

Transform Residential Limited Freeman College

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 took place the 13 October 2016. The registered manager was given short notice before our inspection that we would be visiting the service. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available. We also wanted to arrange to speak with students who used the service. The service was last inspected 12 February 2014 and was meeting the requirements of the regulations we checked at that time. This was the first rated inspection of the service.

Freeman College is based in Sheffield city centre. It has offices within the college. The office is accessible to wheelchair users via a lift. At the time of this inspection the service was supporting 11 students. Five students were being supported in one of the student houses or flat and six students were living with a shared lives provider.

There was a manager at the service who was registered with CQC. 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 spoken with told us that they felt "safe" and would speak with staff, a family member or a shared lives provider if they had any concerns or worries.

Support plans gave guidance to staff in how they should respond to promote student well-being and how they should react to de-escalate increasing agitation and anxiety.

All staff spoken with were clear about what their roles and responsibilities were and what action they would take if they saw or suspected any abuse.

Students told us they were treated with dignity and respect.

Students living in the student houses or flat received care from the same group of support staff. The registered manager told us if agency staff were used to support students they worked alongside a member of staff.

There was a robust on call system available for staff and shared lives providers to call for assistance out of college hours.

The registered provider had appropriate arrangements in place to manage medicines so students were protected from the risks associated with them.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. These meant students were cared for by suitably qualified staff who had been assessed as safe to

work with student.

The service enabled students to carry out person centred activities within the service and in the community and encouraged them to maintain hobbies and interests.

Students spoken with told us they were satisfied with the quality of support they had received and made positive comments about the staff and their shared lives provider

There was evidence of involvement from other professionals when students became unwell.

Good health and nutrition was promoted for students.

Staff told us they enjoyed supporting students using the service. Staff were able to describe students individual needs, likes and dislikes.

Staff received ongoing training and were encouraged to extend their knowledge and develop new skills. All staff received a detailed induction and understood their roles and responsibilities, as well as the values and ethos of the service.

Staff told us they felt supported by the senior managers at the service.

The registered provider had a complaint's process in place to enable them to respond to student and/or their representative's concerns, investigate them and take action to address their concerns.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified.

The service had a system to regularly assess and monitor the quality of service that students received.

Students were involved with the service in a meaningful way, helping to drive continuous improvement.

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.

Students spoken with did not express any worries or concerns about their safety.

Support plans gave guidance to staff in how they should respond to promote students well-being and how they should react to de-escalate increasing agitation and anxiety.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Is the service effective?

Good ●

The service was effective.

Students were satisfied with the quality of support they had received.

Staff received regular supervisions and appraisals. They had training to enable them to perform their roles, to improve and develop new skills.

Good health and nutrition was promoted for student.

Is the service caring?

Good ●

The service was caring.

Students made positive comments about the staff and shared lives providers and told us they were treated with dignity and respect.

Students likes and dislikes were recorded in their support plans.

Is the service responsive?

Good ●

The service was responsive.

Support was planned around personalised needs and students were supported to continue daily routines and activities they

enjoyed.

Information on how to make complaints was available for students in different formats with guidance about the steps involved and what to do if they were dissatisfied with the outcome.

Is the service well-led?

Good ●

The service was well led.

The service had a system to regularly assess and monitor the quality of service that students received.

Students had opportunities to provide feedback and influence the service.

Freeman 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.

This inspection took place on the 13 October 2016. The registered manager was given short notice of our inspection. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available. We also wanted to make arrangements to speak with students using the service. This inspection was led by an adult social care inspector who was accompanied by one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected on 2 February 2014 and was meeting the requirements of the regulations we checked at that time.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury. We also contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. We asked the registered provider to complete 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. The PIR was returned as requested.

We used a number of different methods to help us understand the experiences of student who used the service. We spent time speaking with five students who lived in one of the student houses or in the home of a shared lives provider.

During the inspection we spoke with the registered manager, the college principal, one senior support worker and three support workers. We also spent time looking at records, which included five student support records, medication administration records, five staff records and other records relating to the

management of the service, such as quality assurance.

Is the service safe?

Our findings

Students spoken with did not express any worries or concerns about their safety. One student described how they could speak with their shared lives provider if they had any concerns and told us the happy environment they lived in helped them. Some students travelled independently and others were supported by staff. Students comments included: "For the first six weeks at college I will go out with staff, but I hope to go out by myself later on". Students described to us how they kept themselves safe when they went out; which included keeping their mobile fully charged when they went out and road safety awareness.

Students had the same core group of support staff if they lived in one of the student houses. If agency staff were used the registered manager told us they worked alongside a member of the services staff. Students living with a shared lives provider were introduced to them prior to living with them. If a student was unhappy about where they were living there was a process in place for them to apply for an alternative placement.

Students did not raise any concerns about the staffing levels in their student house. One student commented, "I think the staffing levels are okay. I have always been given attention quickly when I need it". The registered manager told us staffing levels in each of the two houses and flat were tailored to meet the individual needs for the students living there. For example, two students were supported by one member of staff when they returned from college and the staff member stayed overnight. We saw these staffing levels were reflected in the staff rotas.

Staff told us they had undertaken safeguarding training and would know what to do if they witnessed any type of abuse. Staff had a good understanding about the registered provider's whistle blowing procedures and felt confident that senior staff would listen.

The registered manager told us that none of the students using the service were being supported to manage monies. Students spoken with told us they managed their own monies.

We saw that student risk assessment and support plan showed how they may behave in different situations, triggers to those behaviours and how to support them. Support plans gave guidance to staff in how they should respond to promote well-being and how they should react to de-escalate increasing agitation and anxiety.

Some students received support to administer their medication whilst other students self-administered their medication. Each student had a medication risk assessment in place. We saw any known allergies were recorded. Whilst not observing the administration of medicines we looked at the medication administration records (MAR) charts for students being supported to administer medication. We saw medication administration records (MAR) sheet were complete and contained no gaps in signatures for the administration of oral medicines. We saw evidence students were referred to a doctor when issues in relation to their medication arose.

We reviewed the arrangements in place to manage controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are stored and dealt with. We saw that regular checks were undertaken by senior staff to ensure these specific instructions were followed. We looked at the controlled drugs records and found them to be in good order.

The registered manager told us when students were supported to go out there were robust procedures in place to ensure the medication they needed was taken with them, only the amount they needed and that it was returned safely.

We found students had a "protocol" in place, for medicines prescribed as "when required". A protocol is to guide staff how to administer those medicines safely and consistently. We saw the protocols could provide more information on how a person communicated they required the medication. For example, how a person communicated they were in pain which could be by facial expression. We shared this information with the registered manager.

We reviewed staff recruitment records for five staff members. The records contained a range of information including the following: references including one from the applicant's most recent employer, full employment history, interview records, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This told us that students were cared for by suitably qualified staff.

Students had a personal evacuation plan in case of fire wherever they lived. Students did not raise any concerns regarding infection control.

We saw that a range of health and safety checks had been completed at the two student houses and flat. These checks included a fire risk assessment, utilities, PAT testing, first aid box checks, fridge and freezer checks. We saw evidence that staff carried out a weekly fire alarm test at each house and flat. We also saw that a health and safety check was completed at the shared lives provider's houses by senior staff at the service. The registered manager informed us that this health and safety check was completed on an annual basis.

Is the service effective?

Our findings

Students spoken with told us they were very satisfied with the quality of support they had received. Their comments included: "I have been here eight months, I like it here. Staff are good, both college and house" and "It's good here, I like the staff, I like art printing". One student living with a shared lives provider described their experience that it had been fantastic, boosted their confidence, they were able to travel independently, they had learned how to cook and take care of themselves. Most students spoken with understood that they had a support plan. Students spoken with told us they were fully involved in their support planning and that staff sought their consent.

Staff described how they promoted good nutrition to students but respected their choices regarding food. Students living in a student house described how students took turns to cook for the students in the house. The days and menu were agreed at house meetings. Students comments included: "I cook on Tuesday night. I don't have problems with the food or cooking", "I have good organic food, I share cooking twice a week, to an agreed menu", "We have a menu which is agreed. I cook once a week" and "I can't eat wholemeal or brown bread. There is always white bread on the table". One student living with a shared lives provider told us, "The parents [shared lives provider] also teach me skills in cooking, cleaning, washing. I cook some evening meals and I have also learnt how to prepare ready meals. I enjoy all the food prepared by the family. On occasions I have a snack if I want to eat something late at night".

We found staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. One staff member commented, "I had my appraisal in July 2016. It was useful for making suggestions, discussing development and training opportunities".

Staff spoken with confirmed they received regular supervision sessions and made positive comments about the senior managers at the service. Staff comments included: "[Registered manager] will help me too, especially with laws, regulations. They are very supportive. I have good access to them. I email, text, or phone them and usually I have a response the same day. The atmosphere is very nice. We make a drink and have a chat" and "My line manager is approachable, always has time for me. Whenever I need advice, I knock on door and have easy access. She listens and is supportive. The staff team is supportive too" and "My manager listens and works with us together to find solutions".

Staff who administered medicines had their competency checked on an annual basis or where appropriate in response to a medication error. We also saw evidence that an observation of the staff member providing support was carried out by a senior member of staff.

The registered provider used a training software package to monitor the training completed by staff and shared lives providers. The registered manager used a spreadsheet to monitor when staff had completed training and when refresher training was due. The training provided covered a range of areas including the

following: food safety, health and safety, online safety, first aid, safe handling of medication, infection control, management of actual or potential aggression (MAPA) and safeguarding vulnerable adults and children. A staff member described the MAPA training they had completed, "I had MAPA training, which was about watching out for warning signs, preventing aggression and conflicts, de-escalation etc. Each student has a specific strategy, depending on what triggers their behaviour".

We also saw staff and shared lives providers received specialist training to meet the needs of students using the service. For example, autistic spectrum disorder and attachment disorder.

The registered manager informed us that staff and shared lives providers attended learning for life training. This was the new training being provided for all residential staff and shared lives providers. For example, training in resilience and autism had been completed at the beginning of October 2016. Further training sessions were scheduled to be completed over the next 12 months covering different topics. We saw that the shared lives providers were required to attend mandatory training as part of their agreement.

The registered manager informed us that supervision was completed with the shared lives providers on a six to eight week basis. The discussion centred on what was working and not working with students they were supporting. It also was an opportunity to identify any areas of training. We also saw examples of household observation checks being completed at shared lives provider's homes. A senior member of staff would observe the shared lives provider interacting and supporting a student living in their home.

Staff were able to describe how students were promoted to be as independent as possible and to make decisions for themselves.

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.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People can only be deprived of their liberty so that they can 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).

The service was aware of the need to and had submitted applications to the DoLS supervisory body who are the responsible body to consider and authorise where they deem it necessary that any restrictions in place are in the best interests of the person. However, we saw that two mental capacity assessments in relation to two applications needed to be decision specific rather than a profile. We shared this information with the registered manager.

Is the service caring?

Our findings

Students told us they were treated with dignity and respect by staff and their shared lives provider. Students comments included: "I am treated well by everyone. People knock on my door before coming in", "Staff are polite and treat me well", "They [staff] always knock on door first before coming in", "Staff respect my space and always knock on the door before coming into my room" and "The family treat me well, they are polite, and they always knock on my door before entering the room".

Students made positive comments about the staff and shared lives providers. Their comments included: "Everyone is chilled out at the house, my key worker is [name], I like her" and "I will miss this place. There are a lot of fond memories here, like the people I have made friends with, tutors, carers [shared lives provider] I stayed with over the four years, pieces of work I have made".

Students could choose where to spend their time in the student houses. One student commented, "I tell staff if there is anything I don't like". Each student house held regular informal meetings. Topics discussed included shopping, cooking and the division of chores in the house and what activities they wanted to do.

Students did not have any complaints about their accommodation and were able to personalise their rooms. Students comments included: "It is a nice place [student house]. My bedroom is ensuite. I have my own shower and sink but I share a toilet. There is comfortable sofa in the lounge" and "I like it there because it is quiet, the room is of good size for my stuff".

The registered provider provided information in an accessible format to meet student needs. During the inspection we saw examples where a written document also had a corresponding easy read document.

We saw evidence that students had been involved in their support planning. We saw students views had been sought and they were asked to sign documentation within their support plans. There were examples where students had written some of the information within their plans.

Staff spoken with told us they enjoyed supporting the students using the service. They were able to describe how they promoted students to be as independent as possible and to make choices for themselves.

Support plans described the environmental factors that could affect a student's wellbeing and described how staff should adapt their communication style to meet their needs.

Is the service responsive?

Our findings

Students support plans included their personal preferences. The residential learner support plan covered a range of areas including the following: self-care, travel, medical, medicines and behaviour. We saw evidence of weekly reviews being completed with students to discuss their support plan and progress. Staff told us that the students support plans were reviewed each term and responsively when needed. One staff member commented, "It is a live document [support plan] and is updated as required. We have a new process when targets and progress summary are discussed with each student every week. This helps students and staff to remember what they are aiming to do".

Students had health action plans in place. We saw evidence that students had been involved in completing these plans. We saw one student had written their plan. Support plans showed evidence that students were supported to attend health care appointments if they became unwell.

We saw the service promoted students wellbeing by taking account of their needs including activities within the service and in the community. Students spoken with were able to describe a range of activities. Students comments included: "I go ice skating, swimming and the gym with my support worker", "I go out twice a week. So long as I tell them [shared lives providers] beforehand, this is not a problem. They are flexible" and "A staff member comes out with me to the coffee shop. I meet Freeman College students and other university students. I enjoy it".

There was a robust on call system available for staff and shared lives providers to call for assistance during out of college hours. The on call service was staffed by senior members of staff within the college which included the registered manager and the college's safeguarding manager. One staff member commented, "On call works well. There is usually available staff within Sheffield and backup is available too".

The registered manager gave us an overview of the system the college operated called "behaviour watch". This system allowed support staff and college staff to enter information about student behaviour. The information entered could be positive, neutral or negative behaviour that had been observed. For example, if there had been an occurrence at college or within the team house this information was recorded on the system and shared. Shared lives provider were allowed to access only information about the student they were supporting. The registered manager told us students were asked to sign a consent form regarding this information being recorded and shared.

Shared lives providers were provided with a handbook which covered a range of topics including the following: smoking, alcohol and drugs, food safety, student missing procedure, personal care, restriction or deprivation of liberties and equal opportunities. Shared lives providers could also ring staff at the main office during college hours and use the on call system to obtain guidance and assistance.

A copy of the registered provider's complaints process was included in support plans. There was also an easy read complaints process included. We saw there was a robust process in place to respond to concerns or complaints by students who used the service, their representative or by staff. The registered manager

kept a complaints log.

Is the service well-led?

Our findings

Students knew who the registered manager was and senior staff they could speak with. All the students spoken with told us they would recommend the service to other people.

The registered manager attended the senior managers meetings at the college. We reviewed the minutes of the meeting completed in October 2016. The meeting covered a range of topics including: admissions, safeguarding, health and safety, staff updates and training.

Staff meetings were held regularly at the service. We reviewed the minutes of the two meetings held in September 2016. The meetings covered a range of topics including: fire safety, staff training, infection control, handover procedure and student updates. One staff member commented, "We have team meetings every second Thursday. We can bring any issue to the any other business. Issues are followed through in future meetings. For instance, a psychiatrist attended our meeting at our request". Regular staff meetings help to ensure students receive a consistent good quality service at all times.

The service held regular meetings with their Shared lives Providers. We reviewed the minutes of the meetings held in April and September 2016. We saw that a range of topics had been discussed including: action completed from the last meeting, training, staff changes, shared lives provider agreements, standard of conduct and infection control.

The provider completed a range of surveys annually across its services which included the following: staff annual survey, families' annual survey and student survey. The service had completed a survey with students using the service in May 2016. The aim of the survey was to seek the views and opinions of students who used the service to help inform change and shape the development of the service. The survey included details of how student views had been listened to. For example, the igloo social group was to continue at the request of the students. The new team houses have been decorated to improve the environment so it was more 'homely'. Used the training feedback from students to inform the training that staff received so they were better able to support students. This showed that students were involved with the service in a meaningful way, helping to drive continuous improvement.

There were planned and regular checks completed by senior managers at the service which included: medication audits, health and safety checks, support plan checks, health and safety checks at shared lives provider's homes. We saw there was a robust system in place to monitor accidents and incidents at the service.

The registered provider had employed an external consultant to regularly check the quality of the service. We saw evidence in support plans that the recommended action had been completed.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.