

The Percy Hedley Foundation

Percy Hedley College

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We inspected Percy Hedley College on 13 January 2016. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because we wanted the registered manager to be present to assist us with our inspection.

Percy Hedley College is part of the Percy Hedley Foundation. On the college campus there is residential accommodation for a maximum number of 10 people who have a learning disability and complex physical care needs. People who used the service also accessed the college facilities during the week.

The home had a registered manager in place. 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.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw that the registered provider completed an annual health and safety audit in November 2015, however no other formal health and safety audits took place at other times. Infection control audits were not completed. Care record audits were not completed. This meant that the service did not have the appropriate audit documentation in place to effectively monitor quality.

Staff did stock checks on medicines and counted to make sure medicines tallied, however no other formal auditing in respect of medicines was completed. The registered provider failed to identify that medicines had not been written up from a current prescription, that PRN [as required] protocols were not in place and that the temperature of the room in which medicines were stored was not taken and recorded to ensure that medicines were stored at safe temperatures.

The registered manager had not sought the views of people who used the service and relatives in the way of an annual survey since June 2014.

Parents we spoke with during the inspection told us they felt listened to but thought there should be a forum in which parents meet with the registered manager to share their views and ideas. At the time of the inspection there were not any formal relatives meetings.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Head of Adult Residential Services visited the service on a regular basis and from November 2015 introduced a quarterly audit to monitor the quality of the service provided. This audit links to the registered

provider's organisation wide Quality Framework, which is updated monthly.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. At the time of the inspection people had not been weighed on a regular basis and staff had not undertaken nutritional screening of people.

People were supported to maintain good health and had access to healthcare professionals and services. People did not have hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. The registered manager contacted us after the inspection and told us they had commenced work on hospital passports.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing [telling someone] and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. However many of the residential services checks were mixed in amongst the main college checks which made it difficult to see at a glance that service checks were up to date. The registered manager told us after the inspection they were to take control of the storing of such records and in future they would be kept separate from the main college campus.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Care records had been personalised to each individual and covered areas of risk such as scalding, behaviour that challenged and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervision twice yearly. Staff told us they had an annual appraisal; however records were held centrally in the main college which meant we were not able to see these.

One recently recruited staff member told us they had gone through induction; however records of this induction were not available for inspection. Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People told us that there were enough staff on duty to meet people's needs. The registered manager understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful and patient with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw people's care plans were very person centred and written in a way to describe their care, and support needs. These were regularly evaluated, reviewed and updated.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw that there was a plentiful supply of activities and outings. Staff encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

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.

Arrangements were in place to make sure people received their medicines safely, however some improvement was needed with record keeping.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Appropriate recruitment checks were completed to help ensure suitable staff were recruited to work with people who used the service. There were sufficient numbers of staff on duty to make sure people got the help and support they needed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were supported to make choices in relation to their food and drink. At the time of the inspection people had not been regularly weighed and nutritional assessments had not been completed.

People were supported to maintain good health and had access to healthcare professionals and services. However people did not have hospital passports.

Staff received training and development, supervision and support from their registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of

people who used the service and care and support was individualised to meet people's needs

Is the service responsive?

Good ●

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs. However some care records need more information to make sure the needs of the person were met.

People had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests. People and relatives told us that if they were unhappy they would tell the registered manager and staff.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Regular auditing was not taking place to make sure the service was run in the best interest of people. Surveys seeking the views of people and their relatives had not been undertaken for some time.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Staff meetings took place regularly. Staff told us they felt listened to and they were encouraged to share their views.

Percy Hedley College

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 checked 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.

We inspected the service on 13 January 2016. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because we wanted the registered manager to be present to assist us with our inspection. The inspection team consisted of one social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed a provider information return (PIR) at our request in December 2014. 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.

At the time of our inspection visit there were nine people who used the service. Communication was limited for some people who used the service, however we were able to speak with two people. We spent time with all people who used the service in communal areas and observed staff interaction. After the inspection we spoke with the relatives of two people who used the service.

During the visit we spoke with the registered manager, the deputy manager, the head of adult residential services, a nurse, a representative of the maintenance team and generally chatted with all nine care staff on duty.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

At the time of our inspection none of the nine people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

Staff who worked at the service gave morning, evening and weekend medicines when people remained at the service. At lunchtime medicines were given by the college nurse. There was a separate supply of medicines in both the service and college to avoid any mix up and to prevent people and staff having to transfer medicines from one place to another.

The nurse told us those people who required emergency medicines had a secure yellow bag which was kept with them (usually on the back of their wheelchair). A risk assessment had been carried out and it was determined this was the safest way to ensure that people requiring such medicines for example in the event of an epileptic seizure would get them immediately.

Staff at the service were responsible for the ordering of some medicines for people who used the service and for others parents ordered medicines and sent them into the service. When medicines were sent into the service from parents staff would write the name of the medicines, dose and frequency on the Medication and Administration Record (MAR) from the label on the box. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. However there wasn't a copy of the current prescription available for staff to check to make sure that this was the medicine that the doctor had prescribed. We pointed this out to the registered manager who told us they would take action to rectify this.

Medicines were stored in a lockable trolley within a locked room. We saw records to confirm that medicines were checked by two members of staff when it came into the service and it was then stored securely. We checked the MAR of two people who used the service and saw that these were fully completed, contained the required entries and was signed. There was information available to staff on what each prescribed medication was for and potential side effects.

People were prescribed medicines on an 'as required' basis (PRN). Staff were very knowledgeable about the people they provided care and support to and were aware of when people may need medicines such as pain relief; however there were not any written PRN guidelines. This meant that staff were not provided with written information on when they were needed, any nonverbal signs suggesting the medicines may be needed, how they should be given and a maximum dose to maintain the person's safety. This was pointed out to the registered manager who said they would introduce PRN guidelines for all people who used the service.

We asked people who used the service if they felt safe. One person said, "Of course I do its good here." A relative we spoke with said, "[Person who used the service] has been in respite at other places and I've

worried but not at this place I don't worry I know he/she is safe."

Staff had a good understanding of how to respond to safeguarding concerns. Staff we spoke with said they would not hesitate to report any concerns or incidents of abuse. Staff were able to describe different signs of abuse and knew how to raise any concerns immediately. They had confidence that the registered manager would respond appropriately to any concerns. Staff we spoke with said they had completed safeguarding and child protection training within the last 12 months. When people first started to use the service staff discussed the anti-bullying procedure with them. People who used the service were told about different types of bullying and abuse and who this should be reported to. We saw that the service had a pictorial easy read procedure to help people who use the service to understand this.

One relative we spoke with told us the registered manager was very approachable and they had open and honest discussions with them. They told us the registered manager was extremely receptive and welcomed any concerns they may have. The relative gave us one example of when they noticed the person who used the service had a scratch on their hand. They told us they made enquiries as to how this could have been caused. They were keen to say that this was an enquiry and not an accusation. They told us the registered manager responded professionally and welcomed their call. The relative said, "That openness is incredibly important to us."

We also looked at the arrangements in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us their suggestions were listened to and they felt able to raise issues or concerns with the registered manager. One staff member said, "[The registered manager] is always around and very easy to talk to."

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. When people behaved in a way that may challenge others, staff managed situations in a positive way and protected people's dignity and rights. The registered manager and staff we spoke with demonstrated they sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. There were behaviour plans in place which the registered manager could demonstrate were working for people. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. The care record for one person identified that they would not wait for their food to cool. To ensure the safety of the person staff didn't give the person the food until it was at a safe temperature. This person was also identified at overloading their spoon with food which posed a choking risk. To manage this staff were present at mealtime to support and guide the person when needed.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers, gas safety and hoists. We did point out to the registered manager at the time of the inspection visit that it was difficult to determine from the current records which checks were of the main college and which were of the residential service. The registered manager told us after the inspection they had taken action to rectify this and in future they were to maintain all servicing records separately for the residential service.

On the day of the inspection portable appliance testing (PAT) was being undertaken. PAT is the term used

to describe the examination of electrical appliances and equipment to ensure they are safe to use. We spoke with a representative of the maintenance team who told us PAT testing was completed in January every year. They said that PAT testing was also completed in between if people who used the service brought electrical equipment from home. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. The most recent practice had taken place in January 2016. Tests of the fire alarm system were undertaken each week to make sure that it was in safe working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said accidents and incidents were not common occurrences, however the service had appropriate documentation in which to record an accident and incident should they occur.

The registered manager told us two staff members had been recruited in the last 12 months. The registered manager talked us through the recruitment process which included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. We saw records to confirm that DBS checks were completed prior to staff starting work. One staff member we spoke with during the inspection said, "My DBS was back before I started work. I had to bring it in. They also did references."

We looked at the arrangements in place to ensure safe staffing levels. The registered manager told us during the day and evening staffing levels were one to one. There was always one staff member for each person who used the service. Overnight there was one waking night staff member and a minimum of one staff on a sleep over who would go to bed but could be called upon when people who used the service had gone to bed. The registered manager and staff told us that staffing levels were flexible and could be increased whenever there was a need. We were told when they took people home or to an appointment it would mostly be two staff allocated to accompany the person. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted to do. For example, when people returned to the service from their college day, three people went swimming and others went to play golf. Those people who remained at the service were observed to have one to one staffing. Staff we spoke with confirmed staffing levels were always one staff member to one person who used the service. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "We work really well together."

Is the service effective?

Our findings

Staff and people who used the service told us that they were involved in making choices about the food they ate. Every Monday evening people and staff had a meeting to discuss and choose food for the week days ahead. Some people went home at the weekend so the menu wasn't planned for then. People would choose what they would like to eat on the day. Staff told us how they encouraged a healthy diet and that fresh fruit and vegetables were readily available and used.

Staff and people told us about homemade burgers they had made and enjoyed. On the day of the inspection we saw one person was involved in peeling the potatoes with staff for the evening meal. We asked if they usually helped with making the evening meal and they laughed as they told us, "Someone has got to do it." We saw that the staff member was encouraging and supportive with this task.

People who used the service and staff regularly used the independent living skills room within the college. This is a room with cookers and other kitchen facilities which can be lowered or raised in height. This meant that people who used wheelchairs were able to lower the facilities to the height which was suitable to them. When people who used the service accessed this facility they planned what they want to cook. People then went shopping for the ingredients. On return from shopping they helped with preparation and cooking and afterwards cleaned up. The registered manager told us people didn't have to do all the tasks to take part. They told us how one person didn't like to go to the shops but liked to do the cooking.

We sat and observed whilst people had their evening meal. This was a social occasion in which staff and people sat together to eat their meal. We saw portion size varied according to choice and when people had finished they were offered more.

We saw that people were supplied with a plentiful supply of hot and cold drinks during the inspection.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us that college staff closely monitored people and speech and language therapists were available on site to support people. However, staff did not complete nutritional assessment documentation or weigh people on a regular basis. A discussion took place with the registered manager about the Malnutrition Universal Screening tool (MUST). The registered manager told us that staff at the service would undertake nutritional screening as a matter of priority.

Most people were registered with a doctor in the area they lived with their parents. If they were poorly when they were away from home they would be taken to the walk in centre where they could see a doctor or nurse practitioner. Some people were also registered with a doctor in Newcastle close to the college campus.

A nurse worked at the college and was available to people who used the service during the day. We spoke with the nurse who told us they regularly communicated with the registered manager. They told us how they monitored people closely and regularly. They told us how the registered manager provided daily updates on people. The nurse was able to access computer records which informed if someone had been

unwell or maybe had an epileptic seizure. The nurse told us how they would visit people in the residential service if they were unwell.

Speech and language therapists were also available during the day as were physiotherapists. Relatives we spoke with complimented the services available to people.

People did not have a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. The registered manager contacted us after the inspection and told us they had commenced work on hospital passports.

We spoke with people who used the service who told us that staff provided a good quality of care. One person laughed as they told us, "It's good here, it gives me a break from mam and dad." A relative we spoke with said, "I'm really pleased with it [care and service received]. Every year they assess her and make changes according to her needs."

We asked staff to tell us about the training and development opportunities they had completed at the service. We spoke with the one member of staff who had recently been recruited. They told us they had completed a comprehensive induction and they had spent time shadowing more senior staff until they felt confident and competent. However a record of this induction could not be located at the time of the inspection.

Other staff we spoke with told us there was a plentiful supply of training. They told us they had received training in moving and handling, mental capacity, fire safety, first aid, infection control, deprivation of liberty safeguards and NAPPI (managing challenging behaviour). We asked to see records of training. We were shown a training chart, however this was incomplete. The registered manager told us that training had previously been managed and documented via the college. They told us they were in the process of completing the training chart. They were confident all staff were up to date with training but didn't have all of the dates to hand.

A relative we spoke with after the inspection was extremely complimentary of staff but thought that some would benefit from disability awareness training. We asked what they meant by this. They told us staff could speak in a high voice and maybe sound a little patronising (not intentional). They also said on occasions staff could speak over people.

Staff we spoke with during the inspection told us they felt well supported and they received formal supervision twice yearly and an annual appraisal. Staff told us they initially completed a self-appraisal and then the registered manager would complete their appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place, however we were unable to see appraisal records as they were held on staff files within the college. The registered manager told us for all future inspections they would ensure that the appropriate appraisal documentation was on file within the residential service.

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. At the time of the inspection, no person who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. The registered manager told us they had been having in-depth discussions with other healthcare professionals to determine if there was a need to complete capacity assessments and DoLS for some people. They told us that if people expressed a wish to go home they have actually taken people home at their request. The registered manager told us they aimed to reduce restrictions where ever possible.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice.

Is the service caring?

Our findings

People we spoke with during the inspection told us they were very happy and the staff were extremely caring. A relative we spoke with said, "The general culture is one of caring." Another relative said, "They know [person who used the service] very well. They communicate well with her."

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw staff were able to understand the needs of those people who had limited communication. Staff were able to tell us about other people who used the service and describe their body language when they were happy or unhappy. This demonstrated that staff knew the people they cared for extremely well.

The registered manager and staff described each person to us and their individual needs. They were able to tell us about what they liked. They told us one person liked football. On one weekend when they were due to return home their parents were unable to take them to the football match. The person decided to stay at the service for the weekend as staff at the service accompanied them to the football match.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed and looked. Staff interacted well with people and provided them with encouragement.

Staff and people who used the service were observed to engage in friendly banter. Staff and people joked and laughed with each other but in a respectful manner.

When people returned to the service from their day at college staff asked people about their day. One person approached the registered manager and asked if they could go with them to golf. The registered manager explained that they were busy but the next time they went to golf they would go with them. This person clearly liked spending time in the company of the registered manager and the registered manager spent time chatting with them.

We saw one person who used the service approaching a staff member to give them a kiss on their cheek. The staff member responded by moving their cheek towards them. This showed that staff were caring.

We asked one staff member to help us communicate with a person who used the service. They were very patient when speaking with the person and took time to make sure what they had said had been understood. They did not answer the questions for the person, they allowed the person time to answer.

We saw staff treated people with dignity and respect. Staff were attentive, respectful and patient with people. Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of making sure curtains and doors were shut when providing personal care. They told us the importance of making sure people were allowed time on their own and giving people

choice. A staff member told us how they would actually show people the choices available to them. For example at meal time they would visually show them what was available and when choosing their clothes get clothes out of the wardrobe to help them decide. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

During our visit we reviewed the care records of two people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care and support plans we looked at included people's personal preferences, likes and dislikes.

The care and support plans detailed how people wanted to be supported. We looked at the personal hygiene care plan and support one person needed when bathing. This clearly recorded step by step instructions for staff to follow to ensure this was an enjoyable experience. This care plan contained information on bath products the person liked to use. This helped to ensure the person was supported in the way they wanted to be. Within the care records there was also information available on future wishes, communication and skills for life. We found that care and support plans were reviewed and updated on a regular basis. Care and support plans were person centred and contained very detailed information on how the person liked to be cared for and their needs. Person centred planning means putting the person at the centre to plan their own lives. The aim of the plan is to ensure that people remain central to any plan which may affect them. One staff member we spoke with during the inspection said, "I think the care provided is person centred. We don't tell them, they tell us what they want to do."

The care plan for the second person was also person centred, however some improvement was required. This person received food orally but when they were poorly or didn't want to eat they were sometimes fed by their PEG tube. A PEG [Percutaneous, Endoscopic Gastroscopy] is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. Staff told us it was rare that the person was now PEG fed and that support and advice was always available from the nurse, dietician and speech and language therapist if needed. However, the care plan did not record when and how much fluid should be flushed through the tube daily to keep it patent [open]. Nor did the care plan detail how much feed the person should have if they were unable to eat. This was pointed out to the registered manager who said they would make sure the care plan was updated.

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, "I go to concerts all the time." A relative we spoke with told us the person who used the service had access to lots of activities which included the computers to build up their skills, the hydro pool and restaurants.

Staff and people told us during the Monday night meeting to discuss menus and make decisions about the activities they would like to take part in during the week. We looked at the individual activities for that week. Some people had been to the coast, hydro pool and pub. When people went to the hydro pool they were supported by staff who had completed lifesaving training.

People had regular access to the college sports facilities. We were shown the sports hall where there was a trampoline and basketball nets amongst other activities. However, at the time of the inspection there wasn't a staff member who was suitably trained in trampolining to support people. This meant people were unable to use the trampoline until a staff member had been trained

In house, people liked to take part in arts and crafts, pamper nights, a games night and play on the X box [An X box is a games console for playing video games that connect to your television]. There was also a small sensory room within the service that some people liked to spend time in.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service. For example one person who used the service was funded to spend four nights a week at the service but had still not managed to achieve this as they liked to return home to their family. Staff had worked with the person and slowly the person had gone from staying one night a week to three nights a week. When this person requested to go home staff were available to take them home.

When people first started using the service, staff spent time talking to them about bullying and the importance of speaking to staff if they were unhappy. The registered manager told us this also included telling people about the complaints procedure. We were shown a copy of the complaints procedure. This was also the procedure for the main college campus. The procedure gave people timescales for action and who to contact. The service did not have an easy read complaints procedure. The registered manager said that they spoke to people on a daily basis to make sure they were happy. One person who used the service told us if they were unhappy they would speak with staff. Relatives also said that the registered manager and staff were approachable should they wish to raise a concern or complaint. There have not been any complaints made in the last 12 months. Discussion with the registered manager confirmed that any concerns or complaints would be taken seriously.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw that the registered provider completed an annual health and safety audit in November 2015, however no other formal audits took place at other times. We saw there were general checklists for cleanliness; however the registered provider did not complete regular audits on infection control. The registered manager told us they checked care and support plans regularly to make sure they contained the required information and were up to date, however there was no formal auditing process for this. This meant that the service did not have the appropriate audit documentation in place to effectively monitor quality.

Staff did stock checks on medicines and counted to make sure medicines tallied, however no other formal auditing in respect of medicines was completed. The registered provider failed to identify that medicines had not been written up from a current prescription, that PRN protocols were not in place and that the temperature of the room in which medicines were stored was not taken and recorded to ensure that medicines were stored at safe temperatures.

We asked the registered manager how they sought the views of people who used the service and relatives. They told us an annual survey was completed, however this had not been completed since June 2014.

Parents we spoke with during the inspection told us they felt listened to but thought there should be a forum in which parents met with the registered manager to share their views and ideas. At the time of the inspection there were not any formal relatives meetings.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Head of Adult Residential Services visited the service on a regular basis and from November 2015 introduced a quarterly audit to monitor the quality of the service provided. This audit links to the registered provider's organisation wide Quality Framework, which is updated monthly.

Relatives spoke positively of the registered manager. One relative said, "[The registered manager] is actually excellent. I would give him 11 out of 10 for being receptive to family. He is very proactive, very understanding and very approachable." They also said, "We have very honest and open conversations." Another relative said, "[The Registered manager] always rings me on a Thursday night after 10pm to have a conversation and update me."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "[The registered manager] is very approachable and straight on to things if there is

something not quite right."

The registered manager told us the college campus was well known in the local community. They told us when the Jesmond festival took place; the college had an open day where the public could view the historic building. They said that other local schools often use the college facilities. The registered manager told us people who used the service were well known and welcomed in the local shops, pubs, restaurants, hairdressers and barbers.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case. Topics of discussion included safeguarding, equality and diversity, training, tidiness and infection control. Records showed that meetings were well attended.

Staff described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis.

People and staff told us they met on a regular basis to share their views and ensure that the service was run in their best interest. Staff told us people did not have to wait for weekly meetings to share their views. They told us many conversations took place at meal time.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected against the risks associated with ineffective monitoring of the service. Effective governance arrangements were not in place.