

Livability

Nash FE College

Inspection report

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Overall summary

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, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection. At our previous inspection on 29 November 2013, we found the provider was meeting regulations in relation to outcomes we inspected.

Nash FE College currently provides specialist college services for 86 student's aged 18 to 25, most of whom have profound and multiple learning disabilities. At the time of the inspection 26 students were residing at the college. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that improvement was required in relation to some of the students' medicines records. We also found the college had appropriate safeguarding adults procedures in place and that staff had a clear understanding of these procedures. However the provider had failed to notify the Care Quality Commission

of an allegation of abuse made by a hospital safeguarding team to the local authority in August 2014. You can see the action we have told the provider to take at the back of this report.

Students had access to a GP and other healthcare professionals when they needed it. Staff had completed training relevant to the needs of students using the college. The college was meeting the requirements of the Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards.

Students and their relatives were involved in developing care and education plans. Student's care files included detailed information and guidance for staff about how their needs should be met. Their diversity, values and human rights were respected and they received co-ordinated, personalised care when they moved between services.

The provider recognised the importance of regularly monitoring the quality of the service provided to students attending and residing at the college. The college achieved accredited status from The National Autistic Society in May 2014 for Quality Autism Provision in Continuing Education. They also achieved a rating of Good from Ofsted, March 2013.

Summary of findings

Staff said management support and advice was always available when they needed it. There was a whistle-blowing procedure available on the college's intranet and staff said they would use it if they needed to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. We found that more information was needed in relation to some of the students' medicines records.

The provider had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks were undertaken before staff began work. Risks to student's were assessed and actions taken to minimise risks.

The college was meeting the requirements of the Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards.

Is the service effective?

The service was effective. Staff had completed training relevant to the needs of students using the college. Student's care files included assessments relating to their dietary needs and preferences.

Students had access to a GP and other health care professionals when they needed it.

Is the service caring?

The service was caring. Staff were caring and spoke to students in a respectful and kind manner. Students and their relatives were consulted about their assessments and involved in developing their care and education plans.

Relatives of students said they were fully involved and their views were fully considered when the college was planning their relatives' care and education needs.

Is the service responsive?

The service was responsive. Student's needs were assessed and their care files included detailed information and guidance for staff about how their needs should be met. Student's diversity, values and human rights were respected.

Students received co-ordinated, personalised care when they moved between services. The relatives of students we spoke with said they knew how to make a complaint if they needed to.

Is the service well-led?

An aspect of the service was not well-led. The provider failed to notify the Care Quality Commission of an allegation of abuse made by a hospital safeguarding team to the local authority in August 2014.

The provider recognised the importance of regularly monitoring the quality of the service provided to students attending and residing at the college. There was an out of hours on call system in operation.

Staff said management support and advice was always available when they needed it. There was a whistle-blowing procedure available on the college's intranet and staff said they would use it if they needed to.

Nash FE College

Detailed findings

Background to this inspection

Before the inspection we reviewed information we held about the provider, including the provider's information return (PIR). This is a form submitted by the provider giving data and information about the service. We also contacted the local authority safeguarding adults team, two Special Educational Needs managers, care managers from three local authorities that commission the service, a Clinical Commissioning Group pharmacist, a GP, a dietitian and an epilepsy nurse specialist to obtain their views.

We visited Nash FE College on 29 and 30 September 2014 to carry out this inspection. We talked with the registered manager (manager), the training manager, the human resources manager, a quality manager, a unit manager, a transition team manager, five members of staff and the relatives of eight students residing at the college.

All of the students living at the college had complex ways of communicating and they were not able to tell us their views and experiences. Because of this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The inspection team consisted of three inspectors, one of whom was a pharmacist inspector. We observed care and support in communal areas and saw how students were supported with their meals during lunchtime. We looked at records about student's care, including the care and nursing files of five students. We looked at records relating to the management of the college such as, staff recruitment and staff training records, safeguarding records, quality monitoring reports and records of complaints.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We looked at the medicines records for 22 students. Most of these were up to date and indicated that students were receiving their medicines as prescribed by health care professionals. However we found that improvements were needed to some medicine records. Medicine records for prescribed creams did not contain sufficient instructions for use, such as where and how often to apply these creams. Detailed information was available about most student's allergies, however we noted that the allergy status for three new students was not recorded on their medicine records. Individual protocols were available for medicines to be used in the event of a seizure. However, for two new students who had been at the service since 12 September 2014 these were still not available on the day of our inspection. Until these protocols were available, in the event of a seizure, a written instruction was in place to call the emergency services. Nurses told us that when students first came to the college, their families sometimes asked them to administer medicines differently to what was on their prescriptions. Staff were unable to do this without authorisation from the GP, and so they liaised with the student's GP to get prescriptions altered. This was usually done promptly. However we saw that in one case, action had not been taken promptly to clarify the dose of a medicine prescribed to be given as and when needed.

When pre-printed medicine records were not available from the pharmacy, for example for new students, staff created medicine records. However, the quantities of medicines received into the college were missing from these records. This meant that staff could not carry out a check to see if these medicines had been used correctly. We found that more detailed instructions were needed for staff on how to administer medicines prescribed to be given to students as and when needed, such as pain relieving medicines and laxatives, as many of the students were unable to communicate verbally when they were in pain or let staff know they were constipated.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines, including controlled drugs, were stored and disposed of safely. Records were kept of medicines administered and disposed of. Medicines were administered by nurses and designated care staff who had received appropriate medicines training. The provider

continuously monitored the quality of medicines management through regular internal audits by staff and external audits by a local pharmacist. Where incidents had occurred with medicines, we saw that these were analysed, and action was taken to improve how medicines were managed. Systems were in place to deal with medicines and patient safety alerts.

The provider had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". We saw safeguarding flow charts located throughout the college. These included the contact details of the local authority safeguarding team and the police. The manager told us she was a member of the local authority safeguarding vulnerable adults board and the safeguarding lead for the college. She told us five senior members of staff were also designated as contacts for staff to report safeguarding concerns to. She said safeguarding concerns were discussed at weekly senior management team meetings. Minutes from these confirmed that safeguarding concerns were discussed. This ensured that any safeguarding concerns were addressed and appropriate changes made to safeguard students from the risk of harm.

The staff we spoke with carried safeguarding adults cards that included the name and contact details of the designated safeguarding contacts. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff training records confirmed that all staff had attended training on safeguarding adults from abuse.

The manager showed us a "Deprivation of Liberty Safeguards (DoLS), A guide for families and carers" booklet and told us these were provided to students and their relatives in an information pack when they first attended the college. The information pack included a letter to relatives entitled "informed and supported decision making". This letter explained the provider's responsibilities in relation to the Mental Capacity Act and DoLS. A relative said they found the booklet and the letter very informative and it assured them that the college would be supporting their son in his best interests. We saw that students' files included completed capacity assessments. The manager showed us they had made individual applications under

Is the service safe?

the DoLS in respect of students who lacked mental capacity and whose liberty was restricted to keep them safe. The applications had been sent to the local authority DoLS team for assessment.

Student's care files contained risk assessments that included information for staff on how to provide appropriate support in order to minimise risk. The risk assessments had been kept under regular review. We looked at five students' risk assessments. These identified the risk to the student, the harm that could occur and how to minimise the risk to the student. For example, one student's risk assessment recorded what equipment and one to one support they required from staff when they were being transferred from their wheelchair to bed at night and when they were receiving personal care. All the care files we looked at included personal emergency evacuation plans which detailed how to keep students safe in the event of an emergency.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for five members of staff. We saw completed application forms that included references to their previous health and social care experience and qualifications, their full employment

history and interview questions and answers. Each file included Disclosure and Barring Service checks, two employment references, occupational health checks, proof of identification and correspondence with the immigration office for those staff requiring permission to work in the United Kingdom.

There are five residential units at Nash College. We observed nurses and support staff working on each unit when we visited. The manager told us that staffing levels were constantly evaluated and arranged according to the students' needs. For example, if a student's needs changed or they needed to attend health care appointments, additional staff cover was arranged. Staff told us there were always enough staff on shift and said that if there was a shortage, for example due to staff sickness, management arranged for replacement staff. Relatives told us there were plenty of staff around when they visited. We tested the call bell system in two units. The alarm sounded throughout the college and on both occasions nurses attended within one minute. A senior nurse explained there was always a qualified nurse on duty who would attend in the event of the nursing bell being sounded.

Is the service effective?

Our findings

Staff told us they had completed an induction when they started work and they were up to date with their mandatory training. Most staff said they received regular formal supervision, all said they had an annual appraisal of their work performance and they attended regular team meetings.

We looked at the files of five members of staff. Records in the files showed they had completed an induction programme and training that the provider considered mandatory. This training included safeguarding, moving and handling, fire safety, basic first aid, food hygiene and infection control. They had also completed training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and other training relevant to the needs of the students. For example, autism, epilepsy awareness, eating and drinking, healthy eating, dental hygiene, asthma and training in physical intervention and restraint reduction. The workforce development manager told us that most of the care and education support staff had completed accredited qualifications in health and social care. They said that once new members of staff had completed a probation period they were expected to complete this qualification. The files also held records of annual appraisals and formal supervisions. A member of staff told us they had recently received training on catheter care and communication and found this training had helped them to deliver better care and support to students.

Students' care files included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements, food allergies, cultural preferences,

their ability to choose from a menu, portion size and their support needs. A relative of a student said, "We discussed my son's dietary needs as part of the initial assessment. We spoke with the dietician and the chef. He enjoys West Indian food and he gets all of the things he likes. I have had some of the food at the college and it's really good. The chefs are great."

A manager from the local healthcare team said, "I manage the dietetic service provided to Nash College. My experience of Nash College has always been very positive. It has been a pleasure to work with the manager. She has always been very supportive of the dietetic service. My impression is that she gives high priority to the quality of services provided at Nash and the individual needs of the students."

We saw in daily notes that staff monitored students' health and wellbeing. Where there were concerns they were referred to appropriate health professionals. The manager told us that a GP visited the college once a month to attend to students' needs. We spoke with a nurse who confirmed the GP had visited on the day of our inspection. Students also had access to a range of visiting health care professionals such as specialist learning disability dentists and opticians, dieticians and podiatrists. We saw that student's care files included records of appointments with these health care professionals. We contacted the GP. They told us, "I look after some of the residential students at Nash College and have done for over two years. I do not have any present concerns regarding the quality or standard of care they provide. The nursing staff tend to be fairly well informed and ask for help if they have any concerns."

Is the service caring?

Our findings

We observed how students were supported and cared for at meal times. The atmosphere in the dining rooms was relaxed and unrushed. Staff were aware of the different levels of support and encouragement students needed in order to eat a healthy diet. For example, some students required support with eating and some preferred to eat independently. We heard members of staff ask students if they liked the food they were eating, if they wanted a drink or if they wanted anything else.

A relative of a student said, “The college is absolutely brilliant. They have done an amazing job. It’s the best decision I have ever made on my son’s behalf. I was fully involved in the whole assessment and education and health care planning process. I attend reviews every year where I can talk about his needs and the progress he is making at the college. My son is extremely happy there.” Another relative said, “We got lots of information in a pack from the college and when we went for our son’s assessment and the staff were very welcoming. We met a physiotherapist, an occupational therapist, a dietician and a speech and language therapist. We discussed all of our son’s needs and what was needed to keep him safe.” Another relative said, “My son loves being there. When we went for his assessment they went through everything with us. Our views were fully considered when they were planning his care and education needs.”

We saw notice boards displaying activity programmes in each residential unit. Activities included film nights, computer art, drumming, pamper evenings and sports in the gymnasium. The college had ten vehicles for students to use. The manager and a senior nurse told us there were regular trips out for students, accompanied by staff to the coast, the theatre and other places of interest. We spoke with the activities and enrichment co-ordinator who, on the

day of our inspection, was involved in organising a student’s birthday disco. We saw invitations had been placed throughout the college and students were encouraged and supported to attend.

Staff told us how they made sure students’ privacy and dignity were respected. They said they knocked on doors before entering rooms, introduced themselves and made sure doors were closed when they provided students with personal care. They addressed students by their preferred names, which we noted were recorded in their care files, explained what they were doing and sought permission to carry out personal care tasks. They told us they assisted student choices, for example, with the clothes the student wanted to wear or the food they wanted to eat. One member of staff we spoke with said, “I always ask if I can do something for a student and take care to explain what care I am going to give before I give it.” Another said, “I know the students I care for well and know when they need some private time to relax in their rooms.” Another said, “We always make sure information about students is kept in confidence.” We saw staff spoke to and cared for students in a respectful and kind manner.

A manager from a local authority special education needs team said, “My team is of the view that Nash College is supporting students with their assessed educational needs. Last year we contacted the parents and the social workers of learners we placed at the college to get their view on the students’ progress. All said they were happy with the placement, and felt that students’ were making some progress particularly around their level of independence.” A manager from another local authority adult learning disability team said, “We are impressed with the college’s attention to detail and the individual approach in the education setting. We have received positive reports about the colleges autism lead. Families are generally happy with the college. Social workers found that staff at Nash are able to work in partnership with families well.”

Is the service responsive?

Our findings

The students files we looked at included the student's care, health and support needs assessments, individual care plans, risk assessments and other documentation such as hospital passports and assessments of capacity to make decisions. The individualised care plans included detailed information and guidance to staff about how students' care and support needs should be met. The care files were well organised. The manager told us they were in the process of updating and reviewing the design of the care files. We were shown an example of a student's care folder with the newly designed contents. We found information was easy to read and accessible to staff. Each file contained a residential target which encouraged independent living. For example, we saw in one student's oral health care plan they were supported and encouraged to brush their teeth with support from staff. Daily notes recorded the student's progress. Care files included information such as how students would like to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes, interests and social needs.

Students' diversity, values and human rights were respected. The religious needs and preferences of each student had been recorded and included in their plan. We saw in one student's plan they had specified which religion they practised and liked to attend church occasionally. The plans also included their specific cultural needs in relation to their diet. We saw students' care files were reviewed and evaluated on a monthly basis by the care and learning manager and the senior student support assistant. All the files we looked at had been reviewed during September 2014 and had been signed and dated accordingly.

We found students received co-ordinated, personalised care when they moved between services. The transition team manager explained to us how the college ensured students' care and support needs continued to be met. They showed us evidence of the involvement of a range of health care professionals in the transition needs of students. For example, nurses, speech and language therapists, psychologists, occupational therapists, social workers and physiotherapists had input into the needs of the student. This ensured that students received consistent, co-ordinated care and support when moving from service to service.

A nurse we spoke with confirmed each student's arrival at the college involved the multi-disciplinary team, transition team and the student's families. We saw evidence of pre-assessments which took place before students arrived at the college. We found the medical and therapy information pack contained detailed information about the student's medical and physical disabilities. We saw a care folder of a student who had just moved into the college and noted a review meeting was about to be held. This involved the student, their family, the multi-disciplinary team, social worker and a member of the transition team. The manager and senior nurse confirmed that all aspects of the students care would be discussed along with how they had settled in to the college and if anything needed to be changed or reviewed. For example, equipment needs would be reviewed if the student required further support with mobility.

We found there was an organised approach to meeting and responding to students' aspirations and support needs when graduating from the college. The transition team manager told us when students were ready to move on from the college, meetings were organised between the student, their relatives, social workers and careers officers in order to plan the smooth transition from the college. We saw the agenda for the leaver's meeting which included identifying the student's next steps after leaving the college. We saw the provider's booklet for students' families to refer to for information and a list of resources for them to investigate further if they wished. We noted it contained useful transition tips, housing options and helpful websites and organisations.

The transition team manager showed us a student's Education, Health and Care Plan (EHCP). The government requires specialist colleges to have these plans in place for each student placed after 1 September 2014. EHCPs focus on what students want to achieve and what support would be needed to do this. We noted this had been completed in conjunction with their personal profile and detailed the student's involvement with the plan, their short and long term outcomes and goals for the future. We saw the student's family, teacher, care manager and the 'preparing for adult co-ordinator' had been involved in the plan. This showed the student received consistent, co-ordinated care and support when they moved between services.

The manager showed us a file they provided to students and their relatives when they first attended the college.

Is the service responsive?

This included important information about the college and the complaints procedure. The complaints procedure was also provided on a CD and large print booklets. The manager showed us a complaints file. The file included a copy of the complaints procedure and records of complaints, and investigations or actions taken by the provider to resolve the complaints. Students' relatives told us they knew how to make a complaint if they needed to. One said, "I know about the complaints procedure. I have made one complaint in the past. This was dealt with and resolved to our satisfaction very quickly." Another said "I haven't always been impressed with the care my relative

receives but it has got a little better recently. We have had issues with the college before. I make complaints to the manager now as I didn't feel I was being listened to before. The manager gets things sorted."

Some relatives told us they had some concerns when their relatives initially moved into the college and they had expressed these concerns to the manager. For example, one relative said their son's bed was not suitable for them and this had been replaced. Another said that their son's room was not suitable and they had been moved to another unit within the college. The manager was able to show us records of these concerns and advised that these types of concerns were dealt with through the transition process.

Is the service well-led?

Our findings

We saw that safeguarding concerns were discussed at weekly senior management team meetings. The manager said the college had learned lessons from previous safeguarding adults concerns and had used what they had learned to reduce the risk of similar incidents occurring again.

We spoke with the manager about a safeguarding alert that had been made by a hospital A&E department to the local authority safeguarding team in August 2014. The manager said that the local authority had contacted the college about the alert and this was discussed and monitored with the college's senior managers. However, the manager agreed that the Care Quality Commission had not been notified as required under the Regulations. This safeguarding concern was still being investigated by the local authority at the time of this inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The college achieved accredited status from The National Autistic Society in May 2014 for Quality Autism Provision in Continuing Education. They also achieved a rating of Good from Ofsted when inspected in March 2013.

The manager told us the provider carried out bi-annual quality monitoring visits at the college. She showed us a Quality Improvement Plan report following the most recent visit in October 2013. She told us the quality monitoring visit scheduled for March 2014 had not taken place as planned however they showed us correspondence confirming the next visit would be carried out in October 2014. We saw a nursing and care quality cycle. This included lists of audits to be carried out each month. These included medicines, student care files, nursing files, safeguarding, staff supervision and hand washing audits. We saw records confirming these audits had been completed and that actions had been taken to develop and improve the service. For example as a result of the audit on student care files, managers were carrying out weekly checks on the files to make sure records, such as weight charts, were being completed correctly and kept up to

date. The manager also showed us a report from a learning walk. Managers and seniors staff visited various parts of the college to identify good practice and issues needing further action. The report from a recent walk included suggestions from observers such as better use of the dining area as it was underused, and areas for further development such as activities for students in the evenings and weekends.

We saw a summary report and an action plan from a residential activity survey completed in July 2014. Actions to be completed by 24 October 2014 included making sure each student had the chance to participate in offsite activities, and that activities information was to be printed out for each unit. A quality manager showed us a number of completed questionnaires from students' relatives from an online survey. They said they were awaiting the return of more questionnaires before collating the information and producing a report and action plan. The manager also showed us feedback received and an action plan from the 2013 staff survey. Actions included raising staff awareness of bullying and harassment and promoting students' independence. These actions had been implemented through equality and diversity training and discussions at team meetings.

The manager showed us reports from regular unannounced night time inspection visits and weekend checks carried out at the college to make sure students were receiving appropriate care and support. The report made some recommendations relating to supporting staff and students.

Staff told us about the support they received from managers. One member of staff said, "I am very well supported by our managers. They are always around and I can count on them for assistance." Another member of staff said, "I get all the help I need from my line manager, I think as a team we are all well supported." Staff told us there was a whistle-blowing procedure available on the college's intranet and that they would use it if they needed to. We noted the policy had been reviewed in September 2014. There was also an out of hours on call system in operation. Staff said management support and advice was always available for staff when they needed it.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services and others were not protected against the risks associated with the safe management of medicines because medicine records for prescribed creams did not contain sufficient instructions for use. The allergy status for three students recently admitted was not recorded on their medicine records. More detailed instructions were needed for staff on how to administer medicines prescribed to be given as and when needed. Regulation 13.
Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	The provider had failed to notify the Care Quality Commission of an allegation of abuse made by a hospital safeguarding team to the local authority in August 2014. Regulation 18 (1) (2) (e).