

Ruskin Mill Trust Limited

Ruskin Mill College

Inspection report

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Date of inspection visit:
08 March 2021
11 March 2021

Date of publication:
21 April 2021

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

Ruskin Mill College is a specialist residential college and a shared lives service for young people with learning disabilities, autism and/or mental health needs. The shared lives scheme provides people with long-term placements, short breaks and respite care, within shared lives carer's (SLC) own homes. The service can support up to 45 people. 20 people were receiving personal care at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Ruskin Mill College provides care to young people commissioned by Clinical Commissioning Groups from across the country. Some young people required significant emotional, mental health and behavioural support to keep them safe. Ongoing support from local specialist multi-disciplinary services was routinely needed to ensure people's needs could be met safely. This included support with risk assessment and implementing and reviewing management strategies. This ensured support plans and other management strategies remained effective in reducing the likelihood of the person experiencing a 'crisis'.

The local clinical commissioning group raised concerns that local mental health services were often not informed a new person had moved to Ruskin Mill, until the person was in crisis and needed emergency support. There were concerns there may be limited opportunities for local specialists to establish a relationship, develop understanding and provide pro-active support, before being required to support people in crisis.

As part of this inspection we discussed the support pathway for young people, including where wider health and social care support was required as part of their care.

We found Ruskin Mill College followed national good practice guidance when supporting people with anxiety related behaviour to stay safe. The service responded appropriately when incidents occurred, and young people experienced a crisis. People and their relatives felt the service was safe.

Staff knew young people well and could describe how they would support them to reduce their anxiety and prevent their behaviour from escalating. Staff had received training in how to manage anxiety related behaviour.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff assessed and managed risks to young people and others well. They followed best practice in anticipating, de-escalating

and managing challenging behaviour. Staff could describe how they used de-escalation techniques to avoid the use of restraint. As a result, they used restraint only after attempts at de-escalation had failed. The service continued to work on reducing restrictive interventions and use of restrictive interventions were low; staff worked well to limit them.

We did, however, find effective links between Ruskin Mill College and local specialist multi-disciplinary support services were not always well established. This was essential to ensure a coordinated and seamless transition of support for young people with mental health needs. This meant pro-active plans had not always been put in place in agreement with all relevant local specialist multi-disciplinary services. This was needed to ensure local mental health services could get to know people's needs and effectively plan and provide early interventions including preventative support.

Prior to our inspection, Ruskin Mill College had identified work was needed to agree a clear referral and treatment pathway with local services. They arranged to meet with the local clinical commissioning group to discuss future joint working and update us with the outcome of these discussions. We will look at what progress had been made at our next inspection.

The service had appropriate infection control policies and procedures in place. These were developed in line with current government guidance. We were assured the service were following safe infection prevention and control procedures to keep people safe. We were assured the service were following safe infection prevention and control procedures to keep people safe.

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

Rating at last inspection and update:

This is the first time we have inspected this service under its current registration. As this is a targeted inspection the service remains unrated.

Why we inspected

We undertook this targeted inspection to follow up on concerns we had received about people's care and how the service assessed and managed people's individual risks. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

Following this inspection we will arrange a meeting with a representative of the provider and the registered manager as part of our regulatory duties. We plan to carry out a comprehensive inspection, where we will assess and rate the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We were assured people risks were being assessed. Staff were ensuring people had the support and care they required to be safe.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Inspected but not rated

Ruskin Mill College

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

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

Inspection team

Two inspectors carried out this inspection.

Ruskin Mill College is a specialist residential college. People 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 also provides a shared lives scheme. They recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

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 unannounced.

Inspection activity started with a site visit on 8 March 2021. The inspection continued virtually on 9 and 10 March 2021. We visited the site again, as well as people's accommodation, on 11 March 2021.

What we did before the inspection

We reviewed information we had received about the service since the last rated inspection. We sought and received feedback from the local authority and professionals who worked with the service. We used all this information to plan our 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives. We spoke with 17 staff which included four support staff, an agency support worker, a house lead, two residential managers, a clinical supervisor, education co-ordinator, holistic engagement manager, the head of safeguarding, the head of education, a psychiatrist who supports the service, the college principal, the registered manager and the nominated individual. We reviewed three people's care records; care plans, risk assessments and behaviour support records. We also spoke with one person's social worker.

We reviewed a selection of records and documents related to the management of the service and how the service prepared in relation to COVID-19.

After the inspection

We continued to seek further information and clarification, from the provider, to validate evidence found. We received feedback from professionals working with the service and commissioners of health and adult social care.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This service has not been rated previously. We have not made a rating of this key question, as we only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to explore the support young people received who were admitted to Ruskin Mill College from out of county, often with complex support needs. This included how Ruskin Mill College worked with external teams to ensure a coordinated approach to young people's emotional and mental health support. We also looked at staff's skills and knowledge and the support they received to meet the needs of young people safely. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Ruskin Mill College worked well with placing commissioners to ensure young people's needs were assessed before admission to the service. The pre-admission assessment included information about people's educational, mental health and emotional needs, as well as detailed positive behaviour plans, including the risk of self-harm. Admission was only offered when the registered manager determined the service could meet the person's needs safely. One relative spoke positively about the support their loved one received prior to moving to Ruskin Mill College.
- People's mental health and behaviour pre-admission support plans were developed by the mental health team in the area the young person lived before moving to Ruskin Mill. These plans detailed how each person should be supported to stay happy and calm. Support plans focused on how best to communicate with the person, how to respond when the person became worried or anxious and how to manage any challenging behaviours during a crisis.
- Where possible, staff from Ruskin Mill worked with people before their admission to the College to help familiarise them with staff and the service. This included supporting the student in their own home and during transitional visits to Ruskin Mill. These visits also helped staff get to know the person and enabled them to start developing their individualised support plan. One relative discussed how this provided them with reassurance prior to their loved one's admission to Ruskin Mill.
- Staff treated people with compassion and kindness and understood people's individual needs. We observed staff engaging with people in positive way. It was clear people were comfortable with staff and enjoyed talking to them. Staff made sure people understood their care and support and found ways to communicate with people who had communication difficulties. Staff described how they would repeat information, use photographs or images and simplify the language and terms used.
- Young people were supported to develop social relationships. The structured daily programme and activities were deliberately designed to support people to manage their anxiety, so as to limit anxiety related behaviour. Staff focused on finding the right balance between maintaining safety and providing the least restrictive environment possible, in order to facilitate effective learning.
- The registered manager and staff openly discussed the pressure the COVID-19 pandemic and lockdown periods had on the service. While the college had been open throughout the pandemic, (COVID-19

restrictions had limited people's lifestyles, which the service felt had led to some incidents. The service had reflected on this and how a recent outbreak had impacted the students they supported. One relative explained the impact this had on one person, however, they still felt Ruskin Mill was the best place to meet their needs.

- Staff recognised safety incidents and recorded them appropriately. Managers investigated incidents and shared lessons learned with the whole team. Staff made sure they shared clear information about young people and any changes in their behaviour or care needs at handover meetings and regular staff meetings. Clear handover notes included input throughout the day from all staff groups.
- Staff had received training in how to manage anxiety related behaviour. All staff had received training in Management of Actual or Potential Aggression (MAPA), this included how restraint could be carried out safely as needed. Staff who had undertaken MAPA training were assessed by the trainer for competency with the techniques. One healthcare professional told us they believed staff had the rights skills and expertise to support a person and the person benefited from staff being therapeutically trained. A team home manager told us, "We have the skills, consistency and training [to support people]. This could be [people's] only opportunity for a brighter future. We give it a look and give them chances. That's what I love about my job."
- Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff assessed and managed risks to people and others well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff described how they used de-escalation techniques to avoid the use of restraint. As a result, restraint was used only after attempts at de-escalation had failed.
- The service continued to work on reducing restrictive interventions and levels of restrictive interventions were low, and staff worked well to limit them. The service focused on debriefing staff immediately after an incident or the following day. A MAPA debrief was done with a MAPA trainer and involved a review of the incident, including escalation, strategies used, physical interventions and what other actions are required to be put in place. The service had a clear focus on prevention and de-escalation before using physical restraint.
- The training provider Ruskin Mill College used for staff training in restrictive practices was certified as complying with the Restraint Reduction Network Standards. The standards apply to all training that has a restrictive intervention component and provides a benchmark for training in supporting people who are distressed in education, health and social care settings.
- Ruskin Mill College also contracted two external clinical supervisors who carried out staff debriefs if required. This meant staff had access to support outside of their immediate line manager. One of these professionals told us, "The management support is very clear thinking now. [registered manager] has a calming influence. Ruskin Mill has a clear influence on making brighter future for people."
- When young people experienced a crisis and needed more intensive support (intervention) to keep them safe; staff contacted emergency services promptly. Placing commissioners told us they were kept informed of periods of crisis and were involved in key decisions. Where young people were in 'crisis', the service met with people's relatives and appropriate health and social care professionals. These meetings could be held multiple times in a week, depending on the complexity of the situation. One relative spoke positively about the communication and support they received from staff, "The communication is very good. There can be lots of calls and they do involve me."
- Some young people were at risk of experiencing a crisis and would therefore require routine support with the implementation of their complex behaviour support plans from specialist local multi- disciplinary services. This might be through supporting the assessment of risk and review of associated reactive strategies to ensure they remained effective in reducing the likelihood of a crisis occurring.
- We did however find that effective links between Ruskin Mill College and local specialist multi- disciplinary support services were not always well established to ensure a coordinated seamless transition of support for young people with mental health needs. Local mental health services often only became aware that a young person was living locally and needed local specialist support when a crisis occurred that required emergency intervention. This meant pro-active plans had not always been put in place in corroboration with

all relevant local specialist multi-disciplinary services to ensure local mental health services could get to know the young people's needs and effectively plan and provide early interventions including preventative support.

- Ruskin Mill College had identified, prior to our inspection, that work was needed to agree a clear referral and treatment pathway with local services. They have arranged to meet with the local Clinical Commissioning Group to discuss future joint working and will keep us updated with the outcome of these discussions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. The service had carried out practice drills in relation to COVID-19, which included the action they would take if a young person or member of staff contracted COVID-19. They had a clear procedure in place to reduce the spread of COVID-19 if an outbreak was to occur.