

# St John's School & College

## College View

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection site visit took place on 30 October and 1 November 2018, the inspection was announced 48 hours before the inspection.

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.

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 seven people living there. The provider refers to people using the service as learners, which they will be referred as in this report.

The learners who live at College View attend the provider's specialist education college during weekdays between 9am and 4pm. While attending this, learners are supported by staff who work at the College. The learners living at College View require high levels of support with managing their behaviours that may challenge and had 2:1 or 1:1 support when they were not attending College and in their home.

College View had been built and registered before Registering the Right Support (RRS) had been published. These values and guidance includes advocating choice and promotion of independence and inclusion, so people using learning disability or autism services can live as ordinary a life as any other citizen. The provider did have a Statement of Purpose that reflected the values that underpin the RRS and other best practice guidance. However, the provider had not fully developed the service in response to the values that underpin RRS. We found that the service was geographically isolated and that the provider had not had clear oversight of their systems and staff training plans, to prevent and respond to crisis situations and safe use of restrictive interventions. Therefore, it is unlikely that a request to register College View today would be granted.

At the time of inspection there was no registered manager. However, a new manager had been appointed and was in the process of registering with the CQC. Since April 2018 there had been three changes in leadership and management. The most recent registered manager had left the organisation at the beginning of October 2018 and so had many of the senior support staff team. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

College View was last inspected in April 2016. At the last inspection we found that the service was Good overall with Outstanding elements of care in Responsive. This inspection was prompted following concerns we received about medication errors, which led to a safeguarding concern and the lack of staff to support learners safely. We also received information that staff had been restraining learners without appropriate training and restraining them unnecessarily. We were told there was a high turnover of staff leading to staff shortages, general poor management and support for staff. At this inspection we found the concerns were substantiated. Whilst the provider and new manager have acted to improve the delivery of care and support and developed action plans at the beginning of October 2018 to address these issues. These changes need to be embedded to demonstrate sustained improvement across these areas of concern.

Systems for safe ordering and administration of medicines were not always in place and followed. For example, the College and the home had different protocols and guidance for learners who required medication as and when needed (PRN). This meant that the College and the home had different instructions and guidance for administering medication to learners.

Risk assessments identified risks and protected learners from harm. However, learners with behaviours that can challenge were not always managed safely. This led to a high level of restrictive holds being used on learners to manage behaviours.

There has not always been sufficient staff on shift to meet learners 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 with who worked and it was not always clear who had worked on certain shifts. For example, when we discussed staffing records, the team leader was not able to confirm if certain members of staff were on shift and the rotas showed that there was not enough staff to support learners.

Agency staff had not always received appropriate training to ensure that they had the skills and competencies to meet learners needs. This was at a time when the service relied on a high level of agency staff to cover shifts.

Oversight of audits were not always used robustly by management to identify and manage risks to the quality of service and drive improvement.

Staff and relatives told us that the service was not always well-led. However, they spoke positively about the new manager and said there was now an open-door policy.

Learners had not always been treated with kindness and compassion and the provider had not supported staff and monitored their actions, to ensure the learner's dignity and wellbeing was cared for.

Activities had not always been person-centred and the activities available to learners had been restricted to within the service and college campus due to learners challenging behaviour.

Premises, equipment and safety checks were carried out regularly to ensure that learners were living in a safe setting.

Staff were aware of their safeguarding responsibilities in relation to keeping learners safe and knew who to contact externally should they feel their concerns had not been dealt with appropriately.

The service was kept clean and we found infection control policies and procedures in place for staff to follow, should there be an infection outbreak such as diarrhoea and vomiting.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and learners were encouraged to make decisions about their care and treatment. Learners were supported to have choice and control of their lives.

Learners can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Learners were supported to maintain good health and had support to access health professionals. Dietary needs and nutritional requirements had been assessed and recorded.

Complaints were listened to and managed in line with the services policy and procedures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always Safe.

There were not always sufficient numbers of staff to support learners to stay safe and meet their needs.

Systems for the safe ordering and administration of medicines were not always in place or followed.

Infection control policies and procedures were in place for staff to follow, should there be an infection outbreak such as diarrhoea and vomiting.

**Requires Improvement** ●

### Is the service effective?

Staff did not always have the skills, knowledge and experience to deliver effective care and support.

Learners were supported with their care and treatment.

Learners were supported to live healthy lives, maintain a balanced diet and had access to GPs and other healthcare services.

**Requires Improvement** ●

### Is the service caring?

The service was not always Caring.

Learners had not always been treated with kindness and compassion and the provider had not supported staff and monitored their actions, to ensure the learner's dignity and wellbeing was cared for.

Learners were supported to express their views and were involved in making decisions about their care.

**Requires Improvement** ●

### Is the service responsive?

The service was not always Responsive.

Activities had not always been person-centred and the activities available to learners had been restricted to within the service

**Requires Improvement** ●

and college campus due to learners challenging behaviour.

Concerns and complaints were listened to and used to improve the quality of care given.

There was no one living at the service who was at the end of their life. Systems were in place to start conversations around this if the learner's situation changed.

### **Is the service well-led?**

The service was not always Well-led.

Quality assurance systems were not always consistent to identify and manage risks to the quality of service and drive improvement.

Governance and performance management were not always effective.

Complaints were listened to and managed in line with the services policy and procedures.

**Requires Improvement** ●

# College View

## Detailed findings

### Background to this inspection

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

The inspection site visit took place on 30 October and 1 November 2018 and was announced, due to the complex needs of the learners living at the service. The inspection team consisted of two inspectors on 30 October and one inspector on 1 November.

Due to technical problems within the CQC, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we observed the care given by staff to learners. Due to the nature of learners needs, we were not able to ask everyone direct questions, but we did observe learners as they engaged with their day-to-day tasks and activities. We spoke in more depth with two relatives and two local social care professionals following the inspection to gather feedback about their experience of College View.

We spoke with the manager, a team leader, three staff members, the head of care, the organisations behaviour lead and the CEO. We looked at care plans and associated records for three learners and 'pathway tracked' two learners. This is where we check that the care detailed in individual plans matches the experience of the learner receiving care. It was an important part of our inspection, as it allowed us to capture information about learner's experiences.

We reviewed other records, including the providers manager's internal checks and audits, medicines

administration records (MAR), health and safety maintenance checks, accident and incidents, compliments and complaints, staff training records and staff rotas. Records for two staff were reviewed, which included checks on newly appointed staff.

College View was last inspected in April 2016.

## Is the service safe?

### Our findings

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 learner who did not receive their intended epilepsy medication at the weekend, this led to them having an avoidable seizure. Staff had not identified that there was not enough medicine to cover the weekend. The provider shared ordering and storage duties with the organisations nursing team, who are based off-site in the main College's administration building. Medicine had been delivered by the pharmacist but it was stored at the College and not at the home. Whilst the nursing team at the College had communicated to the senior team at College View that they had received the medication, the senior team did not make arrangements to collect the medication. This led to the learner having a seizure on the Saturday and staff were unable to access the medication until the Sunday. This issue has been dealt with through the provider's internal systems and procedures. We spoke to the registered nurse who confirmed that the pharmacist now delivers medicines to the home and not the college. 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. The registered nurse told us of plans to review the medicines training and support for staff. Giving staff at College View protected time to embed knowledge and understanding to improve practice.

Protocol's for medicines prescribed as and when needed (PRN) did not give clear guidance to staff and we observed different protocols between the College and the home. Each protocol contained different information and did not describe when medicines should be given to learners. Medicines Administration Records (MARs) gave different medicine dosages to the protocols and did not corresponded with learner's care plans. For example, A MARs record for one learner detailed dosages for epilepsy medication which did not correspond with the learner's specific epilepsy care plan.

Learners with behaviours that could challenge were not always managed safely. The service had been through several changes to management and leadership, staff shortages and a new intake of learners in August 2018. There was a reliance on agency staff and not all staff knew the best ways to manage learners challenging behaviour to keep them safe and restraint techniques were used daily, such as floor holds and seated holds. The new manager told us, "When I arrived it didn't feel safe. There has historically been a stigma about the learners living at College View. The service was not forward facing and was insular. It was about containing learners due to their behaviours." We spoke to the behaviour lead who showed us statistics between September and October 2018, which recorded the number of restrictive physical intervention used. This information showed that during this period a high level of restrictive interventions were used to manage learner's behaviours, because staff did not know them well. Whilst the number of restrictive holds have reduced, for example, seated holds reduced from eight to two, this is an area of practice that needs to be sustained and improved going forward.

A centralised electronic system 'behaviour watch' was used to record accidents and incidents, which was sent to the providers internal safeguarding team. The safeguarding team triaged forms during daily audits and supported the manager to delegate and complete any necessary follow up actions. We reviewed the system which showed a large number of reports from across several of the organisation's services. All

incidents showed as incomplete in terms of completed actions but we were told this was due to a technical issue. Reports showed some actions were completed but the system had not been updated. Staff told us that in the past there had not always been sufficient follow up from management when accident and incidents had been reported. One member of staff said, "In the past challenging behaviour incidents have been "unsafe" due to the lack of staff experience and adequate lessons learned in management follow up." Because of this, it was difficult to gauge how effective the accident and incident system had been in helping prevent and learn from incidents and accidents, if issues had been raised with local authorities and statutory notifications made to the CQC in a timely and appropriate manner. This meant that the provider had no oversight and analysis of the accidents and incidents involving the restrictive practice being used to support learners with challenging behaviour.

The above evidence in relation to, ineffective medicines management, poor risk management, issues relating to accidents and incidents and the number of unnecessary restrictive practices used, demonstrates the provider had not ensured that learners remained safe at all times. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There has not always been sufficient staff on shift to meet learners 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. We discussed staffing levels with the manager and head of care, following concerns raised with us that there had not been enough staff on shift to support learners safely. This had created safety issues, with the home relying on high numbers of agency and bank staff to backfill the vacancies. The provider took steps to reduce the number of placements at College View and reallocated two learners to another service. The shortage of permanent staff was identified in September 2018. However, proactive steps for recruiting permanent staff have only recently been put into place following the arrival of the new manager in October 2018. On the day of inspection, the manager told us that there were 11 new staff in the process of being recruited. Staff told us that they do not always have time to catch up on administration and one member of staff told us, "Not having enough staff made staff and learners feel unsafe. We often work 12 to 13-hour days without breaks, however this is starting to improve." One relative told us, "Staff often tell me how stretched they are and understaffed." This is an area that will need to be monitored as the staff team become more stable.

Staff understood their responsibilities to recognise abuse and raise safeguarding concerns. There were clear policies and procedures about how to keep learners safe from harm, and staff had received safeguarding training. Safeguarding information was visible on the staff noticeboard. There was a whistleblowing policy to ensure staff understood how to raise concerns and staff confirmed they were aware of the policy. However, staff had not raised safeguarding concerns in relation to the number of restrictive physical interventions being used. The provider needs to fully ensure that staff understand all types of abuse and how to report them.

Whilst we had concerns about the recent use of restrictive physical intervention, the provider and new manager were beginning to take action. The positive behaviour lead and the CEO told us, they were taking proactive steps to manage learner's behaviours and had sourced a new accredited British Institute of Learning Disabilities (BILD) Positive Behaviour Support training. This training was planned to be rolled out across the staff teams by April 2019. It was also planned that the PBS team would employ 'practice leads' who would work with staff side by side via coaching and workshops to provide on-going support for managing individual's behaviours. PBS plans were being created for learners at College View and this was a work in progress. For learners displaying increased behaviours interim PBS plans had been put in place and all learners were planned to have the interim plans by December 2018. The CEO told us, "This objective is provider wide and our aim is to not use any physically restrictive interventions by next year." We reviewed a

completed interim PBS plan for one learner and found a good level of person-centred detail, step-by-step escalation techniques and prevention steps for restrictive physical intervention. A recent incident report involving one learner who displayed challenging behaviour showed that staff were beginning to follow direction and guidance.

The premises and equipment were monitored and checks were undertaken regularly by an on-site maintenance person. Environmental risk assessments had been undertaken to ensure the premises were safe and met the legal requirements. There was a maintenance programme in place, to ensure repairs were carried out in a timely way, and checks were completed on equipment and services such as; electrical wiring, appliances, gas safety, fire and legionella.

Staff had access to personal emergency evacuation plans (PEEP's) which guided them to support people safely in the event of an emergency evacuation. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate learners, who may need assistance during an emergency. Fire alarms and emergency lighting were in place to ensure learners safety.

The service had policies, procedures and systems in place for staff to follow, should there be an infection outbreak such as diarrhoea and vomiting. Personal protective equipment (PPE) such as hand wash, gloves and aprons were available to protect learners from risks relating to cross infection.

Records confirmed that staff were recruited safely: references were obtained, identity checks carried out and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with learners in health and social care.

## Is the service effective?

### Our findings

The organisation had employed a consultant behaviour specialist who had been responsible for creating behaviour support plans. Permanent staff had received specific training in physical intervention techniques to help manage learner's behaviours in the least restrictive way. This training was accredited by the British Institute of Learning Disabilities (BILD). The organisation had recently created a new Positive Behaviour Support team and the lead person told us that, the consultant in charge of overseeing behaviour management had not been able to support learners and staff as intensively as was required. This meant that staff did not have the resources of support to help learners manage their behaviours. This lack of support and training had, in their opinion, facilitated an increase in physically restrictive approaches by staff.

Agency staff were not trained in Positive Behaviour Support. 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 learners needs and support learners effectively if they displayed behaviours that could challenge. For example, some learners struggled with the transition from a residential school setting to a residential college setting, displaying an increase in their behaviours that could challenge.

Learners care, treatment and support was delivered in line with current legislation. However, agency and bank staff did not always have the skills and knowledge to meet learners needs, especially around behaviours that may challenge. The lack of continuity and experience within the staff team occurred at a time when six new learners had transitioned into the service. This had not supported a smooth transition process and was a factor in the rise of incidents involving learners presenting behaviours that could challenge.

Permanent staff had access to a combination of e-learning and practical training in a range of areas essential to the job role such as: safeguarding, MCA, fire safety, first aid, moving and handling, positive behaviour support. However, the manager told us that staff have missed out on essential training due to the challenging needs of the service.

Systems were in place for supervision and annual appraisals. However, one member of staff told us, "Staff morale had been poor and resources such as supervision, training and support plans had not been sufficient in giving staff the knowledge they needed to carry out their job roles." Staff confirmed that since the recent change in management they had been receiving supervision. The care team met through weekly team meetings and daily handovers.

The above evidence in relation to staffing, demonstrates the provider had not ensured that there were sufficient numbers of suitably qualified, competent and skilled staff to support learners. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of learners who may lack mental capacity to do so for themselves. This act requires that, as far as possible, learners make their own decisions and are helped to do so when needed. When they lack mental capacity to take

decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked learner's files in relation to decision making for those who were unable to give consent. Documentation in learner's care records showed when decisions had been made about a person's care and where they lacked capacity, these had been made in the person's best interests. Learners were supported to make decisions on a day to day basis.

Learners can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. Assessments and applications for DoLS were made to the local authority in a timely way on the learner's behalf.

New staff had a comprehensive induction programme. This included essential training and shadowing of experienced care staff, to get to know the learners and their daily routines. New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care that are expected from care workers. Staff were also encouraged to complete further courses such as the Health and Social Care Diplomas (HSCD).

Learners were supported to maintain good health and had support to access health professionals. Care plans included details of recent GP appointments, medicines reviews and annual health reviews.

The design and decoration of the premises had been adapted to meet learners needs and promoted their independence. Since the new manager arrived they had created a homelier feel, by making photo collages of learners and displaying these across the home, buying cushions and bean bags for the lounge. One relative told us, "When my son first moved to College View it felt quite institutionalised but the new manager has changed the whole feel of the home and the environment has become much homelier." Learners bedrooms were personalised, one learner had an interest in cars and motorsport and their bedroom was decorated to reflect that.

Learners dietary needs and nutritional requirements were assessed and recorded monthly and they were supported to maintain a balanced diet. All food was cooked from fresh and the manager told us they had introduced more fruit and vegetables as previous menus were very 'pasta' based. Learners chose the menus for the week ahead and were involved in cooking and shopping. Menus were displayed in a picture format and learners could choose an alternative if they didn't fancy what was on offer. The manager gave examples of the importance of supporting learners with different religious beliefs and ensuring that certain types of food were purchased and given to learners.

## Is the service caring?

### Our findings

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 the learner's dignity and wellbeing was cared for. Whilst the culture of the service had begun to change following the appointment of the new manager, the changes need to be embedded and developed further to be able to show sustainability.

We saw good interactions between staff and learners, they knew each other well and had developed caring relationships. We observed learners being treated with dignity and respect. Learners were supported to maintain and develop their independence as far as possible and encouraged to make decisions on a day to day basis. The manager told us, "We want learners to reach their potential and our role is to teach learners living skills to become as independent as possible." One relative told us, "They encourage him with personal care, to cook and make his bed." Another relative told us, "The staff are kind and caring and consider what is important to my son."

We observed staff being kind and respectful to learners and they had a good understanding of learners needs, likes and dislikes. Learner's received 1:1 or 2:1 support and we observed staff empowering learners to do as much as possible for themselves. Involving them in making day to day decisions, by using communication aids that were specific to the learner, such as picture cards to help them understand and make choices. We observed staff supporting learners discreetly when they needed assistance with personal care.

One relative told us, "I think it is an amazing place and that they have made my son happy. When you have a complex child, your worry is always that the service will move them on. I don't worry that the staff can't cope with him and they will look to solve any issues."

Learners and relatives, where possible, were involved in developing and reviewing care plans. Relatives told us they were always consulted on their loved one's care needs and were updated if there were any changes.

Staff respected learner's confidentiality and understood not to discuss issues in public or disclose information about learners to people who did not need to know. Information was shared at staff handovers and recorded in learner's care notes. There was a communication book for staff to leave details for other staff regarding specific information about learners. Learner's and staff records were kept securely in individual files stored in the office.

Staff respected learner's privacy. We observed staff seeking learners consent before entering their bedrooms. One relative told us, "When we see our son we have observed staff knocking on the door and waiting outside the bathroom for him to finish."

Staff understood equality, diversity and human rights and received training in this area. The mix of staff was diverse and we observed staff treating learners equally whilst recognising their differences. Learner's

religious preferences was recorded in their care plan and staff supported them with their beliefs. One relative told us, "The staff are great there is a real mix of ages and the team are diverse. It's great that my son sees the staff as his friends."

One relative told us, "We meet our son in his room and we are made to feel welcome and are given space to be with him." The manager held regular resident's meetings to give learners the opportunity to make requests around activities and menu choices.

## Is the service responsive?

### Our findings

Over the last two years there had been a considerable lack of oversight in learner's activities, goals, hobbies and interests. At the last inspection the Responsive Key Question was rated Outstanding. At this inspection this area had deteriorated and further improvement was required.

The new manager told us that activities had not always been person-centred and that the activities available to learners had been restricted to within the service and college campus due to learners challenging behaviour. The manager had taken steps to review the types of activities available to learners to ensure they were person-centred. The manager told us, "For many years the College has held an annual Halloween disco, historically learners have not been given the opportunity to attend and this year they did and loved it." Since the new manager had been in place learners had been out walking in the countryside, to the beach, out for dinner and for pub lunches. On relative told us, "He does more at College View than what he does at home, he goes bowling, to the pier, park and beach and seems to get out and about quite a bit now." This is an area of practice that needs to be sustained and embedded.

At home learners were supported to pursue their own hobbies and interests such as watching movies, playing computer games, spending time in the sensory room and accessing the College Campus's facilities for football and other ball games. Learners had access to Wi-Fi to use their own devices such as tablets and gaming consoles. One learner told us, how much they liked watching films and playing their x-box.

Learners needs were assessed and care plans were developed to meet those needs. Learners, relatives and professionals, where possible, were involved in initial assessment processes to understand learners needs such as religious and disability. The manager and team leader were working with keyworkers to improve the level of detail in learner's care plans to ensure they were person-centred and fully representative of learner's need's. One relative told us, "Everyone seems really respectful of my son. They are aware of his needs and will ask for my opinion."

Care plans were reviewed monthly to ensure learner's needs were met and any changes to care and treatment were recorded and updated. Staff completed daily records for learners which showed their assessed needs had been met. There was good communication between the College staff and service staff. The service staff told us, that face to face meetings took place daily and weekly roundup emails between the education keyworker, care team and relatives if appropriate. Meetings between education and the home are held if the learner's needs changed and formal meetings take place once a term or more frequently if needed.

The new manager had been proactive in reviewing learner's levels of support and responsive in working with the local authority to access further funding for one learner to ensure they have the right support and staffing levels. They also quickly identified that one learner was not settling on the first floor with other learners due to the noise, the learner's challenging behaviour and risks they posed to others. Arrangements were made to move the learner to a quieter part of the home.

All learners had a keyworker. A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them. This meant that learners had a named person to liaise with if they had any concerns. They supported learners with their goals and aspirations. One relative told us, "I get weekly reports from my son's keyworker updating me on what he has been up to."

Learners were supported to maintain relationships with their friends and families. One relative told us, "I FaceTime my son at any time and have never had any issues, if he is not around to answer the call staff will find him or get him to call me back."

There was no one living at the service who was at the end of their life. However, systems were in place to start conversations if the learner's situation changed.

The provider had a policy on Accessible Information Standards which provided a framework to support learners and staff who have information or communication needs relating to a disability, impairment or sensory loss. We observed that care plans reflected learner's communication needs and learners had pictorial communication aids specific to their communication needs. Across the service we found information in easy read formats.

The provider had an accessible complaints procedure. Learners were not able to express complaints formally, but had opportunities to express if they were unhappy through meetings and with staff, and by using their communication aids. One relative told us, "I feel happy to raise a complaint but I would talk to the manager first to try and resolve it." Another relative told us, "I have not had to make many complaints, but I feel that my complaints have been responded to in a timely manner."

## Is the service well-led?

### Our findings

Relatives and staff told us that College View had not always been well-led. Since April 2018 the service had experienced three changes in leadership and management. The recent registered manager left at the beginning of October 2018 and so had several senior support staff. These changes and other contributing factors such as poor communication, guidance, support and culture had affected staff morale and many staff had left as a result. College View had been through a period of change, the provider and senior leadership team had not been proactive in providing effective governance and performance management. For example, it was identified in September that there were significant staff shortages at College View but this was not acted upon until October 2018. There was a lack of oversight with regards to the number of incidents and safeguarding concerns to keep learners safe. For example, it was difficult to gauge how effective the accident and incident system had been in helping prevent and learn from incidents and accidents, if issues had been raised with local authorities and statutory notifications made to the CQC in a timely and appropriate manner. Whilst the senior leadership team were open and honest on the day of inspection and action plans had been developed to improve oversight and governance of the service, these action plans need to be fully embedded to show significant improvements in this area.

We requested information about Registering the Right Support (RRS) from the provider and asked how they used best practice guidance to promote choice, independence and inclusion for people with learning disabilities. The provider gave us their Statement of Purpose which did reflect the values that underpin RRS. However, the provider had not fully developed the service in response to the values underpinning RRS. The service was geographically isolated and there were no action plans on how they could resolve this for learners. The provider had not had clear oversight of their systems and staff training plans, to prevent and respond to crisis situations and safe use of restrictive interventions. Therefore, it is unlikely that a request to register College View today would be granted.

Whilst there were audit schedules in place to review; medicines, care plans, risk assessments, infection control, incidents and accidents. These 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.

The above evidence in relation to quality assurance systems to drive improvement and a lack of senior management oversight, demonstrates that the provider had not provided effective governance and performance management. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place for learners, parents and professionals to provide feedback as part of the organisations quality assurance process, through satisfaction surveys and regular meetings. The new manager told us that meeting with learners had started to take place since their arrival and we saw minutes from the last meeting. However, relatives told us that had not received any satisfaction surveys and only attended annual reviews. This is an area of practice that needs to be embedded to ensure feedback is sought.

A new manager was appointed at the beginning of October 2018 who is in the process of registering with the CQC. Staff told us that recent changes in the management team and the additional appointment of a 'team leader' had been positive. One member of staff said, "It is getting better, lots of changes. It is more open and transparent." Another said, "Staff have felt let down by the senior management team, but I feel that things are improving." There was an open-door policy which enabled staff to communicate with management team about any worries, questions or concerns they had. The manager told us they encouraged and recognised staff through praise, supervision and appraisal. The provider had employer benefits in place such as healthcare schemes, gym memberships, access to counselling and 'making a difference' awards, which were awarded to staff each term. The HR lead and manager talked about how the organisation is reviewing its pay and annual leave system to retain staff going forward.

Staff had opportunities to express their views through supervision and at team meetings. Staff told us, that they felt confident to share ideas and talk to the manager or senior members of the organisation. We observed that handovers between shifts were thorough and staff had time to discuss matters relating to learners, before they returned home from College.

Staff had good day to day working relationships with the College staff and other agencies such as the GP, health care professionals and local authority.

Opportunities were in place for the manager to meet regularly with the head of care and other registered managers from other services, to discuss best practice, policies and procedures, discuss difficult situations and new developments.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Evidence in relation to medicines management and supporting learners with behaviours that can challenge, demonstrates that the provider had not ensured that learners remained safe at all times.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider and senior leadership team had not been proactive in providing effective governance and performance management.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured that there were sufficient numbers of suitably qualified, competent and skilled staff to support learners.