

Treloar Trust

Treloar College

Inspection report

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Date of inspection visit:
07 June 2017
08 June 2017

Date of publication:
13 October 2017

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 7 and 8 June 2017. It was unannounced. At Treloar College's last inspection we rated it Good.

The college is a residential further education college specialising in support for students with a physical or other disability. Some students had extremely complex needs arising from their disability. Our inspection looked at the residential accommodation, healthcare provision and the care and support for students outside their educational curriculum.

At the time of this inspection there were 89 students accommodated in four residential houses. There were also 18 day students. Most students were in residence during term time, but a small number stayed in one of the residential houses all year. Each residential house had a registered manager.

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.

There were exceptional arrangements in place to manage risks to students' safety and wellbeing. Risk management was focused on overcoming obstacles and reducing restrictions on students' activities. Students' abilities were enhanced, their independence was promoted, and they were supported to participate in activities safely.

Students were supported by sufficient numbers of suitable staff. Appropriate checks were made before staff started to work to make sure they were suitable to work in a care setting.

Students received their medicines as prescribed. Medicines were stored and administered safely. There were arrangements in place for student who wished to be responsible for their own medicines.

Where students had swallowing difficulties, the college had put in place exceptional arrangements to support them with appetising food which was safe for them to eat and allowed them to feel included. Students were supported to eat a healthy diet with a variety of cafeteria and self-catering options which were adapted to their physical needs.

Students were supported by staff who benefited from a comprehensive training and support programme. Where necessary staff received training relevant to a student's individual needs and conditions, and specialist equipment used to support the student.

Care and support were provided only with students' agreement and consent. Staff were aware of the legal requirements in force where people lacked capacity to consent.

Multi-disciplinary teams were in place to support students with their healthcare needs. There was an integrated healthcare centre with dedicated nurses and part-time GP.

There were in-house technicians who adapted and customised assistive technology to enable students more easily to express their views, take part in decisions about their care and be as independent as possible.

There was an outstanding focus on equality, diversity and inclusion. Care and support took into account students' cultural and religious background and their lifestyle choices. The college was accredited as a "Leader in Diversity" by the National Centre for Diversity.

All staff we spoke with put students at the centre of everything they did. We saw examples of excellent relationships between students and staff.

There were exceptionally thorough arrangements to assess students' needs before they joined the college, during their stay and to prepare them to move on to the next stage in their lives.

Care and support while they were at the college were based on thorough and detailed care plans which were reviewed regularly and kept up to date with their changing needs.

There was a positive, open and empowering culture shared by staff and students. Care and support were dedicated to helping students achieve their goals and ambitions.

Management and quality assurance systems were in place 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?

The service was safe.

There were arrangements in place to protect students from risks to their safety and wellbeing, including the risks of avoidable harm and abuse.

Students benefited from processes which managed risks in way that supported their independence.

There were sufficient numbers of suitable staff to support students safely and in accordance with their needs and preferences.

There were arrangements in place to manage student's medication safely.

Good 

Is the service effective?

The service was effective.

There were exceptional arrangements in place to support all students to eat well and have their dietary needs met, including students with swallowing difficulties.

Staff training was comprehensive and tailored to individual students' needs. The college was innovative and creative in developing training that supported staff to deliver outstanding care.

There was focus on students' consent to their care and support. Where appropriate, staff were confident to take account of the legal requirements concerning people who lacked capacity to consent based on detailed guidance.

Students' healthcare needs were met, largely by in-house provision of GP and nursing support.

Outstanding 

Is the service caring?

The service was caring.

Outstanding 

The college made exceptional use of assistive technology to enable students to express their views, to take part in decisions about their care and to maximise their independence.

The college's outstanding approach to equality, diversity and inclusion had been recognised by a national organisation.

There were excellent relationships between staff and students, with staff putting students at the centre of their care.

Is the service responsive?

The service was responsive.

There were extremely thorough processes in place to manage students' transition into college and to move on successfully at the end of their course.

Students received care and support which met their needs and took account of their preferences. The college used its risk assessment system positively to encourage and enable students to meet their goals and ambitions.

There were arrangements in place to learn from complaints and other expressions of students' experiences. The college supported all students to participate in these arrangements.

Outstanding 

Is the service well-led?

The service was well led.

There was an open, empowering culture focused on the students' needs, which was recognised and supported at all levels.

The college was recognised as a role model for excellent management and leadership at all levels, which had been acknowledged by external accreditation.

The college found innovative ways to assess, monitor and improve the quality of service provided with the participation of students and staff.

Outstanding 

Treloar 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.

The inspection took place on 7 and 8 June 2017. It was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service. On this inspection our expert by experience had knowledge and experience of service for young people.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke with 19 students individually and in groups. We observed care and support students received in the shared areas of the college.

We spoke with 31 staff members individually and in groups, including care staff, nurses and therapists. We spoke with 14 members of the management team, the principal and chair of governors.

We reviewed records made available to us during the inspection and sent on to us after the visit. These included two assessment records, seven care plans, four communication plans, pictorial questionnaires, timetables, procedures, house mission statements, and leavers reports and plans.

Other records included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also saw records supporting mental capacity assessments and deprivation of liberty applications, transition timetables, the provider's complaints and compliments log, staff training programme, and student charter. We saw the annual safeguarding report, health and safety reports, and meeting minutes.

The provider made available to us the results of student and parents surveys, equality, diversity and inclusion reports, and reports by external organisations, including external consultants.

Is the service safe?

Our findings

All the students we spoke with said they felt safe at the college, and did not feel restricted because they were encouraged to go out, to participate in outside activities or go on trips. One student said that as strangers were not allowed in their rooms he felt comfortable leaving his room unlocked. Another student told us the layout of the building and the facilities were all designed with wheelchairs in mind so it was easy to move around the building safely and also to access facilities with no problem. This was confirmed by responses to the most recent student survey. This showed students felt safe, knew what to do if they had a problem, and understood how to stay safe on the internet.

Staff were aware of their duty of care to pass on safeguarding concerns. They knew the members of the management team with safeguarding responsibilities, and were also able to report concerns on the college's internal internet service. Staff were satisfied their training in safeguarding covered all the necessary topics and were aware of how to report concerns. All staff members carried the relevant contact numbers with their ID badge.

There was a high level of understanding of the duty to keep people safe at all levels of the organisation. There was a nominated governor with safeguarding responsibilities. They met with the head of safeguarding each term, and governors attended the staff safeguarding training. There was an open culture which encouraged challenge and reporting. The head of safeguarding told us they encouraged students to report any concerns, even if it seemed minor. In this way they developed a culture of reporting seen as normal day to day practice. Staff and students alike were aware of which members of the management team had specific safeguarding responsibilities.

There were a variety of methods in use to keep students aware of their safety, risks and what they could do about them. These included posters in the residential and educational areas of the college, complaints cards, and the student newsletter. A recent issue of the newsletter had as the "question of the week", "Who would you go to if you had a problem?" These methods were also used to promote diversity and encourage students to call out and challenge discrimination. Students were supported to look out for each other's safety and to be actively involved in promoting a safe environment.

Individual risk assessments were thorough, detailed, and regularly updated as circumstances changed. They were assessed with the students' participation. One staff member told us risk assessments were not "done to them, but with them". The focus of risk assessments was clearly to enable students to meet their goals safely. There were also detailed risks assessments to enable students to take part in excursions and activities away from the college. Where appropriate, specialists such as physiotherapists, occupational therapists and speech and language therapists were involved in the risk assessment process to make sure the student's needs would continue to be met safely during activities. The college made exceptional efforts to make sure all students had the same freedom to take part in activities safely.

Students were made aware of risks in the community, such as "stranger danger", and staff found imaginative ways for them to take part in social events and activities such as shopping safely without close

supervision by staff. The college empowered students to identify risks to their safety and the safety of other students, and to find ways of reducing the risk themselves.

Policies and procedures were in place to keep students and staff safe in the event of a fire or other emergency. Students had individual emergency evacuation plans which described the support needed by each student in an emergency. Risks associated with the safety of the college campus were managed with the participation of students. For instance, there was a "speedwatch" campaign to monitor the speed of vehicles on campus, which promoted the safety of students, staff and other visitors to the campus.

There were enough staff deployed to support people safely and individually when necessary. Staff were able to perform their duties calmly, professionally and in a friendly and relaxed way. Staff told us they were able to manage their workload with the staffing levels in place. One staff member said, "We are not short of staff. We always get the number of staff that are required." Staff had time to interact with students and have appropriate conversations about subjects that interested the student. Staff were able to develop positive and meaningful relationships with students which allowed them to understand their needs and keep them safe.

At the beginning of the academic year there was an assessment process which estimated how many hours support the student would need from the specialist therapists and support assistants. The associated "funding grid" was used by the managers of each of the four residential houses to generate their staffing plan for the year. This was clearly communicated to staff who could see which students they were supporting on a staff allocations board.

There were daily meetings to make sure sufficient staff were available to support students according to the plans. These meetings were used to reallocate and reassign staff where there were short term gaps in allocation.

The provider carried out the necessary checks before staff started work. These included evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. Checks were made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working in a care setting. Staff were not allowed to start work until confirmation was received from the provider's HR department that all checks had been made satisfactorily.

Arrangements were in place to store and handle medicines safely. Medicines were stored securely. There were computer screens in students' rooms to access the provider's electronic system for medicines administration records (EMAR). The system prompted staff to support students with their medicines at the correct time, and to make sure medicines continued to be stored securely. Where students had medicines to be taken "as required" the EMAR had information about the prescribed dosage and issued a warning if sufficient time had not passed since the last dose.

Where staff supported students to manage their own medicines independently, paper records were available to keep track of medicines taken. Suitable arrangements were in place for medicines which needed to be kept refrigerated and to store and manage controlled drugs safely. Some prescription medicines are controlled under the Misuse of Drugs Act 1971, these are called controlled drugs and they have additional safety precautions and requirements.

Staff told us the EMAR system had reduced errors and made it easier to find information and to audit and check that medicines were administered as prescribed. Team leads checked the EMAR system daily, and

carried out a twice weekly stock check of medicines. Arrangements to record medicines electronically illustrated the college's practice of seeking and carrying out improvements to practice.

Is the service effective?

Our findings

Staff we spoke with were all very positive about the training and support they received from the college. One staff member said, "The training we receive is fantastic and really thorough and is kept up to date." Staff were confident to use the equipment needed to support students because they received "intensive" training. One staff member said, "We would not be expected to use equipment we had not been trained on." Another staff member described the training programme as "huge". A third staff member described how they had been blindfolded in a training session to help them better understand the needs of visually impaired students, which showed an imaginative and innovative approach to training.

The college had introduced a new staff role of "Student Support Assistant" in 2016. They had developed a bespoke qualification for this role and obtained formal, external accreditation for the qualification itself and their staff assessment process. There was a "talent management programme" in place which identified staff with relevant skills and knowledge and gave them opportunities to develop those skills to the benefit of the students they supported. Creative and innovative processes were in place to make sure staff were trained and supported to deliver outstanding care and support that met students' identified needs. This had been recognised by the provider receiving an Investors In People (IIP) gold award. IIP is a national and international standard for managing people in the areas of leading, supporting and improving staff.

The college had identified certain courses as mandatory. These included moving and positioning, support with eating, safeguarding, and basic life support. These courses were included in the induction training for new staff and refreshed according to the college's timescales. Registered nurses provided training for support assistants and therapists in areas such as feeding tubes and catheter care. There was a process for assessing staff members' competence which they described as "very thorough". It was followed up with annual practice checks. Where students had individual needs or used specific equipment, there was dedicated training for staff who supported them. One member of staff told us they would be receiving training in how to support a student who wore contact lenses as this was something they had not done before. The college supported staff to complete training required to renew their professional registration.

Staff were aware of their training plans and received timely reminders when training was due. Managers received reports from the training booking system so they could monitor the progress of their staff. Managers also received a "competency grid" which showed where staff had received specific training and assessment to support students' individual needs.

There was a system of supervision and practice checks in place. Observed practice covered infection control, moving and positioning, eating and drinking, medicines, and dignity and compassion. Each staff member had a supervision meeting or a practice check every half term. For new staff there were fortnightly supervisions for the first four months. New staff shadowed an experienced colleague for the first two weeks. There were formal progress reviews after three months and six months. Managers put action plans in place if staff were behind in meeting the competence goals set in their initial induction supervision. Managers received an updated "supervision grid" each half term which enabled them to monitor that staff were being adequately supported to provide excellent support to students.

Staff were aware of the importance of obtaining consent for support and were aware of how individual students could communicate their consent. One staff member told us, "Students take part in all decisions. We don't do anything students don't agree with." Records such as signed care plans, the student charter and student contracts showed this was carried forward into practice.

Where students could not communicate their consent, staff were aware of their legal responsibilities to uphold student's human rights. The Mental Capacity Act 2005 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 Act. The relevant application procedures for this are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the Act.

Records of capacity assessments showed they followed the process required by the Mental Capacity Act 2005. They were decision specific, and showed how staff had encouraged and supported students to be involved in the process. Staff were supported in this by detailed and individual communication plans which contained assessments of students' abilities to take part in the four part test required by the Mental Capacity Act code of practice. Their ability to "Pay attention and concentrate" and to "Listen / Hear", to "Remember what you have heard", to "Understand the meaning of language", and to "Have ideas and decide what to say" were all included in the communication plan and corresponded to the four steps used to determine capacity. Where "weaknesses" were identified the communication plan included guidance on how staff could support the student to participate. These included the use of assistive technology, standard systems of signs, and techniques such as ensuring the student was giving their full attention and regularly refocusing their attention by using visual supports. The detailed communication plans meant staff could be confident they were doing all they could to support the student to participate in decision making.

Where students were assessed as lacking capacity, the subsequent best interests decision was documented. Where this led to an application under the Deprivation of Liberty Safeguards, the college tracked progress with the relevant local authority. Authorisations and mental capacity assessments informed the relevant parts of students' care plans. Staff showed confidence in following the requirements of the Act.

The college had exceptional measures in place to encourage students to eat and drink enough and to have a healthy diet, while taking into account their preferences and choices. This was particularly evident where students had difficulties swallowing or required a specialised diet. There were two chefs out of a team of seven dedicated to providing special diets.

The catering team were particularly proud of the provision for students who required their food to be pureed. They pureed individual meats and vegetables, and used moulds to freeze the food in the shape of the original ingredient. This meant the meals were both more appetising to look at and appeared less "different" from the meals other students had. Some students without swallowing difficulties had voluntarily chosen to eat pureed meals because they looked just as attractive as the meals that had not been processed. This further reduced any stigma associated with pureed meals. The college had invested in specialist ovens to make this possible.

Catering staff had developed methods of reconstituting pureed cake so that it had the appearance of an unprocessed cake. When students had a "takeaway pizza" evening, staff pureed separately the base and solid toppings of a pizza and then reformed the pureed pizza to look like the other pizzas on offer. This

meant students were able to participate more fully in special events and celebrations. Students with swallowing difficulties were able to have a birthday cake, or taste chips for the first time. The college's investment in specialist kitchen facilities removed restrictions and allowed all students to enjoy celebrations involving food equally.

The range of catering options was from fully catered in cafeteria style dining rooms to fully independent living where students were supported to budget, buy and cook their own meals. In some cases the college had purchased and adapted cooking appliances to make them accessible for students. Arrangements were in place where individual students' dietary requirements were affected by their religion. Staff supported students to research shops where they could buy food prepared according to specific religious practices.

Each cafeteria had a file with a "food profile" for all the students that ate there. This meant any member of staff could check the correct food was offered to those on special diets. There were refrigerators with drinks such as fruit juice and milk all around the buildings to encourage students to drink enough liquids.

There was a wide variety of healthy meals available and food was labelled so that students were able make choices appropriate to any special diet. All of the students we spoke with said they loved the food and staff who ate in the cafeteria said they had to be careful not to put on weight because the meals were so lovely. Mealtimes in the cafeteria were staggered which made for a calmer and less cramped environment for students. There was a lively atmosphere in the cafeterias which made mealtimes and enjoyable social experience for students. Where students needed greater privacy in order to eat their meals safely, arrangements were made.

Eating and drinking care plans were comprehensive and some included bespoke menu combinations for the student, with guidance on portion size and how to cook individual dishes to meet their needs or reflect their preferences. The college organised an annual nutrition week to communicate information about healthy eating. These were organised around a theme such as bone health or healthy digestion and illustrated the college's dedication to promoting healthy eating. This helped prepare students to take responsibility for their own healthy eating when they left the college.

All of the students we spoke with said they were well looked after and their healthcare needs were a priority. On site facilities to encourage mobility and stimulation included a hydro pool, multi-gym, physiotherapy rooms and sensory rooms. The college had its own health centre with a visiting GP supported by the college's own nurses. Each residential house had a named link nurse which provided continuity for the students and meant that many healthcare needs could be dealt with without having to leave the college and possibly miss classes. Students were able to be in control of their own medical and treatment plans. In the nursing team there were nurses with a variety of specialisms including children's care, intensive care, emergency care and community nursing. Students were supported to attend specialist clinics which could not take place on site.

There were on site teams of physiotherapists, occupational therapists, speech and language therapists, visual impairment advisors and dietary specialists. Each student had a dedicated multi-disciplinary team drawn from these specialists and registered nurses to assess their healthcare needs and develop an effective care plan in cooperation with the student. An on-site counselling, psychotherapy and educational psychologist service was in place to make sure students' emotional and mental health needs were catered for as well as their physical needs. There were regular visits by dentists, opticians and other consultants.

One parent of a student had written, "All the therapists are fabulous – some of the best we have ever come across in terms of knowledge, creativity and bed side manner." Another parent referred to the "excellent

support and professional advice" available to their child.

Is the service caring?

Our findings

The service provided by the college was exceptionally well focused on the students. Staff we spoke with described their experiences in terms of what the college did to support the students to achieve their goals. One comment by an experienced staff member was typical: "The students continue to amaze, inspire, and move me." The college celebrated students' successes with exhibitions of their college work and photographs of activities, visits and sporting events.

We saw interactions between staff and students that were cheerful, friendly and showed that staff were aware of the student's interests and could have appropriate conversations with them. Staff made sure they could make eye contact with students when they were talking with them. When staff members met students who were being supported to move about the college, they spoke with the student first and greeted their colleague second. One student told us he loved living in the college "because it feels like a village". He said everyone was friendly and, "It feels like a family."

Staff "went the extra mile" for the students. One student had emailed, naming eight members of staff who were particularly welcoming and supportive of his development. Other compliments referred to staff members' "dedication" and described them as "exceptional". A parent referred to a student's "great result" and thanked staff for their "great support that enabled this outcome". The dedication and motivation of staff allowed students to achieve their potential both in their courses and in their activities of daily living and enrichment activities. Another student had described the impact on their wellbeing. They said they went from a "can't do" to a "can do" attitude thanks to the support of staff at the college. They had been described as "passive, quiet and reserved" when they came to the college. They were supported to use a complex assistive technology system which was described as "like learning a second language". They had progressed from using the technology in the classroom to using it to "get on with normal life like everyone else". The support they received from staff gave them the confidence to act as an ambassador for the college, visiting other schools and colleges, and making a video about how their assistive technology had changed their life.

The college took exceptional steps to allow students to participate in decision making about their care, and to promote communication and independence. We saw some students had an interpreter or signer. Others used picture books or picture mats to communicate. Important records such as the college charter and surveys were available in picture format. Surveys were also available online for students that preferred to use their computer. Workbooks were used in the health centre to explain various treatments to students and reduce their anxiety. Other students had adapted computer technology to enable them to communicate, in some cases using eye movement to control the computer. Students were supported to communicate individually in ways that matched their personal circumstances.

There was an in-house technology department which adapted and developed solutions to meet the students' needs. These included relatively "low-tech" tools such as a portable cup holder and a stylus holder to allow the student to use a stylus to write on their computer tablet. There were also "hi-tech" tools such as adapted computer software and hardware which staff customised to make them easier to use in a

wheelchair. Switches and other controls were adapted according to the student's physical abilities and positioned where they could be easily used. There was an in-house workshop with a 3-D printer which could be used to make solutions which were not available to purchase off the shelf. If students needed a computer joy stick handle to fit their individual grip, it could also be made in their preferred colour. Staff adapted technology not just to meet students' needs but to reflect their preferences and allow them to express their individuality.

Students with limited mobility were able to drive their electric wheelchair by means of switches controlled by head movements. These allowed them, for instance, to hold hands with a family member while driving their wheelchair. Where one student had been assessed as not able to drive an electric wheelchair independently, staff built a motorised rig to carry their manual wheelchair. They could use this to practice and demonstrate their abilities when re-assessed. This allowed them to show they were able to drive an electric wheelchair which enhanced their freedom and independence.

Assistive technology was used and developed to support students' learning in the classroom, and during activities of daily living, for instance to direct staff who were supporting them. IT staff observed students in their classrooms to monitor the effectiveness of assistive technology. They also worked with students' multi-disciplinary teams to make sure technology was integrated with their care plan. This also allowed students to use computers and mobile telephones independently for social and leisure purposes. The college had also adapted games, such as an electrical car racing game, to be accessible to students with limited mobility. There was highly imaginative use of technology to support students' independence and dignity. The college supported students to use technology to remove restrictions and increase the activities they were empowered to take part in without direct assistance.

There were highly detailed communication plans for students to guide staff when interacting with them. These identified eight areas of understanding language, such as understanding the meaning of words, remembering what has been said, and understanding non-verbal communication. Similarly there were nine areas of expressive language such as choosing appropriate words, appropriate sentence structure, and speaking fluently. Each of these was colour coded red, amber or green according to the student's strengths and weaknesses in those areas. Each area had a short description of the student's abilities, with guidance for staff on how to support them and where they used assistive technology. These communication plans were an illustration of the focus on the student, their abilities, and the lengths to which the college went to allow students to express their views and communicate decisions about their care.

All the students we spoke with told us they were involved in their care planning, which was regularly reviewed with them. They told us they were listened to if they wanted to change anything. There were regular house meetings where students' opinions were consulted, and there was a system of feedback and suggestion boxes to collect students' ideas. Two of the students we spoke with were college "ambassadors". Their role included supporting new students, sharing ideas, representing and advocating for the college and taking part in tours and staff recruitment. They told us they also "got to go to many interesting places".

One student told us that since coming to the college, his "independence, skills, morale and confidence" had improved "hugely". He could swim independently, which he was unable to do before. He also said that he loved the fact that students could choose their own bedtimes which he said made him feel as if he had some control over his life. He also said that the college had become a "second family" and that he really looked forward to coming back after the holidays.

There was a college council which met twice a term and was a forum for discussion about areas of concern to all students, such as speed awareness on the campus and weekend activities. There was an annual

student conference which was described as "speed dating with senior management". It allowed students to address concerns directly to senior management who provided feedback in a "you said, we did" format. There were numerous ways for students to express their views according to their abilities and preferences, and their views were listened to.

Students told us they felt their privacy and dignity were respected and our observations supported this. We saw kind and caring staff who assisted students whilst encouraging them to do as much as possible themselves. At the end of lunch, staff members placed a portable mirror and tissues on the table so students could check their faces before they left the table. Students were empowered and assisted to take responsibility for their own appearance and dignity. One student told us that the four years he had been at the college had been "the best years of my life" and that staff knew his likes and dislikes and "cooperated" in meeting his needs.

Students' privacy was respected. Access to the residential houses was limited to students who lived there and their support staff. Senior managers visiting the house had to sign in. Students' care files were computer based, which allowed only those staff with a need to know to see certain information. For instance, support assistants could access the care plan and daily records, but could not automatically access detailed healthcare or counselling records. Information in care records was only shared with students' parents if the student agreed. There were private booths where students could telephone or contact their families by internet.

Students received care and support in a way that took into account any needs arising from their religious or cultural background. For instance support with personal care was scheduled to take into account a student's prayer times. There was a chapel on site and the college employed a multi-faith chaplain. Students were supported to attend their chosen place of worship in the community.

The college had published objectives for equality, diversity and inclusion (EDI) which were reported on each term to the senior management team and the board of governors. The student newsletter covered EDI matters, and student survey results were analysed according to the students' sex and ethnicity, which showed concerns about EDI were reflected in the college's standard processes and procedures. Events were organised to celebrate and commemorate black history month and holocaust day.

The college had received external recognition of their work in this area. In January 2017 the college had been re-accredited as a "Leader in Diversity" by the National Centre for Diversity. The report stated the college "demonstrated commitment" and had made "excellent advances with EDI strategies".

Is the service responsive?

Our findings

There were exceptionally detailed and thorough processes in place to assess students' needs, make their transition into college life as smooth as possible, respond to their needs and preferences while at the college and make a successful transition to life after college.

There was a two stage assessment process. The first stage consisted of a meeting with the student and their family or other representative. Staff from all disciplines participated in assessments. These included members of the educational and residential staff, and other specialist areas as appropriate, such as speech and language therapy, physiotherapy, occupational therapy and nursing.

The second stage assessment consisted of an overnight stay at the college. There were facilities for students' families to stay overnight for additional support and in case of unexpected support needs. Adaptations, such as making sure the student was able to use the room's call bell, were made so that the assessment was as realistic as possible.

The second stage assessment was followed by a meeting with representatives of the multi-disciplinary team at which it was agreed with the student and their family whether the college could meet their needs. The college used the experience of the two stage assessment process to inform care plans. The college therefore had a thorough understanding of the student's needs and how they could be met before they came to live there. This meant students were supported to participate in and get the most value from the educational and social facilities offered by the college from the first day of term.

Care plans were detailed and took into account the age of the student being supported. There were individual plans covering learning, health and well-being, independent living skills, communication, and transition and employability. Plans were updated regularly or as required, if there were changes in the student's needs. Students were involved in each stage of the care planning process. There were individual goals included in the plans, for instance to increase the distance a student could walk independently each week. The provider used computer systems for care planning and for goal setting. However if it met a student's needs, paper records were used, for instance if a student was responsible for their own medicines.

Students told us they were encouraged to be independent. Where they had limited mobility they were encouraged to direct their care workers while they supported them. This meant students remained in control of the care and support, improved their understanding of daily routines, and prepared them for more independent living.

Care plans were treated as living documents by the multi-disciplinary teams involved in maintaining them. These included the student's key worker, personal tutor, transition worker and named therapists. There were weekly meetings of the multi-disciplinary teams to review progress and team leaders checked care plans at least once a term. There was also a system of care plan audits by managers and a sample of care plans were reviewed and moderated by teams from other residential houses. Support staff had access to computers in their duty rooms where they could keep up to date with changes to students' care plans. Staff

saw themselves as experts in their students care. Processes were in place to deliver responsive care and support to students with very complex needs.

Staff were responsive to students' changing needs. For instance, where students' conditions developed so that they were less able to take advantage of assistive technology, staff adapted the technology to take into account their more limited mobility or decreasing strength. The college had responded to feedback and provided facilities for some students to stay on campus during holiday periods, providing a supportive environment 52 weeks a year. The college was flexible and responsive to students' individual needs and preferences, and found creative ways to adapt the scope of service provided to meet them.

There was an exceptionally wide range of extra-curricular enrichment activities available to students both on and off campus. Students told us their family and friends were encouraged to visit at any time provided visits did not interfere with their courses. All students we spoke with were extremely positive about the support they received to pursue sports, interests and hobbies. These included sports and activities designed for people with a disability, such as boccia (an international sport for people with a disability) and a wheelchair training run. Other activities mentioned by students included discos, drama club, film club, gardening club, cookery and photography. They also appreciated access to the college common rooms, bar and swimming pool. Students were able to take part in fund raising activities, and arts and crafts. They told us an arts and crafts space had been provided in the last year following a request by a group of students.

Students were supported to take part in external initiatives, such as disability sports events, the Duke of Edinburgh Award Scheme, the cancer charity Race for Life, and local music festivals and community art schemes. The college organised disability sports competitions with other colleges and training establishments. Other students were supported to take part in work experience placements. The college had contacts with local and national employers which helped them identify suitable placements for students. One student told us how they enjoyed working at a local bank and completing the tasks assigned to them.

The college also provided facilities for "down time" activities. These included a twilight club, evening sensory walks, and less energetic pursuits such as gardening, pond dipping, and a nail bar. The college took steps to support students to participate in all their hobbies and interests. One student enjoyed a little-known card game. The college used their internal communications network to advertise for a playing partner and discovered that a member of staff was a devotee of the same game. The wide range of activities available enriched students' lives. They were supported to pursue their individual interests, sports and hobbies. The college found ways to remove restrictions, for example by developing a travel plan which allowed a student to participate in a sports club outside the college.

The risk assessment system was used creatively to make sure students with a disability could take part in sports and activities. Students were supported to be safe when participating in activities such as those involving overnight or residential stays away from campus. Enabling risk assessments had allowed some students with very complex needs to achieve goals for the first time, including sailing, kayaking and piloting a motor boat. This gave students an enhanced sense of wellbeing and supported them to achieve an exceptional quality of life.

Staff respected students' lifestyle choices and worked to find ways for them to live as they wished. When they developed and adapted assistive technology to support students' independence and safety they took into account their physical abilities. For example, if students needed a call bell in their room, there were a variety of sizes and designs of button or switch available depending on the student's strength or ability to control their movements. Technology was available and adapted to remove as many restrictions as possible

on people's independence and to enable them to use communication tools such as text messaging without assistance. At least one student was able to send a text message to their family completely independently for the first time with the facilities provided by the college. The college found innovative and responsive ways for students to use technology to remove restrictions and meet their needs.

The college had an innovative, interactive approach to soliciting complaints and other input about the service from the students. Students were supported to discuss areas for improvement in classes, and to then make a shortlist of those that were most important to them. Students elected student ambassadors to present complaints and ideas at meetings held every half term. Where there was a complaint, the college department then had a responsibility to respond formally in a given timeframe. These systems were used as input to the college quality improvement plan. There were examples of aspects of students' individual care and support being changed in response to them and of improvements with a wider impact, such as changes to transport arrangements and computer systems.

There was also a "student voice" survey, and staff supported students to take part. Students could also raise concerns to staff members who could then take their concerns to team leaders and through the levels of management to the principle if necessary. Students' care plans recorded how they wished concerns to be communicated, for instance if they wanted to have family members speak for them, or if they wanted to speak directly with staff.

A formal complaints process was in place for students and their families or other representatives to use. The complaints log showed these were followed up and managed. There had been 17 complaints in the year before our inspection. Seven of these were resolved with a simple apology to the affected student. Students were able to take part in service improvement because they were supported to make complaints and comments that were listened to.

There were extremely thorough processes in place to make students' transition to life after college as smooth as possible. This could mean moving to higher education, residential care or more independent living. The student's multidisciplinary team compiled detailed reports on how their care and support needs could be met. These were based on the knowledge and expertise developed while the student was at the college, and were adapted to take into account the environment the student was moving to. Information, for instance how best to set up assistive technology for the student, was passed on to the new service providers and the students' families.

The college supported students to prepare themselves for life after they left. Accommodation was available to reflect how students expected to live. Some were able to live in independent flats with assistive technology, for instance they could control their windows, lighting, curtains and television from their computer tablet. In another case the accommodation prepared the students for living in a shared house with their own bedrooms, but other rooms shared with other students.

Where appropriate students had debit cards which were topped up weekly. Students could use a computer program to check their spending against their budget. There was a shop on site which allowed staff to support students to manage their finances independently in a safe environment.

The college hosted events where service suppliers which students might need after they left could display and present the options which would be available. These included housing and independent living services, educational, employment and leisure activity organisations. These events gave students more confidence in defining achievable goals for when they left the college.

Students had agreed aims and objectives for when they left the college from the start of their time at the college. This meant they could use all their time at the college preparing for life afterwards. The college kept in touch with students after they left. There were reviews of their progress towards their goals at intervals of five, nine and 24 months, then after four, seven and 10 years. Reports showed that 94% of students had achieved their goals after five months. The college tracked their success after students had left and documented this in their leavers reports. A leavers report described how the student had become confident in describing their own needs and how they should be met, and how they intended to build on what they had achieved at the college and expand their horizons.

Is the service well-led?

Our findings

The college had a clearly communicated vision and mission statement which were to "create a world where physically disabled young people learn to take control of their lives and dare to dream". This was to be achieved by removing barriers and providing opportunities to learn, develop independence and realise potential. The service values were "working together, embracing continuous self and team improvement, acting with integrity, respecting diversity and each other, and service excellence."

Every member of staff we spoke with described the service in a way which supported these values and showed the students were at the centre of the service. One staff member said, "I find the students extremely inspiring. It is very student focused and we are motivated to do our best from them. It is an amazing place to work." Another staff member said, "It is the empowerment of the students. If we can do that and give them a voice for the future we have achieved our aims."

Staff spoke of working in a "well bonded team" with "lots of colleague support". Staff said students were encouraged to speak up and to express their opinions. Staff described the college as "definitely a place we are proud to work at". Other comments were, "The best thing is the opportunity to develop students to what they can be. Students have fun here, they have a very good time", and, "Often the steps they make are very small. It is fulfilling watching their progress." Another staff member said, "Students are encouraged to speak up. You see them develop and change." There was an open, empowering ethos at the college which put the students at the centre of the service.

The college had sought and achieved external accreditations such as Investors in People (IIP) gold status. IIP is a national and international standard for managing people in the areas of leading, supporting and improving staff. Accreditation is based on nine performance indicators which include leading and inspiring, empowering and involving, managing performance, and delivering continuous improvement.

The college worked with other organisations to define, share and promote best practice. The college was an active and founding member of the national society for specialist colleges (Natspec). Staff hosted events for and visits from professionals working in other organisations providing services to young people with disabilities. Staff had published articles, for instance on the subject of adapting assistive technology to students' individual needs. Students could be confident they were supported by an organisation which actively pursued and could show evidence of best practice.

The college took advantage of relationships with other specialist colleges and relevant organisations to enhance students' experiences. The college hosted disability sports days, and supported students to participate in events and competitions organised by other organisations. These included students taking part in rugby and archery competitions outside the college.

All the members of staff we spoke with considered the college to be well run and well managed. They pointed out the college's track record of staff retention. They told us that most staff stayed for a long time, and among those who left, many returned to work at the college. Staff considered this was due to the

working environment, the support they received from management, "excellent" training, and "the feel of the place". Staff members told us their managers were supportive and listened, for instance if staff had identified additional training needs or required more time to complete training effectively.

Students were empowered to participate in the management and leadership of the college and to identify and drive improvements to the service. There were two student governors, a student council, and opportunities for students to be included in the running of the service by means of meetings with staff at all levels. Students were able to voice their opinions and were listened to. There were innovative and creative ways for students to feel empowered to voice their opinions.

There was a clear, documented management structure at all levels. Each of the residential houses in the college had a manager who was registered with us. The managers were supported by two deputies and team leaders. Each house had its own mission statement tailored to prepare the students living there for life after they left the college. Students were supported by a well managed organisation which adapted management processes to make sure it took into account students' differing needs.

There was clear, documented strategy with an annual management plan which was based on input from staff and the outcomes of quality improvement processes including mock inspections. This was supported by a management system which included supervisions, team and departmental meetings, practice checks, audits, reviews and appraisals. Practice checks included dignity and care observations. These indicated a high standard of care and support in practice. Records showed that of 214 observations, 200 were classified as "positive".

There was a system of internal commitment to excellence awards. These could be nominated by students, parents, staff or visiting professionals to highlight exceptional care or support. At the time of our inspection one of the residential houses had two certificates on display, one had been nominated by a student, and the other by an external therapist. The house manager and staff were proud of this recognition of their performance.

The college's governance was supported by a board of governors who acted as "critical friends" and were actively involved with the management of the college. Members of the board had appropriate background and experience to enable them to contribute suggestions for continual improvement. Governors visited regularly and spoke with staff and students. One suggestion which had been carried into practice was the appointment of a human resources staff member with responsibility for staff retention.

The chair of governors had monthly meetings with the principal. These meetings contributed to the strategy and annual management plan. The governors supported the involvement with other colleges to share best practice, and took pride in the staff's dedication to the pursuit of excellence. This included monitoring the progress made by students and how the college contributed to their achievements. There was a commitment to high quality management and leadership at all levels.

There was a coordinated system of quality assurance and quality improvement. The quality improvement plan included reviewing any incidents for patterns and trends. Individual incidents were followed up and changes to processes and procedures were identified. The improvement plan was updated each month with oversight by the governors.

The college had a quality calendar which scheduled assurance activities around areas including dignity and care, eating and drinking checks, infection control, moving and positioning, medication, supervision, care plan audits, safeguarding, fire safety and food safety. The college sought feedback from students through

various methods, including the student body and ambassadors. Feedback from student's parents came from an annual survey and an online parent portal which enabled parents to comment at any time. The surveys showed a high, and improving, level of satisfaction with the service provided by the college. One parent had commented, "Treloar staff are amongst the most exceptional people I've ever met. [Name]'s life is enriched by you every day. He is everything he dreamt he'd be because of you."

In addition to feedback from students and their families, and internal quality assurance activities, the quality improvement plan was informed by external audits. These included mock inspections carried out by consultants with experience of our methods. The college also took account of our previous inspection report in the quality improvement plan.

Records showed surveys of parents and family cares had identified improved levels of satisfaction and areas for further improvement. One comment from a parent in support of a commitment to excellence award read, "[Name] has gone the extra mile (or ten) to provide excellent ... service for our daughter. Even before that she arranged ... for our daughter to practice a specific technology until it became clear it was a viable method. Now she is liaising with suppliers, government agencies and others to work out other life issues."