

Cambian Whinfell School Limited

Cambian Dilston 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

Cambian Dilston College is a further education residential college based in Dilston, Corbridge, Northumberland, which provides educational services and personal care and support, for up to 52 students, all of whom are young adults with learning and/or physical disabilities. Students attend the college on either a residential or daily basis. Accommodation for residential students is provided in a number of different sized self-contained units on the college site. This is the first inspection of this service since the provider took over the leadership of the establishment in June 2014. There were 33 residential students, in receipt of personal care and support at the college, at the time of our inspection.

This inspection took place on the 12 and 16 May 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service, or of supporting a person who has used this type of service.

A registered manager was in post at the time of our inspection who had been registered with the Care Quality Commission (CQC) to manage the carrying on of the regulated activity since June 2014. A registered manager is a person who has registered with the CQC 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.

Students told us they liked the staff who supported them and felt safe in their presence. Policies and procedures were in place for staff to follow to ensure that they safeguarded students from harm or abuse and we saw that these were followed in practice. Staff had been trained in safeguarding and were aware of their personal responsibility to safeguard students.

Risks that students faced in their daily lives had been appropriately assessed and were regularly reviewed. Environmental risks around the college site were also assessed and mitigated against. Emergency planning had been carried out and accident and incidents were appropriately managed and analysed to see if preventative measures were needed.

Staffing levels were determined by the number of students at the college at any one time and the nature of their care needs. Staff told us that staffing levels were well managed and they felt very supported in their roles. They said they received regular training and were inducted, supervised and appraised in line with the provider's policies. Staff recruitment procedures were robust and staff disciplinary measures were in place and applied appropriately. Medicines were well managed and audits carried out regularly to ensure that staff remained competent to administer medicines safely.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty safeguards. The Mental Capacity Act (MCA) was appropriately applied and applications to deprive students of their liberty lawfully, were currently being submitted to the local authority in line with the service's arrangements with them. The provider understood their legal responsibility under this act. They assessed student's capacity

when their care commenced and on an on-going basis when necessary. Decisions that needed to be made in student's best interests had been undertaken and records about such decision making were maintained.

Students were supported to eat and drink healthily and in line with any special needs they had. They were involved in menu planning and had lots of choice about the foods they consumed. The ethos of the service was to support students to be as independent as possible and achieve the best possible outcome in line with their own abilities. Staff encouraged students to be independent, they respected their dignity and spoke with them in a professional but respectful manner. Staff and students enjoyed good relations.

Care was person centred and each student had goals and aspirations to work towards. Care was planned and regularly reviewed. Adjustments to students' care packages were made as needed. Social inclusion was promoted throughout the college environment, both in educational classes and out of college hours where students were encouraged and enabled to pursue activities of their own choice such as bowling, shopping and drama. The college had good links with the local community, which students accessed daily.

The culture of the service was positive and open and we received good feedback about the manager and the leadership of the service overall. Good quality assurance systems were in place and these ensured that the provider had a good overview of the service in order to analyse any concerns or issues raised and to drive improvements where necessary. There had been four complaints received within the last 12 months, all of which had been managed and resolved promptly.

Records held within the service were well maintained and confidentially stored.

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.

Safeguarding policies and procedures were in place and staff were knowledgeable about how to protect students from harm and abuse.

Risks within the college environment and that students were exposed to in their daily lives were appropriately assessed.

Accidents and incidents were monitored and reviewed regularly and emergency planning had been considered.

Staffing levels were sufficient on the days that we visited the service and medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Students reported that staff helped them with everything that they needed. A supportive learning environment existed and students were comfortable with their daily college routines.

Communication within the service was good.

Students were supported appropriately to eat and drink in sufficient quantities to remain healthy.

The Mental Capacity Act (MCA) was appropriately applied and staff were supported to maintain their skills through regular training, supervision and appraisal.

Is the service caring?

Good ●

The service was caring.

Staff displayed caring and supportive natures towards students when engaging with them. Students told us they liked the staff team and the interactions we observed between students and staff showed they enjoyed good relationships.

Students were involved in the service in many ways and were kept informed about their care, internal college matters, and external events of significance.

Information was retained confidentially and staff promoted and protected people's privacy and dignity.

Advocacy services were available for students to access and an independent advocate attended the college regularly to support students.

Is the service responsive?

The service was responsive.

Assessments of students' needs were carried out when they first started college and their development and improvement in life skills was regularly monitored and reviewed throughout their time at the college.

Individualised care plans and risk assessments were in place which were regularly updated as students' needs changed.

Care was person-centred and students experienced positive outcomes. There was a range of activities both as part of the college curriculum and outside of college hours for students to pursue.

Complaints were handled appropriately and systems were in place to gather the views of students, relatives and staff.

Good ●

Is the service well-led?

The service was well-led.

Students, relatives and staff gave positive feedback about the college leadership and the manager.

The provider had clear visions and values which staff applied in their work and the management team promoted.

A range of audits were carried out and reporting systems were in place to ensure that the provider retained oversight of service performance.

Staff benefits systems were in place and award schemes for students and staff. The service had good links with the local community.

Good ●

Cambian Dilston 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 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 took place on 12 and 16 May 2016 and was unannounced. The membership of the inspection team consisted of an inspector and an expert by experience with a background in learning disabilities and autism care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection the provider completed a Provider Information Return (PIR). A PIR asks the provider for information about the service and any improvements that they plan to make. Prior to this inspection we reviewed all of the information that we held about the service including any statutory notifications that the provider had sent us and any safeguarding information received within the last 12 months. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of certain changes, events and incidents affecting their service or the people who use it. In addition, we contacted Northumberland Safeguarding Adult's team and Commissioning services. We used the information that these parties provided to inform the planning of our inspection.

As part of our inspection we spoke with ten students, five student's relatives, five members of the support staff team, the registered manager and the nominated individual, who is the provider's representative. We were only able to speak to one healthcare professional. We reviewed a range of records related to students' care and the management of the service. This included looking at five students' care records, five staff files, and other records related to quality assurance and the operation of the service such as audits and meeting minutes.

Is the service safe?

Our findings

Students told us they felt safe living and studying at the college. One student said, "I do feel safe here. I do get upset sometimes when the others kick off for no reason but the staff usually deal with them". Another student commented, "Being here is great fun. There are no funny looks or stigma towards me like outside before I came here". All of the relatives that we spoke with told us they had not had any concerns about students' safety during their time at the college.

The provider had safeguarding and whistleblowing policies and procedures in place to protect vulnerable adults. Staff displayed an in-depth knowledge of safeguarding procedures and the different types of abuse and harm that students could potentially be exposed to. They were aware of their own personal responsibility to report matters of a safeguarding nature. All of the staff we spoke with told us they would not hesitate to escalate their concerns, should they not be dealt with appropriately by the manager of the service, or the provider. The local authority safeguarding team confirmed that matters of a safeguarding nature were reported to them by the management team at the college and records held within the college and our own databases confirmed this.

Staffing levels were determined by students' needs, their timetables of study and activities, and their accommodation arrangements. Some students had one to one support from staff who accompanied them in their lessons throughout the day and in the mornings and evenings outside of normal college hours. Other students received support in groups depending on their abilities and needs. Staff told us that they had no concerns about staffing levels within the service and our own observations confirmed that there were sufficient staff on duty supporting students throughout our inspection. One member of staff said, "Staffing levels are ok. If there are periods where someone leaves or is sick, agency staff are used, if need be".

Evidence in staff files demonstrated that the provider's recruitment and vetting procedures for new staff were appropriate and protected the safety of students. Application forms were completed and included previous employment history, staff were interviewed, their identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were obtained before they began work. DBS checks help providers make safer recruitment decisions as they check people against a list of individuals barred from working with vulnerable adults and children. Records showed staff had also completed a medical fitness declaration prior to starting work. Where there had been matters of a disciplinary nature, we saw records within staff files which demonstrated that the provider investigated and handled these matters appropriately. This meant the provider had systems in place to ensure that students' health and welfare needs could be met by staff who were fit, appropriately qualified and assessed as being physically and mentally able to do their jobs.

Risks that students faced in their day to day lives or when undertaking a particular study session or activity had been explored and measures put in place to mitigate against these risks. For example, where some students were at risk of seizures because of epilepsy or choking due to swallowing difficulties there was information for staff about what these risks were and how to manage them, within their care records. These risk assessments were readily available to staff throughout the college as they were held electronically and

there was a computer to access them in the general office and in each of the accommodation units on site. We saw that these risk assessments were regularly reviewed and updated by students' keyworkers. Risks that students faced through accessing the internet via their electronic devices such as iPads had also been assessed, and steps taken to prevent students from being exposed to bullying and harassment online, or accessing inappropriate material. Staff were appropriately trained in E-Safety, in order to support this.

Environmental risks around the main college building had been assessed as had the environmental risks within each of the separate accommodation units on the college site. These risks were reviewed on a regular basis. Regular fire and health and safety checks were carried out and documented. Equipment was serviced and maintained regularly in line with recommendations and the provider's own set policies. Checks were carried out on, for example, electrical equipment, the electrical installation within the buildings and utility supplies, to ensure they remained safe. We saw evidence that legionella control measures were in place to prevent the development of legionella bacteria, such as testing water temperatures regularly and decontaminating showerheads. This showed the provider sought to ensure the health and safety of students, staff and visitors.

Emergency planning had taken place and there was a business continuity plan in place for staff to access online at any time giving them information about who to contact in an emergency, out of hours and when specialist skilled labourers were required. Accidents that occurred within the service were entered into an electronic log which was escalated to senior management within the provider organisation.

The management of medicines was safe. Medicines administration records (MARs) were well maintained and reflected that the recording of the administration of medicines was in line with best practice guidance. All of the medicines we checked were within their expiry date and stored in line with manufacturers guidelines. Systems were in place to account for and dispose safely of medicines that were no longer required. Controlled drugs, which have the potential for abusive use or dependency, were stored appropriately and a detailed and appropriate register of stocks was maintained.

Is the service effective?

Our findings

Students told us that staff helped them with everything they needed support and guidance with. One student commented, "I can ask staff for help". A second student said, "The staff are helpful". Staff told us that they aimed to support students in any way they could as this was their role and the ethos of the service. Parents described how effective the service had been. They described how they had witnessed marked changes in their child's abilities and independence since being at the college. One parent said, "X (student) is able to make coffee now and set the table; X (student) could never do that before. Their speech has come on too". Other relatives described similar improvements in students' independent living skills and said it had been a pleasure to see such changes.

Throughout our visit we observed a variety of different students with differing levels of need settled and enjoying their learning, care and opportunities in the college environment. They engaged with staff very well and appeared in tune with, their daily routines. The college provided vocational and practical learning opportunities, which were widespread and included horticulture, conservation, music, art, pottery and animal care, alongside, opportunities to develop social skills with internal support and external volunteering and work placements. One student due to leave the college this summer commented, "I have enjoyed my time here and learned a lot. I am now going to (name of another college). I am looking forward to that but will miss my friends. I hope that we can still be friends". Another student said, "I love working in the garden and doing the outside work, and then collecting the eggs. We have lots of birds we feed and then watch in the Bird Hide shed". This showed the service was effective and enabled students to develop their skills in order to reach their potential.

The management of students' behaviours was effective. We saw several incidents where students displayed behaviours which challenged the service, particularly in communal areas where a number of students and staff were gathered, such as the canteen at lunchtime. Staff very calmly observed, managed and supported students and their peers during such incidents. We observed one situation where a student became agitated in a crowded area outside and they were supported by staff, calmly, quickly and efficiently.

Communication within the service was good. Some students used iPad computers to communicate where they could not verbalise their intentions, thoughts or ask questions. Messages and information was shared with students in a pictorial and written format to meet their needs. Throughout the college building there was information displayed on notice boards and signage which gave direction and guided students. On the days of our inspection we had our photographs taken and these were mounted onto an information sheet which was then posted throughout the college site, to inform students of CQC's role as a regulator, the purpose of the inspection and who the individual members of the inspection team were. Some students approached us, pointed to this poster and called us by name, then engaged with us. This showed that students were kept informed and they could use tools that they were provided with to communicate with others, this included strangers who entered the college environment. Students' parents told us they felt they were kept informed about their child's progress at the college and any key changes in their needs or care.

Students' general healthcare needs were met and records showed they were supported to access routine

medical support, or more specialist support such as that from a speech and language therapist, should this be necessary. An occupational therapist was directly employed by the provider and based at the college to promote communication and provide intervention care plans where necessary. They told us, "I think the level of care provided at Dilston is good, especially as the needs of the students are changing". The occupational therapist told us they worked with students both individually and in groups, in classrooms and accommodation settings, giving regular advice to staff and designing strategies for them to follow.

Students told us they were supported to eat and drink healthily. One student said, "We are taught and encouraged to look after our health and our well-being". Each of the accommodation blocks on the college site had a white board in the kitchen with a weekly menu recorded which both staff and students told us was decided communally by all students who lived there. A student told us, "We plan our own menus, do our shopping and learn about healthy choices". Lunch was served daily in the canteen area of the college which all students accessed outside of their study sessions. The canteen menu was rotated eight-weekly and a copy of this was supplied to each accommodation block so that meals were not repetitive. One student commented, "I like the food in the canteen but don't like cooking very much. I do like the Café (on site); the scones and cakes are really good". We saw where students had specific dietary needs, for example if they were diabetic, this was documented in their care records and a separate care plan about this need was in place.

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 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).

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. Information in students' care records indicated consideration had been given to people's levels of capacity and their ability to make their own choices and decisions in respect of the MCA. Applications for DoLS were in the process of being made to the local authority in accordance with legal requirements. There was evidence that 'best interests' decision making processes in line with the MCA had been followed and records were retained about these decisions and who had been involved in the decision making.

Staff were appropriately trained and supported to maintain their skills with refresher training being completed on a regular basis. Training records showed that staff had received training in a number of key areas such as fire safety, safeguarding and medicines, as well as in topic areas specific to the need of the students they supported such as food allergy awareness and Makaton communication training. Makaton is a language of communication using signs and symbols to help people communicate. Staff told us that their training was good and they felt equipped with the skills they needed to support students fully. One member of staff said, "We get masses of training. We do 'training weeks' when the students are not in college - one at the end of July and one in September where we get specific training linked to the needs of the students we will be supporting. I have been to the hospital for some bespoke training".

Supervisions were carried out termly and appraisals annually for all staff. Staff told us they found these processes constructive and supportive. Supervisions are important as they are one to one sessions between staff and their line manager where performance, training and any areas of concern are discussed, including personal matters where necessary. Appraisals are annual yearly meetings, again between staff and their line

manager, in which job role specific objectives are reviewed and staff performance over the year reflected upon.

Is the service caring?

Our findings

Students told us that staff were kind to them and looked after them. One student commented, "I like the staff they are nice". Another student said, "If I am worried I can talk to them (staff) about things". A third student told us, "I sometimes feel sad but staff and everyone is understanding and support me through this". Relatives told us that they found staff to be caring and said they believed their relation to be very happy at the college. One relative said, "The staff are lovely, just lovely. They have such a caring nature - that is so important to us".

We observed staff supporting students throughout our visits. The staff team approach was professional, supportive, respectful and polite. Staff listened to students attentively and answered their questions and queries promptly. Where students displayed behaviours that may be perceived as challenging, staff dealt with these situations discreetly in order to protect the dignity of the students involved, as much as possible. Staff asked students to carry out certain tasks or move around the college by posing polite questions and using please and thank you in their sentences, to facilitate calm, respectful discussions. Students told us they enjoyed good relationships with staff and our observations reflected this.

The college actively involved the students, for example, by posing questions to students via a 'Talking wall' project. This was a new initiative where student ambassadors posted on the 'Talking wall' situated in a communal corridor, a question they wanted student feedback on. Two boxes, one with 'Yes' written on and one with 'No', were positioned next to the 'Talking wall' so that students could give their responses to the question by adding a sponge ball to the relevant box. We saw many other examples of involvement, for instance where students were informed about the meaning of the European Union (EU) and the current information about whether to leave or remain in the European Union, in line with the up and coming EU referendum. The registered manager told us that some students had shown a keen interest in this topic and so a wall of information in pictorial format had been created in a corridor for them to read and understand more about this up and coming event.

Students' involvement in the service and their care was evident in general terms, in that they were asked about what they wanted to do and to eat, and they were encouraged to do as much as possible for themselves. The ethos of the college was to support students to become as independent as possible and assist them to transition from young adults into adulthood by doing as much as they could for themselves. For example, when students went and asked support staff or office staff for help when they had lost something, staff encouraged them to recall where they had previously been and when they last saw the item they were looking for. Where students had lost direction around the college site, staff encouraged them to think about where they were and the routes they would normally take to get to a particular place or landmarks to assist them. This meant students could develop their skills and become more independent and build their confidence, as opposed to staff providing them with the answers they needed directly.

Records were held securely and confidentially throughout the service and conversations of a sensitive nature were held discreetly. Staff showed awareness of the need to protect the privacy and dignity of students and described how they did this when delivering personal care in accommodation settings, for

example by promoting that students closed bathroom doors behind them for privacy when in use.

Equality and diversity was promoted throughout the service and policies and procedures were in place for staff to follow and refer to. Staff had also received training in this area. Staff and students told us that each student was able to contribute to communal decision making, for example related to menu and activity planning in each accommodation unit, and that their differing tastes, personalities and beliefs were taken into account.

An advocate from an external organisation was linked to the college and visited on a weekly basis to support students as and when necessary. There was a photograph of this advocate and information about the services they offered posted on a communal notice board for students to read. This showed the provider had systems in place to ensure that students' voices were heard where they were not able to understand options that were open to them and verbalise their own choices.

Is the service responsive?

Our findings

Students told us that staff were responsive in that they said they supported them in any way they needed help. One student said, "I love it here. The staff are great. We get to do lots of things I want". Another student told us, "We can do lots of things, more than I did before, we can try things and I love Zumba (dance) and going out". Relatives told us management and staff who worked with their son or daughter were responsive when they contacted them for information advice or to discuss their care and educational requirements.

A healthcare professional told us that they enjoyed a good relationship with the college and overall found them to be "quite proactive" and "focused on students becoming independent and gaining portable skills". They said that the service was quick to let them know of any concerns which involved any of the students they worked with.

Each student was allocated a key worker and a personal tutor to review their needs and support them with their education respectively. Application forms to the college focussed on students' personal history, their needs and their future goals and aspirations. Each student had an overall detailed care plan which included information about their abilities, for example, to travel independently and perform personal care tasks, and the support they needed in these areas. More specific care plans were in place where this was needed, for example, about how to support students with their epilepsy care needs, communication, or eating and drinking. Some students had 'communication grab sheets' in place, listing the 'dos and don'ts' about how best to support them to engage and communicate with others, whilst promoting independence, dignity and respect. Where appropriate, assessments of students' abilities to manage their finances and/or medicines had been carried out. A general overall risk assessment was in place which detailed how to mitigate against risks students faced in their daily lives and separate risk assessments about more specific needs where needed. Records showed that individual and overall care plans and risk assessments were regularly reviewed and updated in line with changes in students' needs and the progress that they had made during their time at college.

New students spent a residential week before the start of the academic year residing at the college for assessment of their needs, skills and abilities on a personal, practical and academic level. This enabled the service to establish the level of support students required to receive appropriate personal care and to support them with their learning. A 'baseline assessment' of their needs was carried out and regularly reviewed throughout the academic year as students progressed and developed their independence and life skills. Person-centred reviews took place in the first few months of students starting college, if needed at the end of the first academic year, and then in the second year, so that plans could be put in place for each student's transition from the college environment back into the community at the end of their time at college. Members of the college transition team held responsibility for carrying out these reviews and they were usually also attended by students' social workers or alternative appropriate representatives. This ensured that there was a holistic and practical approach to supporting students to transition from the college back into the community in all areas of their lives, from the care and support they would need, to their future goals and aspirations.

Care monitoring tools were used where students had a particular need to ensure that care was delivered appropriately and any changes in their health, well-being or presentation were identified promptly. For example, some students had charts in place to monitor their particular health needs and any behavioural changes. Records showed staff were responsive to students' needs and they had involved GP's and specialists in their care when needed, to promote their health and wellbeing.

A diary system was used to pass information between changing staff teams in each of the accommodation units. Staff told us that a verbal handover took place when staff shifts ended and began, where information about actions to complete, any areas of concern and monitoring of students' conditions was reported. Individual diary notes were maintained throughout the academic year which recorded any important incidents or significant events in each student's lives. This showed that measures were in place to support continuity of care.

The care students received was person-centred. They experienced positive outcomes, developed their skills, abilities and independence, and their care needs were met. There was a very wide range of activities on offer for students to take part in, both as part of their academic studies and in their personal lives outside of college hours. As part of their educational studies, students learned to care for animals such as guinea pigs, chickens and rabbits. They also made short films and performed dramas to a range of people, including families and prospective students, three times a year. One student told us, "I love working in the garden and doing the outside work, and then collecting the eggs. We have lots of birds we feed and then watch in the bird hide shed". The college supported students who wanted to complete their Duke of Edinburgh expedition awards and some tutors were registered expedition leaders. The manager told us that some students had recently been camping in the Lake District as part of their silver and bronze awards.

One college building housed a café and bakery where students learned to make items such as cakes and scones to be purchased. Outside of college hours activities such as dance classes, drama groups and film nights were organised and facilitated by staff and tutors to provide students with a programme of activities. Staff and students told us they visited local towns and villages in their own time and pursued activities such as bowling at a local leisure centre. The registered manager told us that towards the end of each academic year there was a leavers' ball at a local hotel for those students who were leaving the college. She said that plans were also in place for students to enjoy an athletics event at a local leisure centre facility this summer.

Students were encouraged and supported to make choices for themselves and choice was promoted by staff. We heard staff ask students where they wanted to eat their dinner, what they wanted to eat and drink and if they wanted to partake in any activities. Students told us they made their own choices and one student said, "We get loads of choices; we get asked what we want to do when we go out with staff". Another student said, "We plan our own menus".

Students told us they could talk to staff if they were not happy about aspects of their care or college life. There was a complaints policy and procedure both in written format for those students who could read and understand this, as well as relatives and external professionals. In addition, students received a copy of the complaints procedure in information packs that they were issued with when they first started at the college and there was information for students about how to complain in communal areas and in each onsite accommodation unit. The registered manager told us that there had been a total of four complaints in the 12 months prior to our inspection and we saw that these complaints had been handled appropriately and detailed records about these complaints and the actions that had been taken including feedback to the complainant, had been kept.

The provider had systems in place to obtain feedback from students, relatives and staff who worked with the

service. Records showed that students were very positive about the service and their college experience. Relatives were asked to reflect and rate the progress students had made termly, based on their observations of their abilities and skills when at home during holiday periods. Results from the most recent relatives survey showed that in a number of key areas relatives reported good or significant improvements in students' skills since they started at college.

Is the service well-led?

Our findings

At the time of our inspection a registered manager was in post who had been registered with the Commission to manage the carrying on of the regulated activity under this provider since June 2014. The registration requirements of the service had been met and we were satisfied that incidents had been reported to us in line with the requirements of the Care Quality Commission (Registration) Regulations 2009.

Students, their relatives and staff gave positive feedback about the service and college. Students reported that they thoroughly enjoyed their time at the college and some told us they would be sad to leave. Relatives told us they were happy with the care the provider delivered to their relation and they recognised the good work the college achieved by ensuring each student reached their potential and progressed into adulthood as independently as possible. One relative said, "The leadership is great; we are happy with everything". Staff told us they enjoyed their jobs and welcomed the ethos of the college, which was that "every student is important as an individual". One staff member said, "We want them to be the best they possibly can be by the time they leave. The staff really do believe in the students and the college. It is not just about education, it is about learning to be an adult. We have a duty to promote values and behaviours". Another member of staff told us, "The culture here is good. Morale fluctuates as it does anywhere". Staff said they found the leadership of the college structured and organised and they said the registered manager was knowledgeable, proactive and approachable.

The provider's vision and values for the college were person centred and placed students at the heart of the service. There were four key "Cambian Beliefs" which read, "Everyone has a personal best", "Everyone can achieve something special", "Everyone should have the opportunity to strive for it" and "Everyone can find something to aim for". We found the management and staff within the college promoted these values and there was a culture of supporting students to realise their full potential and to achieve the best possible outcomes in line with their needs.

The provider operated a student of the month award at the college and also a staff member of the month award. This worked on a nomination basis where staff and students could nominate their peers/colleagues and students could nominate staff and vice versa. Staff who had worked for the provider for over ten years received shopping vouchers worth a monetary value as recognition of their long service. At provider level a staff reward scheme was in place where staff could register and enjoy discounts on their shopping from a number of large partner organisations and also childcare vouchers and the cycle to work scheme.

Charity fundraising at the college took place on national fundraising days such as Children in Need, Comic Relief and in support of Macmillan Cancer Support coffee fundraising events. The college had very good links within the local community with the local cinema, leisure centre, churches and other community groups which they supported students to access.

The Chief Executive of the provider organisation sent out monthly newsletters to all staff to inform and keep them up to date with events, developments and changes throughout the organisation. This newsletter also contained "good news" stories from across the organisation. In addition, on a location level the registered

manager issued a weekly update to all staff containing information specific to Cambian Dilston College. This included information about incidents, events, feedback and safeguarding matters, amongst other things. This demonstrated good, inclusive leadership as it showed the provider kept staff informed about the service and any key issues.

A range of different audits and checks were carried out to monitor care delivery, the premises, health and safety and other elements of the service. Health and safety audits/checks around the college building and each accommodation unit were also carried out. There was evidence that where issues were identified, action plans were created and steps had been taken to ensure matters were addressed. A training matrix was used to monitor when staff training needed to be refreshed and a similar matrix system was in place to monitor that staff supervisions and appraisals were carried out.

The manager was responsible for updating the provider with weekly risk reports about the service which included information about any notifications made to CQC, staffing vacancies, medicines errors, accidents and incidents and any safeguarding matters. Information about the actions taken to mitigate these risks was inputted into the register. Information about accidents and incidents was analysed by the provider and where they identified any patterns, they referred back to the college and asked what preventative measures had been put in place to prevent repeat events. This meant the provider was able to monitor and analyse risks to the service at a senior level.

On a monthly basis the manager also submitted a board report to senior managers in the organisation for review, which included any positive and negative issues at the college. The manager told us that the provider then reported back to them about what steps they had taken to address the issues raised. On a termly basis a number of internal case tracking reviews were carried out to assess the standard of documentation and that it reflected students' current needs and any changes in their care. A self-assessment tool had also been introduced in line with the Commission's key five questions that we inspect (Safe, effective, caring, responsive and well-led) where the provider gathered feedback from staff, students, relatives and external stakeholders annually, about what worked well and what could be done better. An independent review of safeguarding was done annually and also an independent visitor report where a consultant visited the college to carry out an inspection of records and to gather feedback from students. This showed the provider sought independent, external views about the college and service delivered, in order to use the information they gathered to drive improvements.

A wide variety of meetings took place regularly within the college from those held at senior leadership level to individual staff and line management. Staff told us these meetings helped them keep up to date with changes and discussions within the college in general, and in respect of the care service delivered, as information was regularly disseminated down throughout the staff team.