

# The Royal London Society For Blind People Dorton College FE

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection was carried out on 26 May 2016 and was unannounced. Dorton College provides specialist college services for up to five students aged 16 to 25 whom are visually impaired. Four students were residing at Dorton College at the time of the inspection. This was our first inspection at Dorton College.

At the time of the inspection the college had a registered manager in post although they told us they were due to leave the service shortly. 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 and associated Regulations about how the service is run. The college principal confirmed with us they had appointed a new manager to run the service. The new manager was in the process of applying to the Care Quality Commission to become the registered manager.

Students said they felt safe and that staff treated them well. Appropriate recruitment checks took place before staff started work. Safeguarding adult's and children's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Medicines were managed appropriately and students received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of people using the service and they received regular supervision and an annual appraisal with a mid year review. The manager and staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Students were being supported to have a balanced diet. Students had access to a GP and other health care professionals when they needed them.

Staff spoke to students in a respectful and dignified manner and respected their privacy. Students and their relatives had been consulted about their care and support needs. Students were provided with information about the college and they were aware of the services and facilities available to them.

Student's care and support needs were assessed and there were appropriate guidelines in place advising staff how to support them. Transition processes were in place that ensured students received consistent, planned, coordinated care and support when moved between different services. There was a range of appropriate activities available for students to enjoy. Students and their relatives knew about the college complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider sought the views of students through student meetings and surveys. They recognised the importance of regularly monitoring the quality of the service they provided. Students were supported by a well-established staff team and staff said they enjoyed working at the college. There was an out of hours on call system in operation that ensured management support and advice was always available when they

needed it.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. There were safeguarding adults and children's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. Students and staff told us there was always enough staff on duty to meet people's needs.

Medicines were managed appropriately and students received their medicines as prescribed by health care professionals.

### Is the service effective?

Good ●

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of the students.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and were acting according to this legislation.

Students were supported to have a balanced diet. Students had access to a GP and other health care professionals when they needed them.

### Is the service caring?

Good ●

The service was caring. Staff spoke to students in a respectful and dignified manner. Student's privacy was respected.

Students and their relatives had been consulted about their care and support needs.

Students and their relatives were provided with information about the college and they were aware of the services and facilities available to them.

### Is the service responsive?

Good ●

The service was responsive. Student's care and support needs were assessed and there were appropriate guidelines in place advising staff how to support them.

Transition processes were in place that ensured students received consistent, planned, coordinated care and support when moved between different services.

There was a range of appropriate activities available to students to enjoy.

Students and their relatives knew about the college complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

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

**Good** ●

The service was well-led. The provider sought the views of students through students meetings and surveys. They recognised the importance of regularly monitoring the quality of the service provided.

Students were supported by a well-established staff team. Staff said they enjoyed working at the college.

There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

# Dorton College FE

## **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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection was carried out by one inspector on 26 May 2016 and was unannounced. We spent time observing the care and support being provided to students. We looked at two students care records, staff training and recruitment records and records relating to the management of the service. We spoke with three students, the relative of one student, three members of staff and the registered manager. We also asked health, education and social care professionals for their views about the service.

# Is the service safe?

## Our findings

Students told us they felt safe and that staff treated them well. One student said, "I always feel safe because we have regular fire drills with the staff so we all know what to do if a fire happens." Another student told us, "I am comfortable living here. I feel safe and I have everything I need." A relative said, "My relative is safe there. They have certain medical conditions and the staff know what to do to look after them."

The college had policies and procedures for safeguarding adults and children from abuse. We saw the local authorities safeguarding procedures were displayed on the notice board in the staff office. The registered manager and college principal were the safeguarding leads for the service. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the registered manager or the principle. Training records confirmed that all staff had received training on safeguarding adults from abuse. Staff said they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. Staff told us they went through a thorough recruitment and selection process before they started working at the college. They attended an interview and full employment checks were carried out. We were unable to review staff recruitment records because the registered manager told us they were held at the organisation's head office. However, they showed us staff information sheets that included criminal record check reference numbers and recorded that all other required pre-employment checks had been completed. We spoke with the provider's human resources department who confirmed that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment. They also confirmed that they had obtained criminal record checks, two employment references, health declarations and proof of identification.

There were enough staff on duty to meet student's needs. One student said, "I always feel safe because there is always plenty of staff around. There are two staff on during the night so I know I can get help if I need it." Another student told us, "There is always plenty of staff around. They go with me when I go into town shopping or out for something to eat." Staff told us there were always enough staff on duty and said that if there was a shortage, for example due to staff sickness, management arranged for replacement staff. The registered manager showed us a staffing roster. This indicated that residential support assistants supported students during the mornings, evenings and weekends and learning support assistants, Qualified Teachers of learners with Vision Impairment (QTVI) supported students to college or with their education during the day. The registered manager told us if extra support was needed for students to attend social activities or health care appointments, additional staff cover was arranged.

There were arrangements in place to deal with foreseeable emergencies. Student care files included personal emergency evacuation plans which detailed how to keep them safe in the event of an emergency. Care files also contained risk assessments that included information for staff on how to support them appropriately and keep them safe. These recorded the risk to the student, the harm that could occur and the

measures staff must take to reduce the risk of harm occurring. We saw risk assessments relating to, for example, medicines and visual impairment. The risk assessments had been kept under regular review.

Students were receiving their medicines as prescribed by health care professionals. Where students had been prescribed medicines we saw this was recorded in their files. Medicines risk assessments had been carried out for each student to assess if they could self-medicate or if they required any support from staff. At the time of our inspection one student was self-medicating. They showed us that their medicines were stored securely in locked cupboards in their bedroom. This student told us, "I look after my medicines myself. I discussed this with my keyworker, we had an assessment and the staff just checks with me to see if everything is ok." Another student told us a nurse visited them each week to support them with their medicines. We met with the nurse; they said, "I come in once a week to support a student with their medicine. The staff understand this student's health needs. Their medicine records are always in place and available when I come." The registered manager showed us medicines audits which included spot checks, stocks and balance checks and records of medicines received and returned to the pharmacist and the safe storage of medicines. The registered manager told us that all staff had received training and annual competency assessments on the administration of medicines. Training records confirmed this.



# Is the service effective?

## Our findings

Students told us staff knew them well and knew what they needed help with. One student told us, "The staff know how to support me and what I need help with. They are trained to help me." Another student said, "I cannot say enough about the staff, they are great at doing everything. The staff are very knowledgeable about all of the students' needs not just mine. Whether it is medical or social, all of our needs are being met."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they had completed an induction when they started work, they were up to date with their mandatory training and they received regular supervision and an annual appraisal of their work with a mid-year review. One member of staff told us, "We get loads of training. I recently received training on the Mental Capacity Act. I thought it was really informative; there were lots of real life examples. The training has given me a better understanding of how I can support people with making decisions." We also saw that staff were formally observed by managers for example during key working sessions and activities with students. Reports from these observations recorded the member of staffs strengths, areas for improvement and areas of best practice which could be shared with other staff. Following the observations an action plan was drawn up where the manager suggested strategies for improving the member of staff's performance.

Training records confirmed that staff had completed an induction program which covered the 15 standards as set out in the care certificate standards (CCS). The CCS was introduced in April 2015 and is the benchmark that has been set for the induction standard for new social care workers. All staff had completed training that the provider considered mandatory. This included training in safeguarding adults and children, moving and handling, first aid, food hygiene, infection control and the administration of medicines. Staff had also completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and other training relevant to the needs of the students including fire evacuation, equality and diversity, Autism, braille and advanced sighted guide, the sighted guide technique enables a person who is blind to use a person with sight as a guide. Records also confirmed that all staff were receiving regular supervision and appraisals of their work performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. They told us if they had any concerns regarding a student's ability to make decisions they would work with them, their relatives, if appropriate, and any relevant health

care professionals to ensure appropriate capacity assessments were undertaken. If the student did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005. One student had a DoLS authorisation in place. We saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

Students were being supported to have a balanced diet. Student's care files included assessments of their dietary needs, their food preferences, the equipment they required and the support they required from staff at mealtimes. Students had access to specialist equipment enabling greater independence which met physical and sensory needs. For example equipment in the kitchen included talking microwaves, scales and clocks, one cup tea/coffee makers, water level indicators and adapted cutlery and plates. One student told us, "A member of staff usually cooks and we are encouraged to participate with the preparation of meals. We have a rota for setting the table and putting the cups out. The staff strongly promote that we eat healthy meals." Another student said, "Cooking is one of the topics I study here. I met my care plan target recently by cooking macaroni cheese for the other students."

Staff monitored student's health and wellbeing and where there were concerns they were referred to appropriate health professionals. The registered manager told us that most students preferred to stay with their own GP's. Students also had access to dentists and opticians, dieticians where required. We saw records of health care appointments were held in student's files.

## Is the service caring?

### Our findings

A student told us, "I really enjoy it here and goodness me the staff are very caring. The care I am given is impeccable, it's amazing. When I came last year, my first year, I had a nasty cold. The staff brought cups of tea and dinner to my bedroom. They made me feel special and part of the house." Another student told us, "The staff are really good. They are very nice and helpful." A third student said, "I like the staff, they are always nice." A relative told us, "The staff are very caring and well attuned to my relative's education and care needs. The staff are really good at fostering my relative's independence." A health care professional told us staff were always welcoming towards them and the staff were both caring and respectful toward the students. They said the staff demonstrated a good understanding of the students' support needs and went to some lengths to supply those needs.

Students told us they had been consulted about their care and support needs. One student told us, "Before I started to attend the college, the staff met with me and my parents and we talked about all the things I needed. I came to visit the college and then stayed overnight. When I started at the college they did a thorough assessment of what I could do for myself and what I needed help with. They put a care plan in place and I discuss what's in it regularly with my keyworker." A relative said, "They make sure we as a whole family are involved in planning for our relatives education and care and support needs. I attend the review meetings where we discuss things together with the college staff. We can put our views and opinions across on how my relative would like to be supported."

Staff were knowledgeable about people's needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet identified needs or wishes. Staff received training in equality and diversity. Throughout the course of our inspection we observed staff speaking with and treating students in a respectful and dignified manner. They were observed to give people time and space to do the things they wanted to do. We saw that support was delivered by staff in a way which met the student's needs, for example staff observed a student making a cup of tea and making minor prompts to support them. We also saw learning support staff supporting students on computers with their educational needs. One student told us, "I have a keyworker and they do a lot to support me. For example in mobility we did some route planning when I first started at the college. They watched me from a distance to make sure I was okay. They met me at the planned destination and told me what I done well and if I needed to do anything else. Once I had become familiar with the route I was signed off. I now use these routes frequently for moving around the college and going out into the community."

Students told us that staff treated them with dignity and respect at all times. One student said, "The staff respect my privacy, they always knock on my bedroom door and ask if it's alright for them to enter my room." Another student told us, "The staff always knock before coming into my room. When they help me with things they always tell me what they are doing."

Students and their relatives were provided with appropriate information about the college in the form of a 'Student Handbook'. The handbook was available in braille and large print and included the complaints procedure, the services the college provided and ensured students were aware of the standard of care and

support they should expect. The handbook also included a student agreement that they would attend all lessons and other additional support agreed such as work placements to support them in achieving and getting the most out of their time at the college. The registered manager told us this was given to students and their relatives before they started at the college.

## Is the service responsive?

### Our findings

One student told us, "I have learned a lot, I've come on leaps and bounds. I can do so many things that I couldn't do before." Another student told us, "I am happy here. I am learning Braille and staff are teaching me how to do things like folding my clothes and making my breakfast." A relative told us, "We have been extremely lucky to find this great college. It's been an excellent four years for my relative." An education officer told us they found the college to be very proactive and supportive of the students both educationally and residentially. Students were suitably stretched academically and with life skills such as travel training and independent living skills. The packages developed by the college for the students were person centred with an evident desire to meet the student's aspirations and needs.

Assessments were undertaken to identify student's support needs before they attended the college. The college's transitions coordinator told us they assessed new student applications to the college, and arranged for them to visit, which included an overnight stay. Initial assessments were then carried out by a range of health care professionals employed by the college including, for example speech and language therapists, physiotherapists, occupational therapists to determine whether the college was able to meet the needs of the student.

Once a placement was agreed, a baseline assessment of the student's educational and residential support needs was carried out, and care and support plans were drawn up. These were reviewed regularly in order to ensure they remained reflective of each student's individual needs. A member of staff told us they attended college for inset days during August each year to read information about new students starting at the college in September. The transitions coordinator told us about one student who was about to finish their college education and was moving on to a new placement. They and the student and their relatives had considered and visited a number of placements before making a decision on where they wanted to move. This student's relative told us, "Right from the time my relative started to attend the college, four years ago, they started to make plans for what my relative would do when it was time for them to leave. We have had great support all the way through."

Care files we reviewed were well organised, and information was easy to read and accessible to staff. Care files also included information on student's medical needs, mobility and orientation, decision making, religious and cultural needs, their communication methods and their personal care support needs. We saw care plans that included detailed information and guidance for staff on how the student's care and support needs should be met. We saw support guidelines in one student's care file for supporting them to prepare a meal. In another student's care file we saw support guidelines including pictures of how to support them in and out of a bath and how to support them to put their coat on and take it off. One student told us, "Before I came here I was so dependent on others, I couldn't do a lot of things for myself. I have targets now that I need to achieve. I have learned new independent skills such as making my bed, making breakfast and going out by myself."

Students told us that meetings were held on Wednesday evenings. They told us they usually discussed activities, house meals, student achievements, maintenance and health and safety issues. We looked at the

minutes from the last meeting 18 May 2016. This was well attended by students and staff. Students discussed their achievements such as completing work experience and exams. Activities for the following week such as a student reunion were also discussed. One student said, "We all talk about what we want and what we need. The staff might need to tell us things about the college and activities. The minutes are put into the student's preferred reading format such as braille or large print." Students told us about the activities they attended. One student told us they enjoyed a student reunion at the college and they had recently visited a London attraction. They said they had also gone to a theatre but it was a bit too noisy and they didn't really like it so they had no plans to go back there. The manager showed us, "You said we did" records. These included requests from students to the college to arrange activities and the actions taken by college staff. For example one student requested a party with the students from the provider's other house, another student wanted to attend a disco and another student wanted to go bowling. We saw that college staff had made arrangements for these activities to take place.

Students and their relatives said they knew about the college's complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One student said, "I would know what to do if I needed to complain but I don't and have never had to." A relative said, "I know what to do if I want to complain, it's all in the student handbook." We saw a complaints file that included a copy of the colleges complaints procedure and forms for recording and responding to complaints. The complaints procedure was also available in the student's preferred reading format. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

## Is the service well-led?

### Our findings

A student told us, "I really like the college. The manager and staff are great. It is well organised and runs smoothly." A relative told us, "The managers are very diligent and know what the students need, I think the college is very well run." The college achieved a rating of Good from Ofsted, December 2015, in the effectiveness of leadership and management. Ofsted inspectors also recorded that students were benefiting from outstanding personalised support that helped them to achieve their main goals and develop independence.

Students were supported by a well-established staff team. A member of staff told us they had worked there for many years; another told us they too had worked there for many years. One staff member said, "There is a low staff turnover here. It's really good for the students because they receive consistent support from experienced staff."

At the time of our inspection the service had a registered manager in post. However the registered manager told us they were leaving the college. The college principal confirmed with us they had appointed a new manager to run the service who was in the process of applying to the Care Quality Commission to become the registered manager. Staff told us there was an out of hours on call system in operation. Staff said management support and advice was always available for staff when they needed it.

The provider recognised the importance of regularly monitoring the quality of the service. We saw records that demonstrated regular audits were being carried out. These included health and safety, infection control, medicines, staff training, supervision and appraisals, and care file audits. We also saw reports from quality monitoring visits carried out by the provider. These were carried out every three months and monitored the college's compliance with the regulations associated with the Health and Social Care Act 2008. The visits and subsequent reports considered if the service was safe, effective, caring, responsive and well led and included recommendations for further service development. The last report concluded that the manager had addressed the recommendations made. We saw the 'Principals Report to the Governors 2015' which recorded details of the college's performance in the previous academic year, the student's achievements and the college's plans for the next academic year including delivering a programme on equality and diversity. The report also covered incidents, safeguarding concerns, student complaints, student activities, staff recruitment and training and the findings from the staff survey.

The provider took into account the views of students and their relatives through annual surveys. In the 2015 survey students said they received enough information and support about their course and settling in at the beginning of the year. Access to sport facilities and transport was good. Students felt safe and they were treated fairly. Where students had identified any issues, we saw the provider had taken action to make improvements. For example, one student fed back that they were unable to manage a particular class and so was supported to change to a more structured programme. Another student had fed back that their special dietary requirements were only mostly met. We saw that an action was put in place to address any concerns the student in question had with their mealtimes and diet. Assessments of the service had also been undertaken by "Independent listeners". These were people employed by the college to carry out

unannounced visits to the service and observe how students were being supported by staff. The registered manager told us they used the feedback from the independent listener's reports, students meetings and student survey to make improvements at the college.