

Cambian Whinfell School Limited

Cambian Dilston College

Inspection report




Dilston Hall
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Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

Cambian Dilston college is a specialist residential college, providing educational services, accommodation and personal care for young people aged 16 to 25 with learning disabilities and/or autism spectrum disorder. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides an opportunity for up to 40 young people to learn practical and independent living skills during their stay, with a view to moving into their own supported living accommodation in the community when they leave. Some people attend the college as day students and others stayed for 38 to 52 weeks. There were 18 young people staying at the college during this inspection.

The accommodation is made up of a number of flats above the college and cottages in the grounds. As an older building, the college does not conform to the model of care guidance of 2016 which proposed smaller, community-based housing for people with learning disabilities and/or autism spectrum disorder. However, the care service has been developed and designed in line with other values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection was carried out on 5 and 8 November 2018.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support an overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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. 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.

Due to their complex needs not everyone was able to share their views about the service they received. People looked relaxed and comfortable. Staff provided support with patience and kindness. Staff upheld people's human rights and treated them with dignity.

People and relatives felt the service was safe. Staff received training about safeguarding and knew how to respond to any allegation of abuse. Medicines were managed safely. The accommodation was clean and well maintained.

There were enough staff to provide individual care to people. Regular agency staff were being used to cover

vacant posts until permanent staff could be appointed. The provider used vetting checks to make sure any new staff were suitable to work with people who needed care and support.

People's abilities and needs were fully assessed before they were offered a placement at the college. Staff received essential training to support them safely during their placement.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

Relatives felt they could raise issues and comments and that these were listened to. However, they felt that any actions were not always sustained as they were not embedded into staff practice. This mainly related to support for people to keep in contact and communication between the college and parents. We discussed this with the registered manager as an area for improvement.

People received very individualised support at the college that promoted their independence. They were supported to access a wide variety of learning and work experience opportunities in the local community during college times.

People and relatives felt there were fewer activities outside of college in evenings and weekends. The registered manager said transport arrangements were being increased which would improve the opportunities for people to go out.

People, relatives and staff made positive comments about the registered manager and their open, approachable management style.

Systems were in place for auditing the quality of the service and for making improvements. Recent changes to the service and staffing structure had been an unsettling period but the registered manager was keen to take improvements forward.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service required improvement to be responsive.</p> <p>Relatives felt concerns and complaints were listened to but actions were short-lived and were not embedded into staff practice.</p> <p>Activities at weekends and evening were to be improved by having increased transport arrangements.</p> <p>People received a personalised service that offered them opportunities to learn new skills and promoted their independence.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service remains Good.</p>	<p>Good ●</p>

Cambian Dilston College

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection commenced on 5 November 2018 and was unannounced. An announced visit also took place on 8 November 2018. The inspection was carried out by two adult social care inspectors on both days.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the commissioning officers of eight local authorities but unfortunately did not receive any feedback from them.

During the inspection we spoke with two people who used the service. After the inspection we contacted nine relatives. We also spoke to an external health and social care professional.

We spoke with the registered manager, a tutor and a learning support worker. We contacted 10 support staff by email. We looked at the care records of two people, medicines records of three people and the personnel files of two staff members. We also viewed records relating to staff development and the management of the service.

Is the service safe?

Our findings

The people and relatives we spoke with said the college was a safe place. One person commented, "It's alright here." A relative commented, "My family member is always happy to go back to the college after holidays so they must feel safe there."

People and staff had information about staying safe and how to report any safeguarding concerns. Visitors were provided with leaflets about safeguarding people and all visitors were escorted by college staff throughout their visit. Staff had training in safeguarding and whistleblowing (reporting poor practices).

Staffing levels were based on the assessed level of support each person required. For example, some people needed support at certain times such morning and evenings. Other people needed two staff to support them in the community safely. We saw the staff rota identified which staff members would support people in their different flats and cottages at different times of day.

Staffing arrangements had gone through a recent restructure and some care staff (learning supporters) had applied to become teaching assistants. This had led to a number of vacant learning supporter posts, so agency staff had been used to cover gaps in the rota. The college had made sure the same agency staff were used to help provide continuity of care and agency staff received the same training as permanent staff. The agency staff were now only being used for evening and night duties. Recruitment processes included relevant checks to make sure new staff were suitable to work with vulnerable young people.

Potential risks to people's wellbeing were assessed and strategies were in place to reduce those risks. These included risks about eating and drinking, personal care, physical or verbal aggression and accessing the community.

There was a good standard of hygiene in the premises and staff had training in infection control and food safety. The college had a maintenance manager who directed the maintenance staff to carry out any minor repairs, redecoration and routine checks to make sure the premises were safe. Most areas of the accommodation were well maintained and in good decorative order. We noted a couple of minor premises issues in some bathrooms and the registered manager said these would be addressed.

Medicines were managed, recorded and stored in a safe way. The college staff took responsibility for people's medicines if they were unable to manage it themselves. Staff were trained in administering medicines and their competency to do this was regularly reviewed. It was evident that people were encouraged to say if they felt they need their medication reviewing.

Accidents and incidents were appropriately reported and analysed by the registered manager. Any lessons learned from events were shared with staff and put into practice. For example, following an incident on a minibus earlier this year the registered manager had held debriefing sessions with staff, risk assessments about transport had been reviewed, staff held reflective discussions about the event and behaviour support training used this incident as an example.

Is the service effective?

Our findings

Before moving to the college a detailed, multi-disciplinary assessment was carried out including the senior college staff, care managers and previous care provider. An essential part of the pre-assessment was people's potential to progress in terms of learning and preparing for adulthood.

There was suitable signage around the college to support people's orientation to the different areas. There was lots of information around the college in accessible formats. For example, posters with photographs about important information. There was also easy-read and picture information in flats. For example, people were involved with their housemates in designing weekly menus and these were put into picture format on display in their kitchens.

Staff supported people to shop for and prepare meals. Some relatives felt their family members were not always offered sufficient healthy eating choices so had gained weight. We discussed this with the registered manager who confirmed that people were now involved in healthy eating sessions for them to make more informed choices and that staff had been instructed to offer people healthy options.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw some students had necessary restrictions to ensure their safety, for example an extra clip on seatbelts and locked kitchen cupboards. These had been agreed as best interest decisions and were authorised under DoLS.

Staff received essential training in safeguarding, care and health and safety. Staff had an annual appraisal and three supervision session each year with a supervisor. A supervision is a one-to-one meeting between a member of staff and their supervisor and can include a review of their development in the workplace.

The service had its own therapy team including occupational therapist, speech and language therapist, mental health practitioner and behaviour specialist. The therapists, education and support staff worked together to provide an individualised service to each person. Some support staff had recently applied to be teaching assistants so were already familiar with people's needs and abilities. The service worked proactively to help people to manage any anxiety or distress. Where appropriate, people had positive behaviour support plans in place and staff were trained in supporting people when they were upset or angry.

The college held Josephine and Jack doll workshops, which support people with learning disabilities to understand their own sexual health and well-being. The college also worked well with local health care services to maintain people's health during their stay. For example, people became temporary patients at local GP practices and they all had annual health checks. Local community nursing services attended the college to support one person with daily insulin injections during term time. Staff supported people to medical appointments so they could advocate on their behalf if necessary and inform others of the outcome.

Is the service caring?

Our findings

People who commented said they "really liked" their staff. Parents told us the staff were "very caring" and "lovely with my [family member]". Other people described staff as "caring and compassionate" and wanting to do their best for the people who used the college.

We saw people were relaxed and comfortable in the presence of staff. Staff were patient and supportive towards them. One parent told us, "My family member is very happy here. He gets on well with the other students and the staff are friendly and helpful."

Parents told us that their family members enjoyed their time at the college. One parent told us, "My [family member] is always laughing and happy all the time." Another parent commented, "The staff are just brilliant with him."

Whilst staying at the college, people were supported to lead ordinary lives as ordinary citizens. For example, an external health care professional told us their client had expressed how much they enjoyed being at the college and felt they were just like their brother being at university.

People shared flats or cottages in the grounds and were as involved as possible in independent living skills, such as household tasks and shopping. They were learning the skills they needed to move on to supported living in the future.

Several people who used the service used communication tools to support their verbal communication. For example, some people used picture cards, iPads and Makaton to express choices. (Makaton is a form of sign language.) Support plans included each person's use of communication or behaviour to express pain or anxiety. The occupational and speech and language therapists made sure any relevant equipment was in place to support people's needs and information was accessible for people.

Equality and diversity were promoted and the cultural needs of people were respected and supported. For example, a staff member with a specific faith provided support to a person with the same cultural and religious background.

People were supported to access an independent advocate from National Youth Advocacy Services. The advocate made six-weekly visits to spend time with students and any issues were discussed with the management team for action and followed up at the next visit.

Is the service responsive?

Our findings

People had information about how to raise any concerns. They were asked at student council meetings and at individual reviews if they had any comments or complaints. Parents said they could discuss concerns with the senior management team. They told us that the senior managers were responsive to these and tried to find solutions. For example, a parent told us, "I feel I can raise any issues and have open conversations with [the management]."

However, parents felt that any improvements were not embedded into staff practice. One relative told us any actions "tailed off after a few weeks". Another relative told us, "Comments and complaints are listened to, but improvements although sometimes implemented are not fully embedded or communicated to all staff so rarely last for more than a few weeks." These comments mainly related to support for people to keep in contact with parents, especially those people without verbal skills, and communication between college staff and parents. In this way, agreed actions had not been sustained and we discussed this with the registered manager as an area for improvement.

The college aimed to support people to increase their level of independence and confidence. This required a personalised and proactive approach, so that people worked towards individual goals.

Relatives felt the service was successful in providing personalised support for people to become more independent. Their comments included, "My [family member] is coming on absolutely brilliantly" and "They have provided individualised care for [name] and they have clearly flourished at Dilston." One relative told us, "They are coming on leaps and bounds since starting the college." Another relative felt their family member was capable of progressing even further but felt the college was "a bit risk averse".

We saw people's individual targets were set out in care records and they were involved in reviewing these to check their own progress. We saw discussions took place with people about their goals and what they would like to do in the future. There were also annual reviews with each person, their family, care manager and staff. An external health professional who had taken part in a review told us, "It definitely meets [name's] needs and they are getting a lot from it. Staff speak in a person-centred way and include [name] in all conversations about their placement. [Name] has learnt so many life skills."

The registered manager was enthusiastic about the personalised approach used to achieve people's success. They told us, "We see massive progress for people in only a few months so we're excited about how much more they can achieve in the next few months. We have the opportunity to help people be as successful as possible because we have therapists and individualised support on site that they may not have when they leave. They are informed and included in everything we discuss for their future."

People had a range of educational and occupational activities during college times. Several people were on work experience placements in the local community. These included placements at a local café, shops, community centre, outdoor centres, lunch clubs, a farm and the local abbey. The college employed job coaches to source and support people with these placements. In the college, people also took part in

several practical and educational sessions. These included the on-site bakery and café, furniture workshops, IT, art and media sessions. Some people worked towards Duke of Edinburgh awards.

At a recent student council meeting, people had said they wanted more activities during evenings and at weekends. Most relatives who provided comments also felt there were not enough opportunities for people to go out at these times. They added there were few drivers on the staff team to provide the transport for people to go out. The registered manager said transport arrangements were being improved as more staff were to have internal training as drivers and taxis were being used as well.

Is the service well-led?

Our findings

People and relatives made many positive comments about the registered manager. They said she was open and approachable. One person told us, "[Name] is a really good manager. She does a very good job." A relative commented, "[Name] has been very helpful."

People were involved in giving their views and making suggestions about the college at student council meetings. These included discussions about what they liked and what could be better. The minutes were recorded on an iPad and actions from the council meetings were displayed on an interactive light-up board in the corridor so that anyone who did not attend could see them. For example, people had suggested having days out to culturally diverse places, such as synagogues, to learn about different religions.

Parents were asked for their views at reviews. They were also offered an annual survey to complete. In discussions, parents had mixed views about routine communication from the college. For example, one parent said, "They always keep you updated on what is going on." However, several other parents felt that communication was sporadic and attributed this to the lack of consistency in staff. We discussed this with the registered manager who acknowledged that the recent staff restructure had been an "unsettling time" for staff and potentially for students and parents. There was on-going recruitment of new staff because the college now provided a 52 week service rather than a 38 week service so additional staff were required.

There were also plans for a more robust senior team and it was intended that this new structure would strengthen the management of the service. Staff meetings and staff briefings were held to support staff to understand the changes, the actions going forward and the organisation's vision and values.

There were good links with the local community through the work experience placements at local shops and cafes. People also made good use of leisure and health facilities in the local town.

The provider had a thorough quality assurance process to check the quality and safety of the service. The registered manager reported weekly on safeguarding, medicines management, accidents and incidents. These were analysed for any trends. Senior staff carried out monthly audits of records, medicines and the accommodation. The provider held quarterly governance boards.

The organisation had a development plan that was matched to the Care Quality Commission areas of safe, effective, caring, responsive and well-led. We saw actions for further development and continuous improvement had been identified with timescales. The registered manager presented reports of the care service and progress against the development plan to the governance boards.

The provider operated other care and specialist residential colleges. It aimed to meet current best practices and was a member of Natspec, which is a national association for organisations that offer specialist further education for people with learning disabilities. The college trained its staff in positive behaviour support that was accredited by British Institute of Learning Disabilities (BILD).