

Derwen College

Derwen College

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was carried out on 26 and 29 September 2014 and was unannounced, which meant the provider

and staff did not know we were coming. At our previous inspection on 19 February 2013, we found the provider was meeting regulations in relation to the outcomes we inspected.

Derwen College is a specialist college where accommodation and services are provided in a learning environment for up to 252 people aged 16 and over who have learning disabilities and other disabilities. At the time of the inspection 240 people used the services.

Summary of findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection the registered manager was not at work but the college principal and director of student services assisted us with the inspection.

People told us staff supported them to maintain their safety. We found staff understood their responsibilities in reporting any incidents of abuse. However, an incident of alleged abuse had not been reported to the local authority by the provider when this had taken place. They had also failed to notify the Care Quality Commission of this incident in June 2014. You can see the action we have told the provider to take at the back of this report.

People who used the service told us they were happy with the care and support provided. People told us about how they were becoming more independent. This helped people when they moved on from the college so that they could achieve their own set goals in the world of work opportunities and into more independent living in the community.

People had access to a GP and other health care professionals when they needed it which included the

college's nurses, psychologist and speech and language therapist. Staff had completed training relevant to the needs of people which effectively supported their health and wellbeing.

Staff knew how to support people when specific decisions needed to be made to meet their needs in their best interests as required by the Mental Capacity Act 2005. We saw people were given choices about their care and support.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. There were policies and procedures in relation to the DoLS and staff had received training.

The management and the leadership team recognised the importance of regularly checking and monitoring the quality of the services provided to people attending and residing at the college. Where improvements were identified action plans were put in place to continually drive through improvements for the benefit of people who used the service.

The provider achieved accredited status in a range of good practice areas which included becoming the 'Makaton Centre of Excellence' and winners in The Association of National Specialist Colleges inclusive skills competition winners in horticulture, catering, retail and art.

Summary of findings

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.

Staff had training in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff told us people received care in the least restrictive way to meet their needs.

Risks to people had been identified and plans were in place to meet these so that risks to people's health and safety were reduced.

There were sufficient numbers of staff available to meet people's needs and ensure that their rights were protected.

Good



Is the service effective?

The service was effective.

Staff had completed training relevant to the needs of people who used the service.

The need to maintain a healthy diet was promoted within college life. This enabled people's needs to be met and people learnt about food including preparation and cooking.

People had access to a GP and other healthcare professionals who worked at the college. This promoted and supported people's health at times when they needed it.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who knew them well.

People and their relatives were consulted about their care and support needs, and involved in developing their care and education plans. This supported people to achieve their own identified hopes and ambitions.

Staff practices supported people to be respected with their dignity and privacy promoted.

Good



Is the service responsive?

The service was responsive.

People received support as and when they needed it to meet their individual needs.

People who we spoke with said they knew how to make a complaint if they needed to and felt staff would listen to them.

Good



Summary of findings

People received co-ordinated and personalised support when they moved between services. People were encouraged to be independent in their lives and obtain life skills which included gaining work experience.

Is the service well-led?

The service was well-led but it required improvement.

The registered manager had failed to notify the Care Quality Commission about an incident of alleged abuse in June 2014.

People's views on the quality of the services were heard in various ways to influence improvements.

Staff told us they were able to speak with their managers and the leadership team about any concerns they had. They felt they were treated fairly and supported by them.

Procedures were in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Requires Improvement



Derwen College

Detailed findings

Background to this inspection

We carried out this inspection over two days, 26 and 29 September 2014. The inspection team on the first day consisted of two inspectors, a specialist advisor who was a consultant clinical psychologist with a related specialism and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using this type of service. The expert by experience spent time with people to gather their views about the care and support they received. On the second day of this inspection the inspection team consisted of three inspectors.

Before we carried out this inspection we reviewed all the information we held about the college. This included notifications sent to us. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. After our inspection we took this information into consideration alongside the evidence we had gained during this inspection.

We spoke with 15 people who used the service and one relative. We also spoke with 16 staff, which included a range of care and support staff, the college principal, director of

student services, director of learning and quality, psychologist, speech and language therapist, safeguarding officer, deputy head of nursing services, the chef, and the chair and vice chair of governors. We also spent time in different areas situated on the college site and observed the care and support that people received to meet their different needs over the course of the two days.

We looked at seven people's records including care and health action plans, staff records including training and information from a range of sources about the quality of the service. This information was used to review, monitor and record the improvements made to the quality of care and support that people received.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us about how their safety was promoted whilst at college. One person said they felt, "Absolutely safe, 100%." Another person also told us they felt safe and would tell the staff if they did not. A further person told us they understood the measures in place to keep them safe. They said, "Staff are always here when I take my medicines so that I do not make any mistakes." From our observations people seemed relaxed around staff and there were no indications to suggest people's safety was not a priority to staff whilst they attended college.

We found arrangements were in place that provided advice and information for people who used the service, visitors and staff about protecting people from the risk of abuse. We saw posters displayed around the college to provide information for people about being safe in college. People also had various staff members who they could access to share any concerns they had.

Group meetings were held with people who used the services to raise the awareness of bullying and openly talk about bullying. This enabled people to share and have the information to be able to feel safe in reporting bullying so that this could be prevented and action taken where needed. In the information we received from the provider they told us that 99% of people agreed with the statement, 'Staff help me to be safe in college' in a questionnaire that gained people's perceptions of college life.

Staff told us that they had received training in the protection of children and adults from abuse and knew how to recognise and report any abuse they witnessed. One staff member told us, "If I was worried about something I would go speak with my manager." Another member of staff told us they were confident managers would listen to them and take action so that people were protected from harm.

When people came to live and learn at the college staff assessed the information they received from people, family members and or other professionals who were involved in their care. We saw information was collected about the physical, behavioural, and psychological needs of each person. Where there were risks associated with an aspect of care, for example meeting and supporting people's physical needs, the risk assessments gave detailed instructions to staff on how to support people.

Staff we spoke with told us that when a person was assessed as lacking capacity, their representative would need to agree for staff to make day to day decisions in the person's best interest. This included the person's needs in relation to their personal hygiene and health care. We found the principal understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The DoLS make sure that people receive the care and treatment they need in the least restrictive way. In the information we received from the provider they confirmed two people had been the subject of an order made by the Court of Protection that resulted in the care provided restricting their liberty. This showed people's liberty was only restricted once this had been properly authorised so that their rights were protected. This meant that any care and treatment people received was always with their best interests at the heart of all decision making.

There were arrangements in place to deal with foreseeable emergencies, such as, reporting missing people so that their safety was protected.

We saw that there were sufficient numbers of staff working across the various houses on site supporting people with their care, health, lifestyles and educational needs. For example, the staff team included nurses, care staff, a psychologist, speech and language therapists, counselling and physiotherapists. This enabled people's varied needs to be met whilst they attended college. People who we spoke with also confirmed this was the case. One person said, "If I have a problem with anything or just need some help with something there are always staff around." The leadership team told us that staff numbers were assessed and reviewed so that people's needs were met appropriately and safely before the beginning of each academic year. Staff told us they felt there were sufficient staff to provide support to people residing at the college and if there was a shortage of staff due to staff absences replacement staff would be arranged. Many of the staff we spoke with had worked for the college for a number of years and told us that if people's needs changed additional cover would be arranged. These practices showed people were supported by enough staff to keep them as safe as possible and meet their needs.

Is the service effective?

Our findings

People we spoke with told us that they felt staff knew how to support them to meet their different needs. One person said, "I am happy with what staff help me with, I can do some things myself and they know when I need them [staff]." Another person told us staff, "Are always helpful."

Training and support measures were in place so that the senior leadership team could assure themselves that staff had the knowledge, skills and experience to meet the varied needs of people who used the service. We found training, supervision and staff meetings took place on a regular basis. We saw training that was specific to the needs of people.

We saw examples of staff putting their training into practice to meet people's needs. For example, staff communicated with people using their preferred methods, such as, Makaton which is a way of communicating through the use of speech and signs or speech and detailed symbols. The provider was awarded the beacon status as a 'Makaton Centre of Excellence.' These practices showed people's communication needs were promoted so that they were able to effectively express themselves to staff and to be understood. There were also practice leaders who were trained in Makaton on hand to offer peer support to staff so that communication with students was as effective as it could be.

When we talked with staff, we asked them about their experiences of working at the college. One member of staff told us about how supportive managers were and they had opportunities to review their learning. They told us, "They (the managers and staff) have been really supportive. I always feel I am not alone and can ask questions about any part of my work."

We saw people used the dining hall and other cafes on site where there was a range of meals that people could choose from. People told us that they were happy with the food and said that it was 'nice' and 'good'. We saw that healthy eating was promoted by incentives for people to eat more

fruit which was freely available and undertake physical exercise. The chef told us people always had a choice at mealtimes which included meeting people's cultural diets. For example, one person required a vegetarian diet and a menu was in place to meet this person's needs. We also found that students were encouraged and supported to prepare and cook meals. This enabled students to learn about how to maintain healthy lifestyles, nutrition and exercise.

We saw that people had been supported by different professionals so that their nutritional needs could be met in the most effective way. For example, one person had an eating disorder and there plans were in place which included referrals to other professionals when required. We saw that people had been referred to the doctor, dietician and speech and language therapist where they were at risk of losing weight or people needed some advice about their diets. One staff member told us about one person who had difficulties swallowing food. They described the texture of the food and the aids the person required. This matched the person's food records and showed staff supported people to eat and drink enough in order to meet their nutritional needs.

There were qualified nurses on duty each day to support people's needs. We observed people had a good rapport with the nursing staff and received support from the psychologist, speech and language services, counselling and physiotherapists. Care records showed the outcome of consultations and recommendations to maintain people's health. One person told us, "The physio is based here so if there are any problems you can get it sorted quickly." We found staff encouraged people to learn and take responsibility for leading healthy lifestyles which included sexual health, drugs, smoking and alcohol awareness. People were also supported to maintain a level of independence in being able to manage their own health conditions. For example, one person was able to do their own checks in regards to their diabetes with the support from staff. This showed people's health needs were effectively promoted.

Is the service caring?

Our findings

We saw that people were supported with kindness and compassion. People we spoke with had praise for staff and spoke positively about the care and support they received. One person told us, "They [staff] always talk nicely to us." Another person said, "They [staff] are kind."

The staff we spoke with said they 'enjoyed' working at the college. We saw staff had positive relationships with people and were polite and encouraging in their communication with people. There was a personalised and caring approach to meeting people's needs so that they received support in the right way for them. When we spoke with staff about people they 'supported', we found they knew people's individual care and support needs together with the progress people had made to achieve a more independent way of living. We saw that plans in place concentrated on people's own levels of independence and what life skills people wanted to improve whilst at college. One person told us, "Staff are helping me to live on my own one day." When we met with a group of staff we received positive comments about how they approached their relationships with people who used the services. These included having, "Empathy and a sense of humour" and a, "Holistic approach to try and make their life better". This showed staff and people had an agreed caring approach when meeting people's varied needs and their hopes for the future.

Staff and people we spoke with were able to tell us how their life skills were promoted in an encouraging way which ensured people were not disheartened. One person told us, "Doing your own laundry is encouraged but as a last resort staff will do that task." They also said that staff say to people, "It's okay to make mistakes." One parent told us their daughter had become more independent in taking their own medicines due to the support provided by staff. One member of staff told us, "We let our students [people]

do as much as possible so that they have as much independence when they leave here." Another member of staff said, "We are caring and knowledgeable but students make most decisions, all work is their own."

We also saw that people's awareness was raised about taking a caring approach to people with different needs and ensuring all people were treated equally regardless of their disability. We found people were enabled to take part in different sports, such as, wheelchair football and wheelchair basketball and the college teams are sponsored by semi-professionals. The provider was awarded The Association of National Specialist Colleges inclusive skills competition winners in horticulture, catering, retail and art.

People were supported to express their own views about the services they received and were actively involved in the decisions about the services. For example, student council meetings, personal meetings with tutors and review meetings about their care and support needs.

Staff spoken with described how they ensured that people were treated respectfully. They told us they gave people choices and treated them with respect in the way that they would wish to be treated. The staff spoke about people receiving care and support in a respectful and dignified way. We found people's independence was fully promoted in readiness for leaving the college and achieving their own aspirations. For example, staff told us students were supported with daily living tasks, such as, preparing meals and encouraged to access work placements in the community.

We saw that people's dignity was respected and when people required assistance to follow their individual interests, staff spoke with people in a kind and respectful way. People who we spoke with told us that staff knocked on their doors before they came in and they were able to spend time alone in their rooms if they chose to.

Is the service responsive?

Our findings

People told us that staff responded to their care and support needs. One person told us, "If I need help staff will be there. If I can do it myself they will let me and I can always ask staff for help if I need it." Another person said, "The staff are really good, they talk to me about what I need to do. I find this helpful."

We saw that care plans were specific to each person and provided staff with guidance in how people's needs should be met. One member of staff told us how they responded if a person had a seizure due to their epilepsy. The details described, matched this person's care plan. The member of staff also told us about a person that had some anxieties at night. The person's needs were assessed with their involvement and plans put in place to support and respond to their needs so that they were less anxious. These practices enabled each person's needs to be responded to at the right time, in the right way and by the right professional.

We saw that some staff were part of a team that helped and supported people with their behaviour. Staff we spoke with told us they had received training in techniques to help people to safely manage their behaviours when this was needed. One person told us, "To chill out we find these methods useful, talking to friends, listening to music, squeezing a stress ball and having walks in the fresh air." We also spoke with staff who told us they had access to dedicated staff to support people with their behaviour and this helped them to meet people's needs. This meant that people had their needs regularly assessed and consistently met so that people received the best possible outcomes by a staff team with an assortment of skills and knowledge.

We asked people whether they would feel able to talk to staff if they were not happy with any aspect of the services at the college. One person's feedback was typical of the views of the others. They said, "If I wasn't happy I would be able to talk to a member of staff. It's important to do that because the college is for us." None of the people we spoke with had raised a formal complaint with the college.

There was a complaints policy and procedure in place and this included arrangements for recording and responding to any complaints received. The information we received from the provider recorded that within the past 12 months, '12 complaints had been received'. We saw that where

complaints had been received these had been listened to and responses provided. For example, where actions were needed we saw these were discussed with the relevant staff involved so that any lessons could be learnt and improvements made.

To enable people and their families to make their choices about whether the college was the right one for them they were given information about the service. This information was in a format that people could understand and included details about college life, learning and living facilities and the support provided by the staff groups. One person described to us their experiences of choosing the college. They told us, "It was a trek sorting things out at first, I nearly gave up, but then I found out about this college and I love it here because it's a safe environment. Ways of which the college gets around are through word of mouth, social workers and previous students."

We found assessments took place before people arrived at the college. These were based around each person's learning and physical needs, health conditions and communication needs. We saw to help people in their transition to college life they could have overnight stays at the college. We asked some people about how they were supported when first coming to college. One person said that they were able to come and meet the staff and see whether they liked what

was offered at the college before they decided it was right for their needs. Another person told us, "Before starting here we had trials, most of us seemed to like it and still can't stop smiling."

We saw that there were only a small number of classroom settings at the college. Instead people learnt and gained experience in different work space areas. For example, in the WiFi café people helped in the kitchen and behind the counter. We also spoke with a person about how they found college life. They told us, "I work at Premier Inn on Wednesdays accompanied by a member of staff, most recently I have learnt to tidy the guest's rooms by myself. I can clean bedrooms and bathrooms, I use an action plan to keep me in order and other communication styles are pictures and Makaton sign language. Everyone is pleased for me." This showed that people were supported with their independent living skills which prepared them for transition to the next stage of their lives.

Is the service well-led?

Our findings

All the people we spoke with were positive about the staff, leadership team and the support they received. People told us they could not identify any areas for improvement. One person said, "They (the staff) are here when I need a little support but they also help me to become better at things for when I move. This is a really good thing about here."

We found an alleged incident of harm to one person who used the service had not been referred to the local authority's safeguarding team. We spoke with the registered manager about this incident. They agreed that the Care Quality Commission had not been notified as required under the Regulations about this incident in June 2014. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Where investigations had been required, such as, in response to incidents an investigation to learn from them had taken place. This showed us that the provider had taken actions so that improvements were made where needed which reduced the chance of them happening again. However, we found the arrangements in place to record incidents needed to be improved. For example, the registered manager had not always kept a record of the actions they had taken when following through incidents which had taken place. This meant there was not always written evidence to show how the risks to people had been reduced and how they had been protected from harm.

We saw that people were actively involved in developing the services they received. For example, there was an active student council where discussions took place to review any areas for improvement in the services student received. We also saw surveys were completed by people at the end of their college experience and were used to consider improvements to any aspect of the services people received. There were positive examples of people living independently and going to work.

Staff told us that they felt their views were encouraged and listened to. They told us that if they had to speak with the leadership team about any concerns they would feel

comfortable to do this. This showed that open and honest communication was promoted. All the staff we spoke with were enthusiastic about their job roles. One member of staff told us, "We've got a good team here. We enjoy our job." Another member of staff said we take a, "Holistic approach and try and make their [people who used the service] life better." Staff told us the management team were always available when they needed advice or guidance which meant staff felt supported in their work.

The provider had a variety of self-assessment arrangements in place to identify, review and monitor people's experiences of the care and learning they received. For example, self-assessments reports, and quality improvement plans were in place. We saw learning walks were undertaken where managers and staff visited different parts of the college site to identify good practices and any areas of practice to drive through improvements. There was also a governing body which held the leadership to account for taking the necessary actions to make sure improvements were constantly made so that people's experiences were as good as they could be.

At this inspection we found that improvements were needed to how incidents of potential abuse were recorded and reported to the local authority and the administration of medicine practices. We saw that in July 2014 it was noted by the management and leadership team that an area for improvement in the care people received was the practices for administering people's medicines. For example, people were expected to attend the health centre on the college site so that they were able to receive their medicines. This meant people were unable to receive their medicines in the accommodation they lived in to enable their independence to be supported and their choices fully promoted. The principal told us this action would be completed in 2014. This meant the management and the leadership team through their own quality checks had identified actions and had plans in place to effect the changes needed. This showed that the experiences of people were being continually improved by the systems in place that enabled this to happen.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider had failed to notify the Care Quality Commission of an incident of alleged abuse to one person who used the service. Regulation 18 (1) (2) (e).