

St John's School & College

College View

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

College View is a residential unit providing accommodation and care to young adults aged 19 to 25, who have a wide range of complex learning disabilities, such as autism and related autistic spectrum conditions (ASC) and who have special needs resulting from behavioural, emotional and social difficulties (BESD). College View is based on the St. Johns School and College campus and is a 52 week a year service, meaning that people can live at the service all year round. The service is registered to provide accommodation for up to 11 people and at the time of our inspection, there were six people living there.

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 and physical 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.

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

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

People's experience of using this service:

Staff knew people extremely well and tailored their support accordingly. We observed strong relationships between staff and people due to the continuity of staffing and their approach. Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There was enough staff to support people safely and the registered manager had safe recruitment procedures and processes in place.

Staff were trained in administering medicines. People were protected by the prevention and control of infection and we observed staff wearing gloves and aprons when supporting people.

People received high-quality person-centred care that exceeded their expectations. The management and staff team went above and beyond to ensure that people's care and preferences met their expectations, with their wellbeing and independence being at the heart of the service. Activities were innovative and highly regarded by people and relatives. The service ensured people were involved in their community and

empowered in the planning of activities to reduce social isolation and improve well-being. A relative told us, "They treat people with respect and make an effort to think of things which will enhance their life."

People were supported to maintain their health and had support to access health care services when they needed to. 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.

People were fully involved in the service and had opportunities to give feedback. Feedback about the registered manager was very positive and staff felt very well supported. Staff were well motivated and very proud of the service, and morale was very high. Systems were in place to monitor the service and drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement (report published on 9 January 2019).

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was Well-led.

Details are in our Well-Led findings below.

Good ●

College View

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This comprehensive inspection was carried out over two days by one inspector.

Service and service type:

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

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

Notice of inspection:

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection:

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We were not always able to communicate with people, so we spent time observing the interactions between people and staff, in public areas of the home, in order to help us understand people's experiences. We requested feedback from six relatives and spoke to seven members of staff, including the registered manager, head of learner services, senior support workers and support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we found systems for safe medicine management were not always in place or followed. We received a notification about a serious incident in September 2018 involving a person who did not receive their intended epilepsy medication, this led to them having an avoidable seizure. Staff had not identified that there was not enough medicine to cover the weekend. The registered nurse recognised that systems had not been robust and there was confusion between the role of the nurse and the care staff's responsibility for the safe administration of medicine. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that significant improvements had been made to the management and oversight of medicines, robust audits took place on a weekly basis, a prescription tracker and medicine administration profiles had been introduced. This improved practice led to minimal and low-level medication errors taking place over the past 12 months. The provider is no longer in breach of regulation 12.

- Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. There was guidance for administering 'as and when required' medications. Staff received regular training and competency assessments were carried out to ensure their practice remained safe.
- We observed the medication round and saw that people were supported safely with their medication needs. We found evidence of regular auditing of medicine, including checks on accurately recording administered medicines.

Assessing risk, safety monitoring and management

At the last inspection we found that people's behaviour that could challenge were not always managed safely. Not all staff knew the best ways to manage people's challenging behaviour to keep them safe, restraint techniques were used daily, such as floor holds and seated holds. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that significant improvements had been made in this area. All staff have been trained in 'maybo', specialist training to reduce the risks of challenging behaviour. Each person had a behaviour plan in place which was reviewed regularly and when an incident occurred. Since the last inspection the provider had significantly reduced the number of physical restraints carried out and as an organisation 'supine holds' were no longer used. This restraint technique is used to hold a person on the floor. This improved practice led to people's behaviours that can challenge being managed safely and restraint being used only occasionally and if necessary. The provider is no longer in breach of regulation 12.

- Risks to people were identified, assessed and monitored to keep learners safe. Risk assessments gave guidance to staff on how to support people to manage and reduce any risks. For example, we found clear

guidance on how to support people with their continence and those who presented behaviours that could challenge. We observed staff using positive behaviour techniques and encouraging people to take positive risks. One member of staff told us, "The whole approach to physical intervention has changed. We have much more training around communication to understand the needs of people to help deescalate behaviour. Staff now recognise signs, giving people space and we know them."

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved.
- Staff received health and safety training and staff knew what action to take in the event of a fire.

Learning lessons when things go wrong

At the last inspection we found that accidents and incidents were not recorded safely and there had not always been sufficient follow up when an accident or incident had occurred. At this inspection we found that significant improvements had been made in this area. The registered manager now reviewed accidents and incidents when they occurred and discussed them with the team to identify how these could be prevented going forward.

- Systems were in place to record and identify lessons learned and improvements were made when things went wrong.
- The registered manager analysed accidents and incidents, including near misses, on a monthly basis to identify any emerging patterns, trends and learning. For example, errors with medication. The registered manager has taken action to re-train staff, update policies and procedures and introduce medicines administration profiles for each person to improve monitoring and oversight.
- Relatives told us that they were always kept up to date if something had gone wrong. One member of staff told us, "We always debrief after incidents, allowing us to reflect on our practices and enabling discussion regarding changes we can implement to improve the situation for next time."

Staffing and recruitment

At the last inspection there had not always been sufficient staff on shift to meet people's needs and keep them safe. We reviewed the rota and the number of staff on duty, this showed that the numbers recorded on the rota did not always match and it was not always clear who had worked on certain shifts. The service relied on agency staff due to the number of permanent staff vacancies. At this inspection we found that significant improvements had been made in this area, the registered manager now had a full complement of permanent staff in place. Agency staff were used occasionally to cover staff holidays or sickness.

- Staffing numbers were reviewed and assessed dependant on people's needs. We observed there were now sufficient numbers of staff to keep people safe and staffing rotas confirmed this. Staff told us, "Always have one extra member of staff on shift and we can't remember the last time we were short staffed. We have consistent staffing for both day and night. Always the same faces."
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols. Staff recruitment folders included employment history checks, suitable references and appropriate checks, such as Disclosure and Barring Service (DBS), to ensure potential staff were safe to work within the health and social care sector.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure staff had the right guidance to keep people safe from harm. One relative told us, "I do feel he is safe. And I know who to contact if I have concerns."
- Staff received safeguarding training, they knew how to recognise potential signs of abuse and how to raise

concerns in line with the provider's policies and procedures to the local authority.

Preventing and controlling infection

- People were protected from the risk of infection and we observed staff using personal protective equipment (PPE) such as gloves and aprons.
- Staff had training in infection prevention and control and information was readily available in relation to, washing hands, food hygiene, and cleaning products. One member of staff told us, "The registered manager ensured College View has reached its peak of cleanliness and hygiene. The service now has a happy, friendly, bright, fresh feel about it."

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we found staff did not have the resources of support to help people manage their behaviours. Agency staff were not trained and due to the high numbers of agency staff used to cover shifts, this meant that not all staff had the skills and competencies to meet people's needs and support them effectively if they displayed behaviours that could challenge. Permanent staff missed essential training due to the challenging needs of the service and supervision was not consistently provided. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that significant improvements had been made to ensure all staff had the right skills, competencies and received the right training to support people effectively. The provider is no longer in breach of regulation 18.

- People were now supported by staff with the skills and knowledge to deliver effective care and support.
- Staff received training in a range of areas through face to face and on-line sessions, training records confirmed the training staff had received. The provider sought specialist training such as managing behaviours that can challenge to ensure staff supported people effectively. For example, a year ago one person was repeatedly restrained and experienced multiple incidents each day due to their frustration. Their main form of communication was Makaton, and very few staff were Makaton trained. The provider took action to ensure all staff were Makaton trained, this led to the person feeling understood and reduced their frustration when trying to communicate. This action reduced the number of daily incidents following the staff training. One relative told us, "Staff display knowledge of autism and how to de-escalate situations so that physical restraint isn't needed."
- Staff completed a two-week induction when they started working at the home, as a supernumerary staff member to give them the opportunity to learn and meet learners and staff. New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care expected from care workers. Staff also had the opportunity to achieve further recognised qualifications.
- Staff received regular supervision and appraisals and staff told us they felt supported by the registered manager and their colleagues. One staff member told us, "The management of the house has been first class, diverse, leading from front, giving staff opportunity for progression and training. They are supportive, respectful and the communication is great."

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

- The registered manager carried out a pre-assessment before learners moved into the service and care was

delivered in line with best practice guidance. The assessment process helped to form the people's care plan and to understand their care and support needs. Care plans were further developed as staff got to know them better.

- Care plans confirmed that people, their relatives and professionals (where possible) were involved in this process and they consented to care and treatment. Relatives told us they were frequently involved in discussions about their loved one's care. The registered manager told us, "Care plans are audited every three months, but care plans are updated as and when people's needs change."
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process. Staff had a good understanding of equality and diversity. This was reinforced through training and the provider's policies and procedures.

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

- People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. People's weight was monitored on a regular basis and where appropriate they were referred to the Speech and Language Team (SALT) for advice and guidance.
- People were given a choice of food at mealtimes and alternatives were available. People were encouraged to choose what they wanted on the weekly menu and actively took part in shopping and cooking meals.
- Staff understood people's dietary requirements and preferences and were aware of special diets such as religious requirements, gluten free and those who were vegetarian.
- Pictures were posted across the kitchen to support people in knowing where equipment was kept and how food should be stored in the fridge.

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

- Staff worked well with other agencies to provide learners with timely care. Care plans included detailed information about health needs and when staff must involve other agencies in people's care.
- People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GPs, social workers, dieticians and psychiatrists. For example, engaging with GPs to review people's medication to ensure they were on the right medication for them.
- People's oral health care needs were assessed, and staff supported them with their oral health care needs on a daily basis. One member of staff gave an example where one person struggled at their first dentist appointment when moving to College View. In response to this, staff collaborated with the dental surgery, the nursing team, their family and education, to develop a plan of action specific to the person. The dentist made short visits to College View, enabling the person to get to know them and examine them. The person now successfully visits the dentist without any distress.

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

- People's needs were met by the design and adaptation of the building. We found the decoration and physical environment had been well thought out to meet people's needs and promote their independence.
- College View had a nice, homely, welcoming atmosphere with a garden for people to enjoy. People had spaces to spend time together, be with family and friends or enjoy time alone.
- People's bedrooms were spacious and truly personalised to people's individual taste with their own possessions.

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.

- The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff. For example, where people had specific conditions relating to their mental capacity, assessments were in place. Staff documented on a daily log to ensure conditions were complied with and we observed this being upheld in practice.
- DoLS information was recorded in people's care plans. Staff were able to tell us who had a DoLS in place and any specific conditions.
- Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. We observed staff giving people choice and giving people time to respond. One member of staff gave an example where a person refuses to use their medicated toothpaste, so as a team they spoke to the family and have tried different approaches which were shared with the team when they have worked.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the previous inspection we found due to the number of restrictive practices used, shortage of staff, reliance on bank and agency staff to cover shifts and staff morale being low, the provider and senior leadership team had not supported staff and monitored their actions to ensure people's dignity and wellbeing was cared for. At this inspection we found that significant improvements had been made in these areas and people's dignity and respect was now truly promoted.

- People's privacy, dignity and independence was respected. Staff had a good understanding of promoting people's independence. Each person had an individualised plan in place to support staff with helping them to become independent and learn key life skills. This included cooking, laundry, personal care, reading and writing. This tailored approach enhanced the lives of people through developing their skills and abilities which in turn increased their confidence and gave people living at the service more control and purpose over their lives.
- We observed staff knocking on people's doors and being respectful. One relative told us, "Staff encourage him to take care of his own personal affairs, organise and tidy his room, and make choices over what activities he wants to do." Another relative said, "My son makes it clear when he wants to be alone and staff respect this."

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

- People were treated with kindness and appeared happy living at College View. One relative told us, "Staff clearly have a lot of affection for people and show great concern over their well-being and happiness."
- Staff had developed positive relationships with people and we observed friendly and warm interactions between the staff and people. Staff adapted their communication style and body language and recognised signs if someone was becoming distressed or anxious, offering them reassurance.
- Staff had a good understanding of equality, diversity and human rights and learner differences were respected, for example people were supported to observe their faith.

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

- People were able to express their views and were actively involved in making decisions about their care, support and treatment, through reviews and daily interactions. For example, staff encouraged people to choose what they wanted to wear, eat, drink and how they spent their time.
- Each person had a 'key worker' who worked closely with them to promote their individual rights and how they wanted their care delivered. They also liaised with family members and the college to provide weekly

and monthly updates.

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 Requires Improvement. At this inspection this key question has now improved to Good.

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

At the previous inspection we found the activities available to people were not always person-centred and had been restricted to within the service and on the college campus, due to people's behaviours that can challenge. At this inspection we found the improvements to person centred care and activities were overwhelmingly positive.

- Over the past 12 months the registered manager and staff had worked extensively to support people to pursue their hobbies and interests and provided activities that were meaningful and purposeful to them. This work had led to a significant reduction in people presenting behaviours that can challenge. A member of staff gave examples, where people now do a variety of activities each month. This included cinema, meals to local restaurants, visiting the Sea Life centre, watching football matches, swimming, using public transport and attending pottery and painting classes. This meant people had opportunities to engage with their local community and pursue activities like any other young men would at college. These positive opportunities have led to learners increasing their confidence and have reduced the number incidents.
- The registered manager gave an example where; one person had a history of problems accessing the community due to behaviours that could challenge when out. The person became socially isolated and would spend extended periods of time in their room, this impacted on their mental and emotional wellbeing. When the person moved to College View staff quickly established their love for all things involving sport. By encouraging the person to play football they found their confidence, self-esteem and built friendships with others. This meant the person spent less time in their room. This support led to short trips out in the community such as going to the local shops. The person's behaviour was led by fear and anxiety of how they would be perceived by others. Staff supported the person to develop strategies to keep their mind engaged and focused. This led to other opportunities such as playing football at a local club, meeting their local football hero and working at a local football club. The impact to the person has been immense, they now use public transport and there has been a significant decrease in their distressed behaviours when out in the community. This person-centred support has enabled the person to see a future with possibility. Their relative said, "Wow! I don't know what you guys have done to him but whatever it is keep doing it!"
- Previously people's frustration would lead to furniture being broken and distress to themselves and others. Staff have proactively worked with people to produce picture cards, photos and symbols to enable them to express their choices and preferences calmly, without their behaviours escalating. Giving people greater choice and control over how they spend their free time. One member of staff told us, "The increase in communication has led to fewer incidents and injured staff members. Making it safe for others and staff."
- The registered manager and staff went above and beyond to ensure that people had opportunities to pursue their interests and hobbies and increase well-being and happiness. Staff gave many examples of how

people were supported with activities within the home and how significant changes to the environment have created a homelier feel. People had access to a range of things to occupy their time; from playing musical instruments, to growing their own vegetables and using the produce in their meals. One relative told us, "The care and activities are personalised to his needs. Staff ensure he is safe and manage his behaviour and vulnerabilities extremely well. They also provide a supportive and caring environment so that he feels very secure physically and emotionally."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, that was flexible and responsive to individual needs and preferences, enabling people to lead as full a life as possible. The registered manager gave examples where they have proactively instigated reviews of people's epilepsy medication with GPs. This has led to positive outcomes for people, where they are no longer losing days of learning and engagement due to their seizures. Following changes to medication people are engaging in a range of activities for longer periods of time.
- People received care that was holistic and promoted their health and wellbeing, covering every aspect of their life. Staff had an excellent understanding of their social, cultural, sensory and physical needs that influenced how they received their care. A key part of College View's work is to ensure people learn key life skills, such as cooking and cleaning. One member of staff told us, "We treat everyone as an individual and everyone has the right to person centred care and is in control of their own progression."
- To ensure people maintained good daily oral health care, staff supported each person to ensure their routine was personalised, by introducing picture wall charts, reward systems, egg timers or ensuring their favourite TV programme was on when brushing their teeth. This demonstrated an innovative approach to person centred care by finding ways to encourage people to complete an important daily task.
- People their relatives and professionals, where appropriate, were involved in developing and reviewing care plans.

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.

- The registered manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans if appropriate.
- The registered manager and staff ensured people's communication needs were personalised to empower them to express themselves fully. Staff proactively engaged with people's Speech and Language therapists and education teams to develop specialist communication aids that were specific to them. For example, using people's favourite bands and movie characters. This work led to a significant reduction in people's behaviours that can challenge.
- The registered manager accessed additional training and support from professionals to increase staff knowledge and understanding around communication.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy in place. People and relatives knew how to make a complaint and told us they would be comfortable to do so if necessary. The complaints procedure was displayed across the home and in accessible formats. One relative told us, "I've occasionally complained and have received a quick response and felt listened to."
- We reviewed the complaints received in the year to date. The registered manager had been proactive in

responding and resolving issues in a timely manner. Relatives told us they felt listened to and said they had confidence in the process.

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. This meant 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

At the previous inspection we found that College View had not always been Well-Led and had experienced a high turnover in managers. This had led to poor communication, guidance, support and the culture had affected staff morale with many staff leaving as a result. There was a lack of oversight with regards to the number of incidents and safeguarding concerns to keep people safe. The provider had not fully developed the service in response to the values underpinning Registering the Right Support. The service was geographically isolated and there were no action plans to show how they promoted choice, independence and inclusion for people. The provider did not have clear oversight of their systems and staff training plans, to prevent and respond to crisis situations and the safe use of restrictive interventions. Quality assurance arrangements were not always consistent in identifying and managing risks to the service to drive improvement, in key areas such as medicine management and identifying trends from accidents and incidents. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that significant improvements had been made in these areas and the provider was no longer in breach of regulation 17. The provider is now meeting the values that underpin Registering the Right Support, by ensuring choice, independence and inclusion is promoted. The provider now has better governance systems in place to monitor risk and drive improvements.

- At the previous inspection a new manager had been in post for three weeks, they were now registered with the CQC. The registered manager worked tirelessly since the last inspection to ensure that College View improved in all areas to deliver a high-quality service to people. Their passion, commitment and presence to improve the service boosted morale across the service. Staff told us, "The registered manager is hands on and we feel confident that they will fight for us as staff. The manager is always around five days a week and is available via phone and email. They go above and beyond for people. We feel part of a team and the team trust each other. We have more permanent staff now and rely less on agency staff. Much better consistency in how staff are supported, and we work together."
- Staff understood their roles and responsibilities and spoke highly of working at College View. Staff told us, "Our role is to give the best life to people and make them feel they are in their own home. Empowering them to become independent." The registered manager told us, "I want people to have the same opportunities as any other young man and we have created a home. I am really clear with staff from the get-go what my expectations are and model these behaviours."
- We saw evidence of staff competency checks being carried out and regular audits to help the provider and registered manager identify areas for improvement and any patterns or trends. The registered manager now

meets with the provider on a fortnightly basis and is regularly involved in leadership meetings to ensure there is greater oversight.

- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. The registered manager had created an open and positive culture that delivered high-quality, person-centred care. One member of staff told us, "The job is varied, and we have a great team. I love that we can plan stuff and see it through. It's great to see people grow and improve."
- There was a clear person-centred approach to people's care. The registered manager gave an example where a person did not like the word no and this could lead to behaviours that could challenge. The team worked together to adapt their approach and focus on validating the person's feelings rather than telling them no.
- Staff knew people well and understood their individual needs. A relative told us, "It's well-run, the atmosphere is good, and people are well cared for. My son's behaviour has calmed down considerably since he went to live there which I think speaks for itself."

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 was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns.

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

- People, staff and relatives were engaged and given opportunities to be involved in the service, through daily feedback, care reviews and meetings. One relative told us, "I feel very able to express my views and I know the staff will try to act on my suggestions."
- People, their relatives and staff took part in yearly surveys. Relatives and staff told us, they felt supported and listened to by the registered manager. Feedback from the surveys was very complimentary.
- There was a strong emphasis on team work and communication. Handover between shifts were thorough and staff had time to discuss matters relating to the previous shift and share any concerns. Staff told us, "We are thanked by the registered manager, we feel valued and are given lots of encouragement. Last term we started colleague of the week to show good practice and we get a laminated certificate. We are one unit."

Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and attended a local managers forum, to learn from others and share good practice.
- Systems were in place to continuously learn, improve, innovate and ensure sustainability. The registered manager carried out quality assurance audits to ensure good quality care was maintained.
- We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming. A risk register was used to monitor actions required and when the risk had been resolved.

Working in partnership with others

- The registered manager and staff proactively worked in partnership with healthcare professionals and education to promote positive outcomes for people.