

Portland College

# Portland College

## Inspection report

Nottingham Road  
Mansfield  
Nottinghamshire  
NG18 4TJ

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

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### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection took place on 16 May 2018 and was unannounced. At the last inspection we rated the college overall as 'Good.' At this inspection we found that the effective section required some improvements.

Portland College is an Independent Specialist College of further education. The College provides educational opportunities for learners and a range of independent living activities complimented by residential placements for people with a disability in transition or who may require respite or short stay.

Portland College has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We have made a recommendation in relation to the capacity assessments being completed and how they link into individuals care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured they obtained consent before providing care.

The environment did not always meet people's needs to provide them with the facilities to support independence or personal choice. People enjoyed the meals, however wanted to be involved in developing the menus to provide healthier options. We saw this was planned to take place. Some areas of the care provided was not always communicated to ensure people received effective care.

People's care was delivered by staff who had established positive relationships with people. The care was respectful and ensured people's dignity was considered at all times. When required health care professionals had been consulted about ongoing or emerging health needs.

The college worked with a range of partners and encouraged people to be part of the service development and improvements. People could access a range of activities and develop their interest in different hobbies or consider aspects of training to support a career.

People were cared for by staff who understood how to keep them safe from harm. Any risks had been assessed and measures put in place to reduce the risk and guidance provided by health care professionals. There was sufficient staff to meet people's needs and these were reflected of different settings and needs. Medicine was managed safely. When incidents had occurred lessons had been learnt and changes made. The college ensured that people were protected from the risk of infection and the required checks were in place.

Care plans were comprehensive and detailed all aspects of people's lives. This included their preferences,

any equality requirements or accessible needs in relation to communication and information.

The registered manager and provider worked to the required regulations. We saw the rating was displayed at the college and on the website. Notifications had been sent to us to recognise when incidents had occurred, so that we could reflect on any actions taken. Complaints had been responded to in line with the policy and provided the complainant with an apology and outcome.

## 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

There was sufficient staff to support people's needs. Any risks had been identified and guidance provided. People had received training on how to protect people from harm.

Medicines were managed safely and the college protected people from the risk of infection. Lessons had been learnt through a range of events.

### Is the service effective?

Requires Improvement ●

The service was not always effective

The service was not always effective

People were able to make choices about their meals; however the meal experience could be improved to be reflective of a healthier menu. The college had not always ensured the space was adaptable to people's needs. When people were unable to make a decision, they received an assessment and consideration of how the decision was made, however these had not been incorporated in people's care plans. Communication between the onsite care teams did not always support people's daily health needs.

Staff received training for their roles. People's wellbeing was considered and referrals made to health care professionals.

### Is the service caring?

Good ●

The service was caring

People had established relationships with staff and felt they were kind and caring. Independence was encouraged and people could access spiritual support when required.

People's dignity was considered and staff respected them. Relatives were able to visit anytime.

### Is the service responsive?

Good ●

The service was responsive

People were able to choose how they spent their time. They were able to continue to use their own skills and embrace new interests. Care plans were inclusive and reflected people's preferences, cultural needs and methods of communication.

Complaints had been addressed to provide people with an apology and outcome.

<p><b>Is the service well-led?</b></p> <p>The service was well led</p> <p>People enjoyed the atmosphere of the college. Staff felt supported by the provider and registered manager. People had been involved in providing feedback and development for events.</p> <p>Audits had been used to reflect on the quality of the college and had been used to reflect changes.</p> <p>The registered manager understood their registration with us and completed notifications and displayed their rating as required. Partnerships had been developed to provide care across different areas for people.</p>	<p><b>Good</b> ●</p>
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# Portland College

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced and the team consisted of two inspectors, a specialist advisor and two experts 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. A specialist advisor is a professional who has expertise in a specific area. Our specialist was a nurse.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service. Some people were unable to tell us their experience of their life in the college, so we observed how the staff interacted with them in communal areas.

We also spoke with ten members of care staff, two nurses, the quality lead, the principal and the registered manager.

We looked at the care records for four people to see if they were accurate and up to date. In addition we looked at audits completed by the college in relation to incidents and safeguarding referrals. . We also looked at quality audits and staff competency assessments. We looked at these to consider how the service was continuously monitored and reviewed to drive improvement. After the inspection we asked the provider

to send us some additional information on their infection control audit, meetings with people and relatives and additional capacity assessments and training records.

The registered manager sent these to us within the required timeframe.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person communicated through an electronic device to tell us, "I feel safe living here and I don't have to wait for staff to attend to me when needed." Another person said, "Yes it is very safe here. There are always so many staff around and they all know me very well." Staff were aware of their duty of care to look after people and who to report concerns to should they have any. One person said, "While I don't need someone with me all the time, I still feel very safe here. The staff are always asking me if I'm ok."

There were posters on display throughout the service to show staff and visitors who to contact should they have a problem they needed to discuss or report. We saw that posters also covered cyber bullying, due to people being large users of social media. On arrival at the college, all visitors were asked to read and agreed to the safeguards policy. This was displayed in words and a pictorial format. There were systems in place to protect people and we saw that when a safeguard alert had been raised it was investigated. We saw after safeguard investigations lessons had been learnt. For example, a safeguarding investigation reflected the need for a tighter review of any areas which represented trends and this had been implemented.

Risk assessments were clear and covered all aspects of people's daily lives. For example, one person was at risk of rocking on to the floor when they sat on the sofa. A thick padded mat was placed on the floor in front of the sofa in case this incident occurred. Other assessments covered how to safely assist people to move or eat and drink, people's communication methods and how a person's disability affected their daily life and how to assist them to live well.

People were supported to become traffic aware. Around the college there were Zebra crossings. We saw staff provided guidance and support to promote life skills and safety awareness in relation to crossing roads. Each person also had an emergency evacuation plan; these identified the support levels each person required if they need to evacuate the buildings in case of an emergency. We saw these had been reviewed and maintained to ensure any changes had been reflected.

Some people were at risk of harm to themselves and others. We saw that for these people there was detailed risk assessment which identified possible triggers to the behaviours and solutions. For example, one person would twirl their fingers when they were starting to become anxious. Staff knew calming methods to reduce this anxiety. Staff confirmed that having this information they were helped to avoid these situations.

Some people found it distressing when new staff commenced their role. There were clear directions on how new staff should be introduced to reduce the impact on the person. There were sufficient numbers of staff to keep people safe and to meet their needs. People who needed one to one, we saw this was provided by consistent staff members. Many staff had been with people for several years and were able to provide care which was individual and linked to their knowledge of the person. One staff member said, "We have enough staff and have a minimal reliance on agency, which is better for the people." They added, "However when we do have agency it is often regulars who know people or they get time to read the care plans."



Staff we spoke with had regular supervision, one staff member said, "Any concerns are addressed and any training requests considered."

People told us they felt supported with their medicines. We saw that when people need support with administration this was done by staff who had received training. Following the training they had competency assessments to reflect their understanding. We reviewed the medicines stock for people and the medicine administration records which related to individuals. These reflected that people's prescriptions had been followed. When people required medicine on an as required basis there was clear guidance and records reflected when medicine had been given and the reasons so they could be reviewed.

Some people remained in control of their own medicines administration. For these people a risk assessment had been completed. One person said, "I look after my medication and it's locked in my bedroom." We saw when people had responsibility for their medicine they were provided with the appropriate lockable storage.

People had been protected from the risk of infection. Staff used protective items like aprons and gloves when they provided personal care or assistance with meals. The college had a five star rating from the food standards agency, which is the highest award given. The cleaning of the environment was completed by a contractual arrangement, the provider ensured they had completed cleaning schedules and maintained the environment in line with current legislation guidelines.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We saw that assessments had been completed to reflect when people were unable to make decisions. However while the care plans were detailed and covered all aspects of people's lives the provider had not completed the appropriate checks under the MCA. This meant that without these checks it is not possible to say if the care planning in relation to people's ability to consent was considered appropriately.

We have made a recommendation that the provider reviews current guidance in relation to the capacity assessments and the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions and authorisations to deprive a person of their liberty were being met. When people required a referral this had been made to the relevant local authority and we saw the registered manager kept a record which was reviewed monthly. When people had a DoLS authorised this was recorded and any aspects noted had been incorporated into the care plan.

We saw staff had received training in MCA and understood the importance of supporting people to make decisions. One person said, "We would always assume capacity and encourage the person to make their own decision." During the inspection we observed staff asking people's consent before they provided support.

Staff teams had not always worked together to deliver effective care and treatment within the service. For example, one person was at risk of sore skin. They were being supported by both the care staff and nurses. However the crossover of information had not provided the necessary care the person required to reduce their risks. We saw this person who had sore skin condition had not always been treated consistently. They were also required to have their position changed every two hours. There was no clear records to confirm this had taken place. We discussed this with the registered manager, they were able to provide us with some handover information, and however it had not included these aspects of care. They told us they would be reviewing these practices to ensure that when people had complex needs all aspects were recorded in line with current guidance.

We saw that not all the areas of people's living space were personalised or provided the correct level of need. One person told us, "If I were the boss I would make the showers work better. Sometimes the showers are rubbish and only work when the shower head is on the floor." Another person said, "The oven is positioned in a place that is hard to open; the kitchen sink which should be adjustable is broken and

currently at one height. Plus the cupboards are too high". We saw a room which we were told was ready for occupancy, was in need of decoration, the taps in the wash hand basin were loose and some tiles in the ensuite had fallen off the walls. In another person's room we saw the curtains were hanging off the rail. This person could be disruptive in relation to their environment; however alternatives had not been explored to ensure the person had an environment that was suitable. Another person who required a hoist for all their transfers identified that it would be better if a track hoist were fitted. They said, "It is very uncomfortable being moved around in the old fashioned hoists, if we had a track hoists I would be able to be moved to where I wanted to more easily and quickly."

Overall people were not happy with the quality of the food offered in the communal dining area. People told us there was not always a healthy meal as an option. One person was so unhappy they had devised a questionnaire for people who used the service in an attempt to get the quality of the food improved. We discussed this with the provider who told us they had instigated a review of the menus and had invited people to join a working party to address this area.

We observed some people with their midday meal. The day's menu was in a picture format and the design of the serving area meant that people could see the food available to further assist choices. We saw people had plate guards and different cutlery to aid them to remain independent. For some people this was a very enjoyable time with opportunities to meet friends and chat. There was plenty of staff around to help people who needed it. We saw some people asking for help and others being asked if they needed help.

People told us they had access to healthcare when required. One person told us, "Staff know me so well that they can tell by my facial expressions if there is something not right". Another person told us, "I went to the nurse to talk about taking contraception and they helped me make a GP appointment". We saw within the care plans that people had been referred to health care professionals when their health needs required specialist input. When advice was provided this was shared with the care staff so this could be continued. For example, physiotherapy exercises.

Some people remained in control of their own health care or received support from parents as they attended the college on a part time basis.

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation to ensure best practice care was embedded across the college. For example there was information included in each person's care plan regarding their individual disabilities and illnesses. Some people had uncommon conditions and the printed information gave staff the opportunity to understand the impact that had on the person.

All the staff we spoke with reflected that the training they received was good. One new staff member told us, "I absolutely love it here; I am working towards the Care Certificate." The Care Certificate sets out common induction standards for social care staff and was introducing for employees new to care. When staff commenced their role they received an induction which included training and shadowing experienced staff. One staff member told us after having a break in care when they returned they went through a comprehensive re introduction.

Some staff told us about the training they had received in restraint. One staff member said, "We went through all the techniques, principles of when to use and the relevant paperwork it was very detailed." Another staff member told us about the autism training they were currently receiving. They said, "It has been really detailed and covered lots of new areas, it has opened my eyes and made me understand why some people do the things they do."

The care plan gave detailed descriptions of how the condition the person was living with affected them. For example one person living with Autism found it hard to build relationships with staff and their peer group. Another was at risk of isolation due to their sensory difficulties. There were clear directions to staff on how to engage with the person to prevent this happening. This showed staff used evidence based outcomes to support people.

## Is the service caring?

### Our findings

People told us they enjoyed living or staying at Portland College. One person said, "It's good here, the staff make it good." All the people we spoke with had someone they had a good relationship with and felt they could talk about, anything. We saw one person became upset. A staff member went over to them and offered comfort and a hug. Throughout the inspection visit we found people were treated with kindness and care. We saw staff laugh and joke with people and saw people continually showed signs of wellbeing. People told us staff give them the emotional support they need on a daily basis. One person, said, "Without their kindness I would not be here. I know it's their job but they go so much further." Another person who was having a stay at the service with a view to moving in said, "They are really nice here. It's not like fake caring and they don't just sit and watch you all the time but are here if you need them".

We saw throughout the day people felt confident with the staff and had established long term relationships. One person said, "Can't fault the care you get here. When I came here my confidence was at rock bottom, but living here has made me much more independent and boosted my confidence." They added "Staff know me really well and instantly know when something is off."

Another person told us, "I have been here for three years. It's the best place to live because I have my own space and I can do what I want when I want to. I do media and maths lessons. I don't get bored. I can go into the town centre. I like all the shops. I look after my money and staff help me to keep it safe."

People had key workers and we were told these relationships were important to both staff and people. One person said, "Having a key worker means staff are aware of my needs and wishes."

For an example, one person had some memory problems. The GP had suggested a worry box task as a memory aid. The staff member helped the person place written notes relating to their likes and dislikes into boxes. The person said, "I want to share what I have written with staff and they are genuinely interested." People were supported with a choice of staff who supported them which included gender. One person said, "I only really like going out with the same member of staff and that has been accommodated for me."

People were supported to maintain and develop their levels of independence. One person told us, "Today is my independence day. I make a plan what I'm going to do. Today I am seeing the physiotherapist at 1.00 pm." We saw there was a physiotherapy unit on site. This provided care to people living and attending the college along with appointments for people from outside the college. The department provided individual sessions with people and encouraged ongoing exercises for people with the care staff to maintain their wellbeing. People's exercise plan had been provided in a pictorial form and the use of videos on phones so that the exercise could be seen. Technology was also being used to promote people to engage with exercise. For example, the use of video games played whilst having to balance.

A staff member told us how the use of a stand aid and exercise programme had improved the health of one person. For example, the person's risk of chest infections had reduced due to their improved posture. They said it had also aided their digestion. This demonstrated that people's wellbeing was considered and supported.

People's dignity was promoted at all times. Staff took people to their rooms for personal care and people told us staff always respect their dignity. One person said, "We do things between us, when I call for care I am able to close the curtains myself and get started."

Relative were able to visit and people were supported to pursue relationships that were important to them. Staff accompanied people to enable them to meet family members who were not able to travel to the college. One person told us, "My family can visit and I go college every weekend in a taxi just me, no escort, I don't need one."

People were able to follow their spiritual needs on the college site. The college had a multi-faith centre which offered a range of services for different religions. A variety of celebrations were held here and people could access the space for personal prayer and spiritual support.

## Is the service responsive?

### Our findings

When people arrived at Portland, they were supported with a comprehensive assessment which included an education health and care plan. An education, health and care plan is for young people aged up to 25 which identifies educational, health and social needs and sets out the additional support to meet those needs. One part of the plan devoted to 'you and your future needs, focused on where possible promoting independence. One person we looked at, was preparing for more independent living. We saw staff were involved in this and had assisted the person in accessing the suitability of accommodation offered and where appropriate assist the person that reject accommodation that would not meet their needs and wishes. One person told us, "When I first came here I was shown around and each member of staff came to introduce themselves and they all told me if I have any issues I can come and talk to them". Another person said, "When I came here I wasn't sure I would be able to stay, because I missed college so much. The staff helped me so much to the effect I can now see my ambition happening."

People had been involved in their care plans. One person said, "My care plan is in a folder in the office and staff ask me to help them do my care plan. If I'm not happy with my risk assessment I ask them to change it." Care planning was clear and gave staff directions on how to best care for people. This included how many staff a person needed to meet their needs for different aspects of their lives. For example, personal care or when outside the college.

We observed a range of communication methods being used. These included, pictures, Makaton, electronic message boards, along with gesture and body language. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language. We saw throughout the college that information was displayed in a range of formats to provide maximum access. This meant that people could communicate in a way which reflected their individual need and met The Accessible Information Standards (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Assessment of people's diverse needs were in relation to the protected characteristics under the Equality Act 2010. People's diversity and sexuality was considered and identified people's personal preferences and how they wanted to be supported. This included information about how people expressed their sexuality. We saw how some people had been supported to access events like 'Gay Pride'. People were encouraged and supported to express their own identity. For example, people were wearing the clothes they wanted to wear or having their hair in colours or styles to suit their style.

We saw people were encouraged to participate in activities or areas of interest. One person said, "I like going out on my own, I have a bus pass and I like walking. I look after my own money." Some people were completing their Duke of Edinburgh (D of E) award. One person said, "I don't think I will do the gold D of E because it might be too much for me. They have made reasonable adjustments for me to do the silver".

We saw that people could access other clubs and activities either on site or in the local community. People

told us they attended drama clubs, the gym, nightclubs and martial arts.

One person had expressed an interest in Boccia and staff had taken them for the day to see if they wished to progress it as an activity. Boccia is a game similar to bowling played by competitors who have a physical disability that requires the use of a wheelchair. People were also supported to develop the skills for their career. One person told us how they were training to be a hairdresser.

There was a complaint policy which was displayed around the college and was accessible through meeting groups. The policy was presented in a range of formats. People told us they felt that if they had any concerns or complaints then they could raise them with staff. One person told us how they had raised a complaint and felt the procedure was handled well and the issue resolved with an outcome they were happy with. We saw other complaints had been recorded and responded to in a timely manner in line with their policy, completing any investigations and providing a written apology and the outcome of the complaint. All complaints had been audited to reflect any trends or emerging themes.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.



# Is the service well-led?

## Our findings

We observed a warm and friendly environment all around the college. The interaction between staff and people was kind and showed genuine support and care about the people they were working with. We saw nothing but smiling and laughter between people and expressions which showed they felt comfortable with staff.

People felt the management team were visible and approachable. One person said, "The manager came over to introduce themselves to me." Another person said, "They were visible and often came to speak to us." Staff felt supported by all their management links and the wider support from the provider and registered manager. One staff member said, "There is a lot of opportunity at the college, they are forward thinking."

The registered manager and provider had completed a range of audits. These covered all areas of the service. We saw how the audits were used to drive improvements. Each area identified when aspects required improvement and an action plan was then drawn up. Each action was agreed with a time frame and reviewed to ensure when it had been addressed. Staff in senior roles had performance targets and they told us they worked with the registered manager, they said, "They are great for the service and inspiring in how to make things better."

As part of the audits, observations were completed on different aspects of the daily living. For example, the meal experience and people's care. We saw following these. 'Quality walks' areas were identified on improvements. For example, some staff were placed on refresher training in areas that were identified as requiring improvement. The observations were then re done to review if the improvements had been made.

People had been involved in providing feedback on the college and all the various aspects of the services they received. When people had raised any issues these had been addressed through a range of committees or opportunities to give feedback. We saw people have been involved in a committee to support an annual event. Last year the people developed the day and all aspects, of the event. The event provided a range of stalls, competitions and information and advice for people. They had provided their own evaluation to determine what was required for the following year. This shows people were empowered to be part of the college's development.

Staff worked in partnership with a range of external professionals, along with internal staff at Portland College. For example, working with educational support staff to ensure there was a seamless day for the person. When people required personal care at lunch time, this was done in a timely manner that ensured people's education was not disrupted.

The registered manager was aware of their registration with us and ensured that notifications had been completed to reflect accidents or events. This is so we can see what action the provider had taken. The college had conspicuously displayed their rating as required in the college and on their website.