting people's privacy, dignity and independence

- Independence skills were a core part of the support staff gave to people, to take small steps to achieve their goals. People were supported to be independent with daily tasks such as cooking, shopping, cleaning and laundry. One person told us, "I like being here because I can access everything in the kitchen." Kitchen areas had adjustable height work surfaces which could accommodate wheelchairs.
- Staff supported people's independence with creativity and passion. For example, one person had struggled to add sugar to their hot drinks due to their hand shaking, so staff provided them with sugar cubes to enable them to do this without help. One staff member said, "Independence is huge. It's one of our main aims. We help the students develop life skills based around their aims to be independent." One person was being supported to learn how to manage their diet in relation to a health condition. Other people were supported with travel training, building their confidence so they could access the community independently and safely. For one person, staff were supporting them to take their driving theory test.
- A flat was available for people to use as a 'next step' where they could transition to further independence whilst in a supportive environment, with staff available if needed. The long-term goal being to be able to live in the community themselves without support.
- One person had been successfully involved in an internship programme following support from staff in building their skills and confidence to travel (learning how to travel on two buses each way on their journey) and was now applying for paid work at a local hospital. All people worked towards long term goals and targets to achieve further independence which included moving into paid or voluntary work on leaving the college.
- Staff supported people with dignity and respect. One person told us, "They (staff) greatly respect my privacy, we always have our doors shut for personal care and if someone wants to come in, they knock." A staff member told us, "Privacy and dignity is their right. We consider things like gender. So, I always ask the male students when they first come if they are comfortable with me helping with personal care." We saw a sign on one person's door stated, 'Knock, shout my name (Name), enter,' to instruct staff how they wanted them to come into their room, and staff respected this.

# 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. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, relatives and professionals had shared people's needs with staff before care started. One person told us, "Yes, they knew all about me when I came, and they got me the proper equipment I needed". The registered manager told us they would only accept people if they were sure they could meet their care needs. People were offered a 'taster day' to see the service and meet staff, and for staff to get to know them better.
- Staff were consistent, knew people well and supported them in line with their wishes.
- People had opportunities to follow their interests and hobbies. An activities plan was devised to suit individual choices, this included gaps over the weekend, so people could decide what they felt like doing on the day. Staff were clear if people chose to have quiet days this was respected, and the onus was for them to take responsibility to choose. Some activities chosen in a female flat were arts and crafts and a spa day. Opportunities were available to get involved in activities such as wheelchair football.

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.

- People's information and communication needs were assessed, and staff understood these alongside the AIS.
- Information was provided to people in a format they could understand for example, information about the service was provided in a pictorial format. Some people communicated through equipment using their eye gaze, reading or writing through a computer, or using an iPad (a handheld computer device).

Improving care quality in response to complaints or concerns

- Where complaints or concerns had been received by the provider, they were followed up and information was used to make improvements if required.
- People told us they knew how to complain and would speak with a manager; however, no one had needed to complain.
- A complaints procedure poster was displayed showing photos of the management team and who people could complain to.
- No current complaints had been received.

End of life care and support

- No one at the service was receiving support with end of life care. However, a policy was in place to support

people and staff if required and this had been used in the past.

# 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 Requires Improvement. At this inspection this key question has improved to Good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and senior staff checked the quality and safety of the care provided, for example, checks in relation to medicines and observations of staff practice. These had been successful in identifying some gaps or areas for improvement.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed prominently at the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team consisted of the registered manager, two care managers and the vice principal. We saw one comment from a relative was displayed in the reception area and this stated, "Thank you for the huge difference you have made to [Name's] education..."
- Staff were positive about managers support. One staff member said, "[Registered manager] is approachable and always supportive. Staff told us their ideas and suggestions were encouraged. The registered manager explained staff were very motivated and there was not a high staff turnover. The vice principal told us how staff were very much involved in the vision for and development of the service and were key for them when making changes.
- Managers worked as part of a team. One care manager told us, "We are massive about team work. We lead by example. We answer call bells and help whenever needed. I would never ask staff to do anything that I wouldn't do." Staff were trialling a system of rotating as shift leaders to offer them the opportunity to develop further.
- Plans were in place to develop the service further, including improving the outside courtyard area. The registered manager told us how the college was changing, with less students staying in the residences, and people with less complex needs.
- Challenges continued with less funding available for people to attend the college. Consideration was being given to offering a year-round service in the future rather than just term time.
- The provider understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong.

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

- Views of people were gathered through surveys and at meetings. One person told us, "We asked last year

for it to look more like a home, so they added sky sports and a big TV in the lounge and decorated it all really nice." A recent survey received 15 responses from people and comments included that people felt safe, knew how to raise concerns and were satisfied with the range of activities on offer. During our visit, a planned meeting was held for people to enable them to raise any concerns and this was chaired by another person living there.

- Staff meetings were held every two months. These provided an opportunity for staff to feedback their views and suggestions. One staff member told us, "We talk openly and honestly. You are able to speak out and make suggestions. [Registered manager] encourages and gives you the confidence to speak up and share ideas. If your idea will make life better for the students, it will happen." Staff were provided with additional support through one to one meeting's where they could raise any issues or concerns.
- Staff had annual appraisals where their performance was reviewed. One staff member said, "We have them every year. It identifies how you are doing and it's nice to hear a bit of praise. I want to do my level five management training and it's good to be able to talk about that."

#### Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement. Following an issue being raised previously, safeguarding systems were now more robust. Concerns were audited by senior staff to ensure any learning was shared.

#### Working in partnership with others

- Staff and the management team worked with a variety of professionals including clinical psychologists, social workers and sensory occupational therapists to support people's care.