

Hereward Corporation

Hereward College

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Hereward College is a specialist college which provides residential accommodation and personal and nursing care for up to 40 younger adults with learning disabilities or autism spectrum disorder. At the time of our inspection 11 people lived at the service during term time. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Due to COVID-19 restrictions the service stopped operating in March 2020 and began to provide residential care again in September 2021.

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

The provider had systems in place to assess and monitor the quality of the service but we found these were not robust and had not identified areas that required improvement. We found medicines were not always stored safely at the correct temperature. Appropriate procedures were not followed for a person who received their medicines covertly. Covert medicine is when medicine is given to a person without their knowledge.

People were protected by the provider's recruitment procedures. The provider made appropriate Pre-employment checks to ensure only suitable staff were employed. Staff understood their responsibilities in terms of safeguarding people from abuse and knew how to report concerns if they suspected abuse.

People's care and support needs were assessed before they moved into the home. Care plans detailed how care workers should support people to meet those needs. Staff had received training and support relevant to people's needs. People were supported to maintain a balanced diet. 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. People were supported in a clean and hygienic environment. Staff were aware of processes to reduce the risk of cross infection.

People told us that staff were kind, caring and respectful. We observed positive interactions between people and staff. People's privacy and dignity were maintained, and staff were aware of the importance of supporting people to develop their independence.

People received care that was personalised to their needs and preferences. Staff understood how to support people in a way that respected their equality and diversity and took into account any religious or cultural requirements. Information was provided to people in a format they could understand. People were supported to maintain contact with people who were important to them, and were supported to follow their hobbies and interests.

The provider and registered manager worked in partnership with health and social care professionals to plan and deliver care which met people's needs. The provider sought feedback about the service from people, their relatives, staff, and health and social care professionals. They used this information to help drive improvement of the service. People and relatives were aware of how to raise concerns. No complaints had been received at the time of our inspection. Staff enjoyed working at the service and felt supported by the registered manager.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Care was person centred to promote dignity and human rights. People were involved in all aspects of their care and were supported make choices relating to the care they received. People were supported to gain independence in ways which were important to them, such as accessing public transport or learning cooking skills. The behaviours of leaders and care staff ensured people using services lead more confident, inclusive and empowered lives.

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 23 October 2019)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by three inspectors and a pharmacist. Two inspectors and a pharmacist visited the service and the other inspector made telephone calls to relatives to gather their feedback about the service.

Service and service type

Hereward College is registered as a college. It provides accommodation for people who require nursing or personal care during academic term times.

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 24 hours' notice of the inspection. This was to allow staff to inform people living at the service we would be visiting and to arrange for them to speak with us.

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 two people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the representatives of the provider, registered manager and care workers which the provider called Independent Living Support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to their recruitment. A variety of records relating to the management of the service, including quality checks and training 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about the management of medicines. There was an increased risk that people could be harmed.

Using medicines safely

- Medicine was not always stored safely. We identified a fridge used to store medicines was not operating consistently within the recommended temperature range to help maintain the effectiveness of the medicine. We brought this to the registered manager's attention who spoke to a pharmacist, disposed of the medicines affected, and arranged for a new fridge for medicine storage.
- One person was given some of their medicines covertly. A best interest decision was not recorded about this decision although the provider stated that the person's GP and parent had been consulted about this decision. A covert medicine policy was not in place and a pharmacist had not been consulted to ensure the way the medicines were administered was safe. The registered manager had not followed national guidance about covert medicines to ensure they were administering these medicines in a safe way. We brought this to the attention of the registered manager who agreed to speak with a pharmacist to gain advice and to create a covert medicine's policy.
- When people were prescribed medicines that were consumed on an "as required" basis, protocols were in place to inform staff how and when to administer them. We found these protocols were not consistently followed. For example, instructions on how one medicine should be taken conflicted with the guidance on the protocol. This meant the medicine may not be effective if given. We brought this to the attention of the registered manager who agreed to check the guidance in the protocols.
- Staff were trained to administer medication and competency checks were carried out to ensure they remained safe to do this .

Learning lessons when things go wrong

- Any serious accidents were escalated to other organisations such as safeguarding teams and CQC. Staff took appropriate action following incidents and accidents to ensure people's safety and this was recorded.
- Analysis of accidents and incidents was not completed to identify patterns or trends throughout the service however actions were taken for individuals to prevent a re-occurrence.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and whistleblowing procedures and knew how to report concerns.
- People felt safe with the staff who supported them. A person said, " I do feel very safe" The person went on to explain this was because staff knew them well.
- Information about safeguarding and the whistle-blowing procedure was displayed in easy read and

pictorial format so people could understand how to raise concerns.

Assessing risk, safety monitoring and management

- People felt safe and protected from the risk of avoidable harm. People told us staff knew how to support them safely and understood their needs.
- Risks to people had been assessed before they first moved to the service and were reviewed regularly. Risk assessments were in place for known risks to people. These included risks associated with health, behaviours and equipment. Staff demonstrated good knowledge about how they reduced risks to people.
- There was regular maintenance and servicing of fire safety systems, gas, electrical systems and equipment. Fire testing took place regularly and the exits were clearly marked and were accessible.

Staffing and recruitment

- People told us there were always enough staff available to help them when they needed it. One person told us, "Yes, they respond to the buzzer within five mins. Now that I only need the support of one person, it's better, as I don't have to wait for a second person." Staff told us there was enough staff to support people and additional staff were arranged to support people who needed a member of staff with them at all times.
- The staff rota showed the required numbers of staff were on duty. Staff absences had been covered by existing staff agreeing to work extra shifts or by bank staff. Bank staff are staff who are employed by the provider and who know people who use the service.
- Staff recruitment records confirmed pre-employment and identity checks were completed before a new staff member began to support people. They included a check of the applicant's criminal history to support safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. The communal areas and bedrooms were cleaned regularly and there were sufficient stocks of PPE and hand sanitisers.
- People were admitted to the service safely. Staff monitored people's health, checked their temperatures daily and knew how to support people who needed to isolate.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- People's needs were assessed prior to their admission to ensure their needs could be safely and effectively met.
- Assessments covered people's health and social care needs, as well as their preferences, hobbies and interests .
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had so that those needs could be met.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, that all staff members received regular supervision and appraisals where they could discuss any concerns and share ideas for improvements.
- Staff had completed a thorough induction programme which had given them skills to care for people safely. The induction programme was linked to "Skills for Care". All staff completed qualifications as part of their induction which included the information in the Care Certificate. The Care Certificate is a set of standards that social care and health workers are expected to comply with in their daily working life.
- The management team had oversight of what training staff had completed and when they were due for refresher training. Training sessions included how to use moving and handling equipment, first aid, infection control and safeguarding children and adults.
- A member of staff told us that before anyone moved to the service, they had a meeting with the registered manager to discuss the person's care needs and for any additional training to be provided. They explained this meant they had a thorough understanding of how the person wanted to be supported from the day they arrived.
- The registered manager and provider had adapted training provided by the service to meet people's changing needs. Support had been provided by a psychologist and psychiatrist to include training about people's specific mental health and behavioural needs.
- Staff received regular supervision and reflective practice with clinical staff to develop their knowledge and skills.

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.

- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. We saw staff always asked for people's consent before providing them with care and support.
- Staff told us they assumed people could make decisions unless assessed otherwise, and always supported people to make independent decisions where appropriate. A member of staff told us, "Students should be supported to make their own decisions, I spend time giving them the information in a way that is meaningful to them, and give time to make the decision."

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

- People told us they planned the meals they wanted each week and were involved in shopping for the ingredients and preparing their meals. This meant people were able to eat meals they enjoyed and gained skills to support their independence.
- Special dietary requirements were accommodated by the service including any specialist diets due to medical or cultural needs.

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

- Guidance from professionals, such as speech and language therapists and occupational therapists, was included in people's care files. This guidance helped inform both risk assessments and the care planning process.
- People told us, and their relatives confirmed, that people were supported to live healthier lives through regular access to health care professionals such as their GP, a dentist or an optician. The outcomes of these appointments were recorded, and any actions needed, were reflected in people's care plans.

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

- People's rooms were personalised to meet their individual preferences and tastes.
- The environment within the service had been adapted to meet the needs of people who lived there.
- Accessibility was good throughout the home and people could choose to sit in quiet or more social areas.

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 Outstanding. At this inspection this key question has now deteriorated to Good. 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 and relatives told us they were treated kindly and with respect. One person said "Some [staff] are very motherly with you but in a good way. They are happy staff, you can have a laugh with them."
- People's diverse needs were met. People's care plans included a section that referred to their religious, cultural and sexual relationship needs.
- The manager told us that some people required support from staff of the same gender for religious reasons. Care records showed this need was met.
- Training records confirmed staff had received training on equality and diversity.

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

- People were supported to communicate their needs. Care plans provided relevant guidance for staff. For example, staff described how they provided individualised choice by offering different objects, simplifying language, and giving people time to process what had been said and to respond.
- Care records showed that people or, where appropriate, their relatives were consulted when care plans were written.

Respecting and promoting people's privacy, dignity and independence

- People told us all staff were polite, and kind.
- We observed staff providing support to people in a caring and sensitive way. Staff spoke to people politely, allowing them time to respond and make choices.
- Staff told us they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms.
- Staff supported people to increase their independence as much as possible by supporting them to manage as many aspects of their own care as possible to develop living skills.
- Staff told us they made sure information about the people was always kept confidential. Information about people was stored in a locked office.

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

- People's care and support was tailored to their individual needs. People made daily choices about how they spent their time and staff were available to provide the support required.
- Care plans had been reviewed in partnership with people and contained the information staff needed to provide personalised care.
- Staff told us they had the time needed to read care plans and were kept informed of any changes in people's needs. One staff member told us, "The care plans are very up to date and give you all the information you need."

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 care records contained information about their assessed communication needs and whether they required the information in another format or language.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways.
- The registered manager was aware of their responsibility to support people's communication needs.

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 were supported to follow their hobbies and interests. People were able to arrange activities such as visits to the cinema when they wanted to, and activities were supported in the service based on people's preferences.
- The registered manager explained the service had not operated during periods of COVID-19 restrictions and had only reopened a few weeks before our inspection visit. During the period of restrictions, staff had maintained contact with people and their relatives through regular telephone and video calls.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any complaints or concerns. One person said, "I would tell [staff member] if I had a problem or I would tell [registered manager]."
- The provider's complaints procedure was accessible and there was a system for recording and responding to any complaints or concerns raised. No complaints had been received.

End of life care and support

- No people received end of life support at the time of our inspection visit.
- Information about people's end of life wishes including their resuscitation wishes, was included in their care plans.

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 leaders did not always have oversight of quality assurance within the service which meant they were not always able to drive improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance checks were completed in the service however we found these were not always robust and had not identified the issues we found.
- Quality monitoring checks had not identified unsafe storage of medicines. The providers medicine policy and procedure did not include guidance around covert medicine management to ensure this was followed.
 - Audits of the environment were completed by staff and no actions were recorded however the audits were not accurately dated and only stated "September 2021" this meant it was not possible to be precise about when the checks had been completed and if actions had been identified it would not show an accurate time scale for them to be completed.
- We found the audits of the service did not cover all aspects of care delivered and meant risks may not be identified and acted upon.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared our findings with the provider who took immediate action to improve the safe storage of medicines and said they would review their policies and procedures.

- People and their relatives were asked for their views of the service regularly. For example, feedback cards were placed in the communal area at the entrance so that people, their relatives and visitors were able to provide feedback on the quality of the service.
- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed at the service.
- The registered manager was supported by the provider and the vice principal who was present at the service on the day of the inspection.

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

- People spoke positively about the registered manager. Comments included, "I know the manager. You can

talk to her and I see her about" and, "The manager is always about. She is approachable."

- Staff told us the registered manager created an inclusive and open atmosphere within the home. One staff member told us, "[Registered manager] is really easy to talk to. Her door is always open."

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 registered manager worked in a transparent and open way. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were encouraged to share their views and provide feedback about the service. People told us they each had a member of staff who was responsible for their care and who they met with regularly to discuss anything they would like to change.
- The service sought feedback from people and relatives through a questionnaire. However due to the short time the service had been operating following COVID-19 restrictions, they had not yet completed one. The previous survey from 2019 provided overall positive feedback and the provider had analysed the results to identify any areas for improvement.
- The registered manager had built good relationships with health and social care professionals to support positive outcomes for people living at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place to assess, monitor and improve the quality of the service were not robust and did not drive the required improvements.