

The Royal Society for Blind Children

Dorton College of FE

Inspection report

25 Avondale Road
Bromley
Kent
BR1 4HS

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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 20 September 2017 and was announced. The college was given 24 hours' notice because we needed to be sure that students would be available to speak with. Dorton College provides specialist college services for up to five students who are visually impaired. Four students were residing at Dorton College at the time of the inspection. This was our first inspection of Dorton College at this location.

The college had a registered manager in post. 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.

Students told us they felt safe living at the college. All staff had received training on safeguarding people from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. We observed a good staff presence at the college and staff were attentive to the student's needs. Action was taken to assess any risks to students. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. Medicines were managed appropriately and students were receiving their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet the needs of the students. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Students were encouraged to cook and eat healthy foods and they had access to specialist equipment that enabled greater independence which met their physical and sensory needs. Students had access to healthcare professionals when required. Students told us their privacy and dignity was respected and there were plenty of activities for them to partake in if they wished to do so.

Students had been consulted about their care and support needs. Assessments were undertaken to identify student's care and support needs before they started to attend the college. Care and support plans were drawn up ready for the student attending the college. Care plans included detailed information and guidance for staff on how each student's care and support needs should be met. The college supported students to consider their next steps when they graduated from the college. The college had a complaints procedure in place. Students told us they were confident their complaints would be listened to.

The college recognised the importance of regularly monitoring the quality of the service. They sought the views of students through satisfaction surveys and at weekly meetings. Staff told us they liked working at the college, they received good support from the registered manager and there was an out of hours on call system in operation that ensured that management support and advice was available to staff 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 ●

There were safeguarding procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work. There was enough staff on duty to meet student's needs.

Appropriate procedures were in place to support students where risks to their health and welfare had been identified.

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 the knowledge and skills required to meet the needs of the students.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Students were encouraged to cook and eat healthy foods and they had access to specialist equipment that enabled greater independence which met their physical and sensory needs.

Students had access to healthcare professionals when required.

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 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.

Is the service responsive?

Good ●

The service was responsive

Assessments were undertaken to identify student's care and support needs before they started to attend the college.

Students said there were plenty of activities for them to partake in if they wished to do so.

The college supported students to consider their next steps when they graduated from the college.

The college had a complaints procedure in place. Students told us they were confident their complaints would be listened to.

Is the service well-led?

Good ●

The service was well-led.

The college had a registered manager in post.

Students were supported by a well-established staff team. Staff told they liked working at the college and they received good support from the registered manager.

The college recognised the importance of regularly monitoring the quality of the service. They sought the views of students through satisfaction surveys and at weekly meetings.

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

Dorton College of 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.

This inspection was carried out on 20 September 2017 and was announced. The college was given 24 hours' notice because we needed to be sure that students would be available to speak with. 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 college. We spoke with two students, four members of staff, the registered manager and the college manager.

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. The college completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

Is the service safe?

Our findings

Students told us they felt safe and that staff treated them well. One student told us, "I feel safe. The staff make me feel safe." Another student said, "The staff always make sure I am safe. For example before we go out somewhere we discuss the safest way to do things."

The college had policies and procedures for safeguarding adults and children from abuse. The registered manager told us the director of services was the designated safeguarding lead for the college. 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 safeguarding concerns to the director of services. Training records confirmed that all staff had received training on safeguarding adults and children from abuse. Staff said they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to. We saw the director of services contact details were displayed in the staff office alongside those of the local authorities safeguarding team and the police for staff reference.

There were enough staff on duty to meet student's needs. A student told us, "There is enough staff here to support us. If we want to go out there is always a staff member to take us. There are two staff on duty at night so we are safe and I know I can get help if I need it." Staff told us that activities were planned during weekly students meetings and staff meetings and the registered manager made sure there was always enough staff on duty to support students with these activities. The registered manager showed us a staffing roster. This indicated that residential support staff assisted students during the mornings, evenings and weekends and education staff supported students to college or with their education during the day time.

Appropriate recruitment checks took place before staff started work. We were unable to review staff recruitment records because they were held at the provider's head office. However, the registered manager 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 and proof of identification for all members of staff employed at the college.

There were arrangements in place to deal with foreseeable emergencies. Staff and students knew what to do in the event of a fire and told us that regular fire drills were carried out. Students care files included personal emergency evacuation plans which detailed how to keep them safe in the event of an emergency. The registered manager showed us a fire folder that included a fire risk assessment for the college. The folder also held records of weekly fire alarm testing, servicing of the alarm system and fire equipment and reports from fire drills. Training records confirmed that all staff had received training in fire safety. Checks were also made on the safety of the premises in areas including legionella, and electrical and gas safety.

Assessments were undertaken to assess any risks to students. We saw individual risk assessments were in

place specific to each student's needs. For example risk assessments were in place relating to visual impairment, using public transport, self-medicating and mobility. The risk assessments included information for staff about the actions they needed to take to minimise the risks to the students. Risk assessments were kept under regular review in order to take account of any change in needs.

Student's medicines were managed appropriately. 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 and one student required support from staff to take their medicines. A student told us, "I look after my medicines myself. I take my medicines and sign a sheet and the staff just monitor me to make sure I am doing things right. Everything is all written up in my care plan." We saw a medicines sheet that was signed daily by this student and audited weekly by the registered manager. We saw that the other student's medicines were stored securely in the staff office. This student had medication administration record that indicated they were receiving their medicines as prescribed by healthcare professionals. Staff responsible for administering medicines had received training and an annual competency assessment on the administration of medicines. The registered manager showed us medicines audits which included the safe storage of medicines, stocks and balance checks and records of medicines received and returned to the pharmacist. These processes helped protect students from the risks associated with inappropriate use and management of medicines.

Is the service effective?

Our findings

Students told us staff were effective. One student told us, "The staff definitely know what they need to help me with." Another student said, "I think the staff are very well trained. I get lots of support from them around my independence."

Staff had the knowledge and skills required to meet the student's needs. 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 appraisal of their work performance twice a year. The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

Training records confirmed that staff had completed an induction programme. All staff had completed training that the provider considered mandatory. This training included safeguarding adults and children, moving and handling, equality and diversity, first aid, food hygiene, infection control and the administration of medicines. Staff had also completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and other training relevant to the needs of the students such as autism and vision impairment. A member of staff told us, "I have recently completed advanced sighted guide training. This enables a person who is blind to use a person with sight as a guide. I went on buses and trains blindfolded and this really helped me understand the students' needs and how I need to support them." Another member of staff told us, "I have learned to read braille and I am now learning to write braille. This is very useful as I am using these skills to support one of the students to write up the menus for the college."

We saw records confirming that all staff were receiving regular supervision and appraisals of their work performance. We also saw that staff were formally observed by managers during activities with students. Reports from these observations recorded the member of staff's 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.

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 and staff demonstrated a clear understanding of the MCA and DoLS. The registered manager said that none of the current students required DoLS authorisations. If they had any concerns regarding a student's ability to make decisions they would work with them and 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.

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 told us they were encouraged to eat healthy foods and they had access to specialist equipment that enabled greater independence and met their physical and sensory needs. For example equipment in the kitchen included talking microwaves, scales and clocks, one cup tea/coffee makers and water level indicators. One student told us, "We cook our own breakfast and lunches and we take it in turns supporting staff to cook a main meal in the evening. I like to prepare the vegetables. The food here is very good." Another student said, "I have been using an 'acti-fryer' which helps me to become more independent with my cooking skills. I also have a machine that I use for making tea and coffee."

Staff monitored student's health and wellbeing and where there were concerns they were referred to appropriate health professionals. One student told us, "I have my own GP who I see when I need to. I think my health care needs are very well looked after here." The registered manager told us that most students preferred to stay with their own GP's and they could access dentists and opticians when required. Students also had access to occupational therapists, physiotherapists and speech and language therapist that were employed by the college. We saw that records of appointments and input from health care professionals were recorded in students care records.

Is the service caring?

Our findings

One student told us, "I think the staff are very caring. They want to do the best for us." Another student said, "I would say the staff are caring. They treat me like an adult which is very important to me."

Students told us they had been consulted about their care and support needs. One student told us, "I have a keyworker; we meet every week and we talk about what my needs are. I have a care plan and I know what's in it. If I think something different needs to happen I will talk to my keyworker and we can change the care plan." Another student said, "I have a very good relationship with my keyworker. I know I can talk to them about anything that I need. I really feel the difference in myself since I moved here. I have learned a lot in the last year."

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 students 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 we observed a student being supported by staff to make batter for 'toad in the hole', before the evening meal. We also saw education staff supporting students on computers with their educational needs. Students told us that staff treated them with dignity and respect at all times. One student said, "The staff always knock on my bedroom door and ask if it's alright for them to enter my room. If I want to spend time alone they respect that too."

Staff told us how they ensured student's privacy and dignity was respected. One member of staff said, "Most of the students can look after their own personal care needs. When they are getting dressed or undressed or they have a shower or a bath I might advise them to close the curtains and windows to make sure their privacy is maintained. If I am supporting a student out of a bath or shower I hold a towel up in front of them to maintain their dignity and I make sure no one comes into their room."

Staff training records showed that all staff had completed equality and diversity training. The college manager told us that students are supported to access a range of activities that fostered positive relationships between different groups of people. We saw that the colleges citizenship programme included sessions for students on lesbian, gay, bisexual and transgender people (LGBT) issues, anti-bullying, rights and responsibilities, voting rights, sex education and healthy relationships. The college manager told us that the college had supported students with diverse needs to attend their places of worship and festivals relevant to their sexual preferences in previous terms. They told us that the college would continue to encourage students to express themselves and support them to do whatever they wanted to do.

Students were provided with appropriate information about the college in the form of a 'Student Handbook'. The handbook included the complaints procedure, the services the college provided and ensured students were aware of the standard of care and support they should expect. One student said about the handbook, "It was useful for me to read when I started the college; I haven't needed to read it for a while though as I know what's going on now." 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

Students told us the college was meeting their care and support needs as well as their educational needs. One student told us, "I get support from staff with life skills. I have been learning to cook and how to manage my money. Lots of things have been put in place to help me become independent." Another student said, "I feel very happy and settled here. I am learning a lot."

Assessments were undertaken to identify student's support needs before they started to attend the college. The college manager told us they assessed new student's applications to the college, visited students at their homes if necessary, arranged for students to visit the college, have overnight stays and arranged for pre-entry assessments to be completed. Pre-entry assessments were carried out by a range of health care professionals employed by the college including, for example speech and language therapists, physiotherapists and occupational therapists to consider if the college was able to meet the needs of the student. Once a placement was agreed an assessment of the person's educational and residential support needs was carried out and care and support plans were drawn up ready for the student attending the college. After starting at the college further reviews were carried out to see how students were settling in, and on an annual basis to consider if the student's needs are being met and if any changes needed to be made. A member of staff told us they attended the college for three inset training days each year before the start of the new academic year. During this period they read information about new students starting at the college in September. They said, "We look at what the new students need, for example the resources we need and the strategies that need to be put in place. For example this year we needed to adjust the menus to meet some student's needs."

We looked at two student's care files. The files included care plans and risk assessments relating to the student's medical needs, mobility, decision making, religious and cultural needs, their communication methods and their personal care support needs. Care plans and risk assessments included detailed information and guidance for staff on how the student's care and support needs should be met. Assessments had also been carried out by a speech and language therapist, physiotherapists and an occupational therapist and support guidelines from these professionals were held in the care files. For example we saw an occupational therapist's report in one student's care records along with guidelines, agreed with the student, for staff to support the student with getting dressed.

Students had access to information in formats that met their needs and they used specialist equipment which supported sensory needs. For example one student told us they used large print on yellow paper and a computer application for magnifying type which helped them to read. Another student told us they used an iPhone application to access information and text friends. They were also learning to use a braille keyboard for accessing their computer.

Students received co-ordinated care when they graduated from the college. The college manager told us the transition process started when students joined the college. The college focussed on the student's aspirations for the future and long term education and health outcomes. When students were ready to move on from the college, meetings were organised between students, families, transition staff, social worker's

and careers officers in order to discuss the student's next steps when they left the college. Students are supported and signposted to a range of suitable housing provisions, employment, voluntary or other day provision that would meet their needs to help inform their decision making. The college manager said the college modelled a supported living environment and many students had found that they liked to explore supported living as an option when they moved on. They told us the college was currently supporting one student who wanted to live semi-independently in a flat. The student hoped to secure part time employment and had been supported to develop Employability skills as part of her programme at the college.

The college had its own transport and students told us there were plenty of activities to attend at the college and out in the community. One student told us, "I go out a lot on shopping trips, to cafes and to theatres. Last week I went out for a meal and to the park." Another student told us, "I go shopping, I go to the cinema or to the gym and we have games to play in doors such as card and board games. Sometimes we go on trips to the coast."

Students told us they knew about the college's complaints procedure and they would tell staff 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. We saw a complaints file that included a copy of the complaints procedure and forms for recording and responding to complaints. The complaints procedure was also available in the student's preferred reading format. The registered manager told us there had been no complaints made to the college. If they did receive a formal complaint they would write to any person making a complaint to explain what actions the college would take and keep them fully informed throughout.

Is the service well-led?

Our findings

A student told us, "The college is great. The registered manager is amazing; she is very caring and nice to talk with." Another student said, "Its good here. I think it's well run."

The college had a registered manager in post. They had managed the service for one year. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of student's needs and the needs of the staffing team.

Staff told us they liked working at the college, they received good support from the registered manager and there was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it. Throughout our inspection it was clear from the registered manager, the college manager and staff that the purpose of the college was to support students with their education, to help them learn new skills, gain independence and to achieve their aspirations. A member of staff told us there was a low staff turnover which meant that students received consistent support from experienced staff. Another member of staff said, "I have worked at the college for 11 years. I enjoy having a positive impact on young people's lives. It's very rewarding seeing how much support the students need when they arrive and seeing all of the things they can do for themselves when they leave. We don't over support students; we give students just enough support to reach their goals." A third staff member told us, "I can honestly tell you that the registered manager is a very caring and thoughtful person. She is 100% committed to the students and very supportive of the staff."

The college recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular audits were being carried out. These included health and safety, infection control, medicines, staff training, supervision and appraisals and care file audits. The registered manager showed us the college's quality improvement plan (QIP). The QIP covered the CQC's five key questions of safe, effective, caring, responsive and well led and was kept under regular review. For example the QIP recorded that a review and update was required of the medication policy and to ensure all staff are aware of the updates and trained as included in the policy by September 2017. The QIP recorded that these actions had been completed in June 2017.

We saw reports from visits carried out by the director of services. The last report dated 5 June 2017, indicated they visited the college and spoke with students. They discussed an issue relating to activity logs with education staff and the registered manager. They observed that the communal areas were tidy and clean and they sat in with the registered manager and staff during a handover meeting. We also saw a report from an independent listener. These are people employed by the college to carry out unannounced visits to the college and observe how students were being supported by staff. The last report dated 6 June 2017 recorded that staff interaction was good and tailored to each student's needs. There were no concerns about safeguarding, health and safety and there were no suggestions for improving the student's experience.

The college took into account the views of students through satisfaction surveys and weekly house meetings. We saw surveys completed by students; these included positive comments about their experiences at the college. Students told us about house meetings that were held each week. They said, "We usually discuss activities, meals, maintenance and health and safety issues. I think the meetings are good. We can say what we want and tell the staff too." The college manager told us that any areas for improvement raised by students would be recorded onto the QIP. The registered manager told us they used the feedback from the independent listener's reports, students meetings and the student survey to make improvements at the college.