

## National Star Foundation

# National Star College - Ullenwood

### Inspection report

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### Ratings

#### Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

### Overall summary

This inspection took place on 23, 24 and 25 June 2015 and was unannounced. The National Star College is a charity which is registered to provide accommodation for up to 88 men and women with a physical disability and/or learning disability or autistic spectrum disorder. The college also offers short breaks during college holidays to people with a physical and/or learning disability. At the time of our inspection there were 72 people living at the college. Across the college campus there are seven residential units which were accessible to people who

use wheelchairs. The college was also registered to provide the regulated activity of personal care. At the time of our inspection no one living in their own home was in receipt of personal care from the college.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and

# Summary of findings

associated Regulations about how the service is run. The registered manager was registered to oversee four locations owned and managed by the National Star Foundation.

Starting out on their journey into adulthood people living at the National Star College were supported every step of their way with exceptional care, dedication and understanding. People enthusiastically related their initial visits to the college and trial stays with their eventual move into a residence which most suited their individual needs. For people with very complex physical or emotional needs a great deal of planning and preparation was involved. By liaising and coordinating with relatives, other professionals and authorities, staff and the environment were prepared to reflect each individual person's preferences and routines. When changes were needed these were done as quickly as possible, such as recognising group living wasn't for everyone leading to a flat being developed for one person to have their own space.

People's experience of their care and support was overwhelmingly positive. They were involved in the planning and reviewing of their care records and took pride in being able to direct their care. They discussed and shaped the activities they wished to take part in and were listened to about increasing activities at the college over the weekend. They took part in socially inclusive activities in their local communities and well as at the college. People had work experience and work placement opportunities as well as working in college departments. They had taken a play on tour around local schools and planned a college sports day. Representatives took part in meetings with departments at college to voice the opinions and views of people about such issues as health

and safety or catering. People benefitted from new and creative methods of communication and staff worked proactively to help people to make choices and decisions about their care and lifestyle.

People were confident about how to stay safe; they had been equipped with the skills to recognise and cope with discrimination and to report suspected abuse. They knew how to make a complaint and had a lot of opportunities to feedback to staff about their experience of living at the college. Outstanding systems were in place to support people to raise concerns, to stay safe and to learn how to manage their anxieties and emotions. People were supported to be as independent as possible, taking responsibility for their medicines, and learning new skills.

Excellent training resources equipped staff with the skills, knowledge and understanding to meet the challenges of supporting people with diverse and complex needs. They said people were "at the centre" of everything they did. Staff were supported to develop individually, to voice concerns which they were confident would be listened to and were recognised nationally for their achievements. Staff were passionate, committed and motivated to make sure people's journey through college into adulthood was a positive experience.

The visions and values of the National Star Foundation were embedded in every aspect of college life. People were treated as equals and took control of their lives as far as possible. The college and staff had been recognised nationally for their exceptionally good care. They had links with national organisations to make sure they kept up with best practice and new technologies. Staff worked closely and co-operatively through partnership working to make sure people had access to on going support, to remain at college if they wished and to make sure when they moved on the appropriate arrangements had been made for them.

# 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?

The service was safe. People were given the understanding and confidence to learn how to deal with discrimination and to recognise and report suspected abuse. Creative strategies were employed to keep people's human rights at the forefront of everyone's daily practice.

Simple but innovative methods were used to empower people to have more control over their lives, to regain calm and a sense of well-being.

Robust recruitment procedures ensured there were sufficient staff with the right skill mix, aptitude and insight to help people identify and manage risks effectively.

Medicines were effectively administered and managed at times when people wanted them. People were supported to look after their own medicines as safely as possible.

Outstanding



### Is the service effective?

The service was effective. People were supported by staff who had access to an excellent training programme, which could be tailored to provide personalised training reflecting individual people's needs.

Staff were supported to develop and excel in their roles and to create innovative ways to meet people's needs.

Staff were confident in applying the Mental Capacity Act 2005 to help with best interests decisions. Staff did not make assumptions about people's capacity to consent, creating an environment in which they could make decisions about their care and support. Deprivation of liberty safeguards were applied appropriately.

People were supported to eat a healthy diet, taking into account their individual dietary requirements and nutritional needs. Staff developed original strategies where people needed help to manage their diet to improve their health.

Personalised systems were in place to monitor people's health care needs. Close links with a range of health care professionals were maintained to monitor and improve people's health and well-being.

Good



### Is the service caring?

The service was caring. People were treated with tenderness, compassion and reassurance. Their privacy and dignity was respected by staff who promoted their uniqueness and celebrated their individual achievements with pride.

Creative methods of communication enabled people, no matter how complex their needs, to be involved in their care and support. People felt involved and empowered to learn and try new things.

People were able to test and try new opportunities to explore areas of independence they had previously not considered.

Good



# Summary of findings

## Is the service responsive?

The service was responsive. People's care was extremely personalised and centred on their individual needs and aspirations. They were fully involved wherever possible working with staff to take full opportunity of everything college life had to offer them.

Staff were exceptional at empowering people to make choices about their lives to improve their quality of life and to find creative ways of helping them through their journey to adult-hood.

People had a variety of ways to feedback their views of their experience at college. They were listened to and lessons were learnt to improve college life.

**Outstanding**



## Is the service well-led?

The service was well-led. People benefitted from a person centred service, which actively sought their views and promoted social inclusion both in their homes, the college and in their local community.

Innovative and creative ways were explored and implemented by staff to promote their vision for people attending the college. Advocating and challenging on people's behalf, senior staff inspired service developments to improve and maintain the quality of life for people.

By constantly striving to improve and learn from the views and experiences of people, staff endeavoured to make sure a high quality service was delivered. National awards recognised the excellent service provided.

**Outstanding**



# National Star College - Ullenwood

## 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.

The inspection took place on 23, 24 and 25 June 2015 and was unannounced. The inspection team consisted of one inspector, a pharmacy inspector, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was physical disability and complex nursing needs. Before the inspection, the provider completed 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 reviewed information we have about the service including notifications and past inspection reports. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with 18 people living in the college, the registered manager, managers of the residential units, a representative of the provider, three nurses, 12 care staff, three personalised learning mentors, the cook and assistant cook. We spoke with staff working in the safeguarding, human resources, training, risk and quality audit departments. A physiotherapist and a psychologist employed by the college also gave feedback. We reviewed the care records for 10 people and their medicines records. We also looked at the recruitment records for six staff, staff training records, quality assurance systems and health and safety records. We observed the care and support being provided to people.



# Is the service safe?

## Our findings

People were supported to learn how to deal with discrimination and to develop the skills and confidence to respond to discrimination or bullying. They knew how to report concerns about bullying, harassment or suspected abuse. They completed training and discussed how to stay safe in their individual residence meetings. One person described how they had been “not bullied, but targeted” by another person and when they told staff they “had been picked on” staff had “nipped it in the bud”. They confirmed there had been no further incidents. Staff reflected that the other person had not realised the impact of their behaviour on others and had changed their behaviour as a result. In such situations people had access to a unique counselling and advocacy service to help them explore and understand their experiences. Previous students had been employed to help deliver these services enabling them to view people’s issues from a student perspective. A person told us, “We are encouraged to say if anything is wrong, it’s always dealt with.”

People were protected by exceptional systems to recognise and report suspected abuse. Safeguarding procedures were based on national guidance such as the governments’ guidance “No Secrets” and “Safeguarding children and young people”. Prompts around the college and residences kept the profile of safeguarding visible to staff and people. Posters and screen savers on computers reminded staff of what to look for and how to report it. A guide had also been produced as a prompt for staff. Staff had completed training in the protection of children and adults and had an excellent understanding of their roles and responsibilities. They described the types of abuse they might come across and how they would raise concerns to senior staff and the safeguarding lead. Staff described how they would “comfort the student”, “protect the student” and “keep the person safe”. The safeguarding lead said they were “confident staff would bring all issues forward no matter how small indicating they always had the welfare of students in mind”. Staff said they would confidently raise concerns under the provider’s whistleblowing procedure and knew management would respond appropriately.

People told us they felt safe whilst at the college. They had secure facilities in their rooms to keep money, valuables or medicines safely. If needed they were supported to manage their personal finances and robust records were

kept. People had been given information about how to stay safe both on the college campus, using the internet and when out and about in the local community. Their awareness of safeguarding procedures was reinforced through individual meetings with their personalised learning mentors, at house meetings and at student forums. In feedback to the provider a relative commented, “We had peace of mind that he was being trained to be safe and confident.” Information was displayed around the college in formats using plain English, large print, pictures and symbols as well as in the residences where people lived.

People could raise concerns directly with staff in their residence or by contacting the safeguarding team face to face, by email or telephone. Support was available 24 hours a day. The safeguarding systems provided by the college had been awarded an outstanding rating by Ofsted. The safeguarding lead discussed how they had investigated a missing mobile phone which could possibly have been stolen or lost. The police and the local safeguarding team were notified. The person was advised how to make sure they kept valuables securely. There had been no further incidents. A person told us, “Staff are helpful in ensuring we are all safe at all times” and another person commented, “If anything is happening or going wrong I talk to my key worker”.

To make the most of their college experience people were encouraged to try new experiences whilst managing any risks they might face. Potential hazards did not restrict them and staff were supported by other teams throughout the college to find creative ways of minimising risks to promote people’s safety. For example, when considering moving a person with complex disabilities, who struggled to live with other people, into their own flat staff worked closely with the risk lead, occupational health, residential services and health and safety staff to provide a safe environment. This included developing simple but imaginative story boards telling the person what was happening now and what they would be doing next using photographs and symbols. Not only had the person’s independence been promoted but they had an increasing sense of calm and well-being.

People’s risk assessments were comprehensive, clearly identifying known hazards and how these would be reduced to enable them to go about their daily lives as safely as possible. Staff described how they monitored and



## Is the service safe?

reviewed the risks people faced, “We keep assessing and changing, risk assessments are dynamic responding to changes in needs”. People were involved in this process. One person said, “I was being given my meds, now with support I am on a self meds programme doing level 4 which means I keep the key to my meds box.”

When people became upset or distressed staff helped them to become calmer using strategies which they had been involved in developing, wherever possible, with staff who knew them and specialist teams in the college. A member of staff from one of the teams said, “We have developed tools for staff to use as and when they feel right” confirming “Students are involved in planning positive behaviour support strategies individualised to each student”. Staff said accidents and incidents or near misses were recorded and reported to senior management and the specialist teams. These were then analysed for trends or patterns so action could be taken to prevent them reoccurring. Staff confirmed, “The behaviour teams work together to reduce incidents to integrate and embed strategies to help students self regulate their mood.” An example was given of a person who became extremely anxious at the end of term due to impending changes in their routines. By recognising this and ensuring their routines were maintained and alternative “chill out regimes” were offered, the person was able to cope and incidents reduced. Another person was supported to go into the classroom after everyone else, once the noise had settled, enabling them to remain at lectures where previously they would have been distressed.

Each person had a personal evacuation plan in place should they need to leave their residence in an emergency. Staff had access to information about who to call and what action to take in an emergency. Out of hours support was available from senior management. People had call bells in their rooms and used mobile phones to keep in touch with staff when out of their residence. Checks and servicing were in place to keep the environment and equipment in safe working order.

A great deal of planning and thought was given to allocating staff to work in each residence to make sure there were sufficient staff with the right skills, experience and understanding of people to meet their needs. Staff confirmed there was flexibility in the staffing levels to make adjustments so staff could work individually with people when needed or provide additional help when people were

ill or taking part in social events. They said, “Staff levels rise in line with needs.” A person told us, “You are sometimes short staffed but we have agency in to cover”. Staff described how residences worked closely with another nearby residence so that staff could work across at least two residences if needed. This made sure people had access to staff who knew and understood them providing continuity of care. Care staff and personalised learning mentors worked closely together both in the classroom and in people’s residences to ensure a consistent approach.

People were supported by staff who had been through an extremely robust recruitment and selection process. Comprehensive records were in place to evidence the character and competency of new staff. Gaps in employment history were investigated and previous social care employers were asked to confirm the reason applicants left their employment. Disclosure and barring service (DBS) checks were completed. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Staff were not allowed to work until all relevant documents were in place. Staff confirmed disciplinary procedures were in place to identify and challenge unsafe practice.

People’s medicines were stored securely in their rooms. This had been introduced so that people could have their medicines when they wanted them rather than waiting for a nurse to complete a medicines round in their residence. Key staff had been trained in the administration and management of medicines so they could give people their medicines for instance when getting up in the morning as part of their personal care routine. Nurses had delegated responsibility for this and made sure staff were competent through observation of their practice, refresher training and mentoring. Nurses confirmed this delegation was evidenced through records of meetings with the nurse, observations and knowledge questionnaires. People were observed being asked discreetly where they wanted and how they wanted their medicines to be taken. A person described how they had been supported to manage their own medicines. People were shadowed through this process from initial prompting to ordering and collecting their own prescriptions.



## Is the service safe?

People's individual medicine care plans were kept electronically and medication administration records contained a profile of their medicines and allergies. Where medicines were required at one or three monthly intervals there were clear records to confirm these had been administered correctly. Audits had been completed to monitor the administration of medicines to make sure they were administered and managed in line with national

guidance. Where any issues were raised action was taken promptly and was shared with staff through individual or group meetings or email. Some minor improvements were shared with nurses to make sure their systems were totally robust for example, finding alternative solutions for the storage in people's rooms of prescribed nutritional supplements.



# Is the service effective?

## Our findings

People told us “Our staff are trained so well” and “Staff are really good. They are brilliant”. A member of staff commented, “Staff develop so many skills, share their knowledge and practice across college and learn from each other.” A trainer said, “We want all staff to feel very valued” and “Staff feedback helps to shape changes to the training we deliver”.

The induction programme was vital to establishing a staff team who had the skills and knowledge to carry out their roles and responsibilities effectively. After feedback from new staff the induction programme offered a “blended approach” enabling them to learn new skills in a classroom environment and then work alongside colleagues in residences to reflect how their knowledge would be put into practice. New staff commented about their induction, “It was amazing, rewarding and I was massively supported”, “I had constant feedback throughout which was really good” and “It was much better working in the residences and shadowing staff”. Staff received on going support and development and annual appraisals to assess their competency and training needs. They were rated in key areas and supported to explore career options within the college.

In response to their training needs the National Star Foundation had established their own training department, accredited by City and Guilds and approved by a local authority to deliver training to staff from the college and also staff from other organisations. In addition to completing training the provider considered as mandatory, staff also had access to bespoke training delivered by health professionals employed by the college and external training agencies. For example, physiotherapists and occupational therapists provided personalised training for people with complex moving and handling needs and the behaviour support team provided staff with individualised training to help people manage their emotions. The training team said the benefit of this to people was that training could be delivered really quickly to respond to any changes in their needs. They were also able to provide “training to mixed groups of staff, so that there was a crossover of training to key staff involved in college and residential services”. For example, as a result of an accident

report all departments were alerted about moving and handling concerns for a person. By working together the teams were able to deliver training to staff which helped them to empower the person to stay safe.

People benefitted from staff who could access training from external providers to make sure the care and support they received reflected national guidance and current good practice. Some staff had been trained by the British Red Cross, in first aid, and could deliver training to staff. The British Red Cross also provided the college with resources and updates about best practice as well as monitoring the delivery of their training. The training department had links with national organisations who advised them on new equipment and the latest technology available to support people in their environment and with moving and handling. These organisations also provided training in the use of these products. The training department had attended a national conference where they delivered key messages about learning from incidents and safety, as well as taking part in local provider networks, giving them an opportunity to share their best practice.

Staff described how they had experienced difficulties understanding and communicating with people with an autistic spectrum disorder (ASD) and so training had been arranged by an external provider with personal experience of ASD. In response staff had introduced different types of communication aids which had empowered people to interact with staff and improved their experience of the college. One member of staff commented, “To get everyone to meet their full potential, we adapt our way of working and find new ways to do this.” In recognition of their work and innovation two members of staff had won national awards for working with people with autism and for the support worker of the year.

People’s capacity to consent and make decisions had been assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. The registered manager and staff clearly described their responsibilities in respect of mental capacity, best interests and deprivation of liberty safeguards. Mental capacity assessments had been completed where people were unable to make decisions about their care or support as part of their admission. Significant people were identified, such as their parents or social and health professionals, who would be involved in best interests’ meetings. Where

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people had a lasting power of attorney, this was identified and the authorisation had been checked. Care plans recorded where people refused to give consent for aspects of their care. For example, one person agreed to the use of a lap belt when using their wheelchair to keep them safe, but refused to wear a lap belt when using the toilet. They had agreed a safe method of using a commode chair with the toilet.

When people were assessed as not having the capacity to make a decision, a best interests decision had been made involving people who knew the person well and other professionals, where relevant. Care plans identified when a person might have fluctuating capacity to make decisions about aspects of their daily care or support. Staff outlined how they made decisions on people's behalf in their best interests on a day to day basis such as supporting them with personal care or to attend college. Staff described how they never made assumptions about anyone. A person had been previously assessed as lacking capacity to make decisions about their care and future aspirations. They communicated with staff by blinking their eyes in response to closed questions. Over a period of two years staff across the college had helped the person to explore the use of eye gaze technology. They had now been assessed as having capacity to make decisions about their care and support using eye gaze. Another person's mental capacity was re-assessed due to changes in their medicines which impacted on their communication and they were better able to retain information.

Deprivation of liberty safeguard (DoLS) standard authorisations had been submitted for twenty two people living at the college to their local authorities. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. A representative of the provider confirmed they were preparing authorisations for new students who would be moving to the college in September 2015. Some people had restrictions in place to keep them safe such as the use of bed rails, listening devices or pressure mats. The use of these had been agreed by people important to them and staff as being in their best interests.

People had access to a bistro which was open during the day and early evening offering a selection of freshly prepared hot or cold meals, snacks and drinks. People were also able to prepare their own food in their residences if they chose not to eat in the Star Cafe. People said they

were able to learn how to cook meals as part of their life skills course which they usually did in their residence. One person had made a curry and another had prepared a baked potato. Fresh fruit and snacks were provided in people's residences and they also liked to buy their own snacks to keep in their rooms. One person told us, "Dinners vary but if I don't like what is down there [the Star cafe] I can have food in residence if I want it. We can also have takeaways". People also had access to a bar, shop and restaurant at the college.

People's nutrition care plans clearly detailed whether they had any allergies or special dietary requirements. The cook and their team took great pride in preparing food for people who needed meals produced in line with their religious or cultural beliefs. They also had an excellent understanding of any special diets people needed and made sure any soft diets were produced to look appetising. The cook was very knowledgeable about eating disorders and how to encourage people to eat healthily or to maintain their weight. They said, "We care about each and every one of our students, treat them individually and will cook to order." Staff proudly shared the success of one person learning to eat sensibly who had managed to lose weight. This had helped their overall happiness and energy levels. Another person chose to eat the same food so staff were introducing samples of the food provided by the bistro with each meal. They were gradually adding the foods they enjoyed to their very personalised menu.

Some people had quite complex dietary needs and systems were in place to make sure their feeding regimes were routinely followed. Food supplements were provided. People being fed through a percutaneous endoscopic gastronomy tube (PEG) were given tasters of food or drink if it was safe to do so. Food and fluid charts monitored people's intake and concerns were raised when they dropped below recommended levels. People at risk of weight loss or weight gain had their weight monitored closely, with their permission.

People living with very complex needs were supported by a range of staff with exceptional understanding about the support and care they required. Some people needed help with gastrostomy management, oxygen therapy and chest physiotherapy. Very high levels of skills in respect of these were provided minimising the risk of people needing to be admitted to local hospital should there be a problem.

## Is the service effective?

Nurses maintained their knowledge and competency in these areas. Some staff had been trained to carry out tasks, such as administering emergency medicines by nurses enabling people to go out and about when they wished.

People were supported to manage their own health care needs wherever possible. Comprehensive care plans and risk assessments provided personalised guidance about their care and support needs in respect of their health and well-being. People could make appointments with a GP who held surgeries at the college and a range of health care

professionals such as a speech and language therapist and physiotherapist. People retained some services from their home for instance dentist or optician. These services could be arranged by the college if needed. Staff maintained close links with external social and health care professionals involved in people's care. Examples were given of working with tissue viability nurses, the enteral feed team and continence nurses to make sure the best possible care and outcomes were attained for people.

# Is the service caring?

## Our findings

People said, “Staff really look after you”, “Staff are so good, they look after us quite well”. Staff were observed treating people with kindness, sensitivity and professionalism. They interacted positively with students; they were attentive, listening and responding to people, laughing and joking with them and giving reassurance if needed. When staff could not attend to them straight away because they were carrying out tasks such as administering medicines or going to help people with personal care, they explained this to people and said when they would be back. People were encouraged to express their views, were offered choices and made decisions about the way they wanted things to be done. A person told us, “There are boundaries (with staff) but you can have a laugh and a joke with them.” A member of senior management reflected on how dedicated and passionate staff were about their work. “Many volunteer to help with fund-raising in their own time, this shows how committed staff are to the college.”

People’s backgrounds and life stories were explored during their assessment and initial days at college. People’s preferences, likes and dislikes and routines important to them were highlighted and included into their care records. Staff commented that although this information was important it was vital they revisited and reviewed people’s wishes and needs in light of the new experiences they were having at college. As a member of staff said, “What they might have liked before college may change and we will offer experiences or choices again.” A person described how they had needed one to one support from staff when they first started at college because of their past history but they no longer needed the help of staff and they now had “freedom and independence”.

People had discussed with staff their spiritual and cultural beliefs which were reflected in the way they were supported with their personal care, nutrition and social activities. For example, skin and hair care for some people needed to be done in a specific way, or people chose to have a certain gender of staff helping them with their personal care needs. For some people with an autistic spectrum disorder (ASD) staff needed to be aware of routines which were very important to them and for staff to respect these. For example, one person had their routines displayed in their residence to prompt staff. They also had a selection of photographs to use to illustrate their feelings,

emotions or activities. People talked about their relationships with their key workers or with counselling or medical staff if they preferred. One person reflected, “It’s our college, but also our home” and “We are young adults, and they treat us as young adults, not like children.”

Occasionally people became unwell and needed additional support from staff. Systems were in place to escalate concerns to teams around the college so that all necessary help and support was provided to maintain people’s well-being. Staff described how email alerts were followed up by senior management to make sure action had been taken to respond to people’s changing needs. For example, where a person started to choke when eating due to a general decline, the speech and language therapist and nurses were automatically alerted to the changes. Their timely input helped to ensure the appropriate changes to their diet. When people became anxious or upset the behaviour support teams and psychologist were alerted. For one person this meant a very short intense period of one to one support whilst they regained control and were able learn how to cope with their environment.

Care was taken to alleviate people’s discomfort whether this was physical or emotional. One person experienced pain in their legs which the college health professionals had assessed as being caused by their leg splints. Through negotiation and liaison with the hospital services from home, new leg splints were provided for them relieving their discomfort. Other people needed help to make sense of their environment and the company of other people. Sensory equipment had been provided which they could use at times of stress such as weighted blankets or massagers.

Developing alternative methods of communication was important to enable all people, no matter how complex their disabilities, the opportunity to communicate with others. People benefitted from departments within the college who could assess their communication needs and offer or develop a range of systems, devices or strategies. This ranged from the simple but creative use of pictures and photographs to using electronic communication devices and iPads (hand held computers which give visual images or audio sounds). Staff reflected the changes in one person, who through the use of photographs, was able to control and plan their routines and more importantly cope

## Is the service caring?

with any changes which were likely to occur. For another person the use of eye gaze technology meant they could make choices about what to eat and how to spend their time.

There were lots of different ways in which people could express their views. People said they could talk to staff in their residences, other staff and senior management about their experience of the college. They said they were involved in the planning and review of their care. One person commented, "It's very special for me to be able to direct staff with my personal care rather than them prompt me." People visited the registered manager to discuss aspects of their care and she gave them the time and space they needed. People said they had meetings with their key workers (named care staff) about their care needs. These were recorded and anything discussed was followed up at future meetings. These were monitored by senior managers and feedback to the registered manager to monitor people's experience of care. People knew how to contact their student representatives to raise issues about their individual care. People had access to advocacy from services provided by the college. These were run by previous students who could relate to the experiences of people attending the college.

People were treated with dignity; interactions with staff were warm and respectful. Team contracts displayed in residences prompted staff to greet people with a smile, communicate professionally and to respect people. People's care plans also guided staff to deliver care with dignity and respect. Staff were observed discreetly attending to people and taking them to their rooms or toilets to deliver personal care. Staff tenderly asked people if they could wipe their faces after drinks or eating. When talking with visitors, staff continued to be attentive to the needs of people excusing themselves to see to people who needed their help. Over the years the number of shared rooms at the college had decreased. Now there was only one large double room which people had agreed to share.

Privacy screens had been provided. A person confirmed these arrangements were fine with them; "I share a room with my mate. We can have a laugh and joke around." People's personal information was stored securely. Records kept electronically needed a password to access and people chose where to keep paper records in their rooms.

People enthusiastically shared with us the difference living at college had made to them. Opportunities to explore and try new things were discussed with them and they were offered tasters. People's feedback on their experiences influenced their aspirations and goals. People told us, "They try and get you as independent as possible" and "They give us life skills which we will need later in life". A member of staff said, "It is important not to make people more dependent than they need to be". Staff proudly described the impact living and attending college had on people. "There is lots of positivity and celebration of the distance travelled with complex learners" and "I am blown away by the change I see in students growing in confidence and becoming more vocal. There is pride and achievement in staff on how far people have progressed." The registered manager confirmed, "Everyone takes their part in developing people, the student is at the centre of their aspirations and outcomes." People's advances in independence ranged from learning to walk using mobility aids, learning to cook, having the confidence to represent other people at student forums, trying out work experience and moving to new accommodation. One person told us, "I have progressed since day one. Before I needed one to one support everywhere, now I go to lectures independently."

People had visitors at times they wished them to visit and when they did not disturb their daily routines. Staff described how they kept in touch with anxious parents and promoted positive relationships with them. People had access to the internet to keep in touch with parents through visual communications as well as over the telephone.





# Is the service responsive?

## Our findings

An important part of the process of going to live at college, was people's assessment and the pre-admission systems. People had an individualised experience of this depending on their needs and the best way to help them through this transition. People and their relatives could spend time at the college learning about the facilities, the opportunities on offer and visiting the residences. In feedback to the provider a relative commented, "It was an amazing experience; the experience a student shared with us was inspirational; we now have a real vision of the possibilities for [name]."

People could access information on line, through a video made by and with people at the college and in a handbook. A person confirmed, "Before making a decision I had a week's assessment which was a four night trial." Staff visited people in their own homes, schools or other placements to assess their personal needs. Staff said they were able to work alongside people to gain an insight into their preferences and interests. This was vital for people with an autistic spectrum disorder who liked to have very strict routines or people with very complex health needs. Staff said this also helped parents with the transition of people to a more independent lifestyle. A member of staff commented, "In order to make it successful, staff worked at the feeder school, so when they came to college they had someone they knew, to make it an enriching experience." It also gave staff the opportunity to "learn from the student's home environment, to build and make adaptations and tailor the way we work" to make sure people received personalised care appropriate to their needs.

Personalised care plans were developed from this knowledge of people and other information provided from social and health care professionals. People were involved in monitoring and reviewing these wherever possible, so they reflected people's current routines, likes and dislikes and aspirations. People had worked creatively with staff in preparation for their annual review. Some people had produced a video to illustrate their care plan and their achievements throughout the year. Others had produced an easy to read format using photographs.

A member of staff said, "People are offered choices, empowering them to make choices and to take the lead." A person confirmed, "We have a support plan and a health plan, everybody has one." Other people said they discussed

their care plans with their key workers (named staff allocated to them). Daily notes commented on people's involvement and the care they had received. Any changes in people's needs were highlighted and other staff were alerted to make sure they were responded to appropriately. For example, concerns about the condition of a person's skin were reported to nurses to prevent further deterioration. Strategies put in place avoided the need for a referral to external tissue viability nurses. People's care records were updated to reflect any changes in their needs. Staff said they were also able to make sure any picture aids used by students were immediately produced to minimise any anxieties they might have about changes in routine.

People described how they were supported to reflect on what they were good at, what they needed help with and what might be able to change. People said, "Hydrotherapy and physiotherapy has helped my weight loss and now not many difficulties arise. Due to this I find I can speak out more" and "When I arrived here three years ago I was completely wheelchair bound. Then with hydrotherapy, physiotherapy and other fitness sessions I walked with crutches. Now I walk independently and only use a wheelchair when I'm tired." To be able to achieve this staff acknowledged the importance of a co-ordinated approach between the residences and college. A member of staff stated, "We have to think outside of the box. Making sure the environment is right for their learning, sharing our skills across the college and making sure people work with staff who know them well."

Part of this process was also making sure people had access to the appropriate equipment and living environment. Their residence had been adapted ready for their arrival at college. Occasionally people had to bring equipment from home. Some residences had environmental control systems which allowed people with complex needs to use technology to control equipment around their home. Staff recognised the challenges of ensuring people's environment was appropriate and acknowledged they did not always get it right straight away. However with the resources of the college they were able to quickly adapt and provide the appropriate home and learning environment. As in the case of a person who found it difficult sharing their accommodation with others. By identifying an area which could be converted into a self-contained flat their anxieties significantly reduced improving their experience of being at college and their quality of life.



## Is the service responsive?

People talked about the opportunities they had for social activities both at the college and in their local communities. They recognised improvements to offer activities at the college over the weekend in response to their feedback, as well as being able to go to local towns to access the cinema, bowling, shopping, clubs and restaurants. People also went to a local yoga class and places of worship. A person told us they had taken part in a play about World War 1 which they had performed at local schools. They said this was “very powerful”.

People had benefitted from these social opportunities. A member of staff reflected about one person who initially had no focus and was very reserved. They said they were a “real success story” and had “come out of their self, loving to socialise and eat in the bistro”. Another member of staff talked about the importance of “Social inclusivity across college which can be challenging but motivating to see how we can maximise the potential of people with complex needs.” To illustrate this everyone had been involved in a sports day and would be attending the end of term ball. They had also recognised that some of the social clubs in the late evening precluded some people who were tired after a day at college, so these had been held earlier in order for them to attend.

People enthusiastically told us about innovations which they had been involved in developing, including work placement schemes and the opportunities to trial employment with the support of staff if needed. People were working locally and connections with the local job centre had increased opportunities for them. They also had the opportunity to work in the shop and restaurant at the college as well as helping out in any of the departments for example, the reception or helping with the transport. People had also taken part in a project with a film company to be broadcast by the British Broadcasting Corporation (BBC 3) showcasing their experiences of life at college and changing public attitude towards disability. One person said, “We are so excited about this project.”

People said they knew how to raise concerns or issues and would talk with staff or the registered manager. Information about how to make a complaint was produced in easy to read formats and displayed around the college and in residences. For people unable to access these formats, alternative technologies were used such as eye gaze and

iPads. People also told us about student representatives in their residences who would take any problems to student forums or the college parliament. The registered manager said in response to concerns from a student about arriving late for lectures, the allocation of staff was adjusted.

The college had received three complaints in the last twelve months. There was evidence that wherever possible face to face meetings were held with complainants to discuss their concerns and to give feedback. The registered manager described the action taken in response to these which included making sure close contact was maintained with family about accidents or incidents and referral to health care professionals for a reassessment of equipment. In each case the experience of the person and their relatives had improved. Each complaint was monitored after two months by senior management to make sure any action taken as a result had been sustained and there were no further concerns.

Exceptional approaches to support people through transition into college, into work or when leaving residences or college were in place. Staff worked closely with people to make sure they were at the centre of the process and their views and opinions were respected. People talked to us about the prospect of leaving college and the challenges ahead. They had identified with staff where they wished to live and what they wished to do. A person told us, “I am going to another college in September that's closer to home. There I will study Art and Design.” Some people were staying at college but had chosen to live in other residences saying, “I'm looking forward to moving to our new building. It should be unique.” Other people needed to stay during the holidays at another college residence. Staff and nurses described how important it was to make sure they worked together to support people in their moves to new residences or for holiday breaks. This included staff shadowing each other and working alongside the person. People had visited their new residences. When people were moving on staff worked closely and co-operatively with other social and health care professionals to make the transition as smooth as possible. The sharing of personal information was mostly done electronically ensuring staff had access to information when they needed it.



# Is the service well-led?

## Our findings

People had a variety of ways to get involved in shaping the service they received. On an individual level any concerns they raised or suggestions for improving their care and support were used to improve the service. They had meetings in their residence and could also talk with representatives who attended student forums and the student parliament on their behalf. Each year people were asked to provide feedback as part of the college's quality assurance process. They had just completed this year's survey. Improvements as a result of their feedback last year included, improving signs and lighting around the college, improving fixtures and fittings in some residences and increasing staffing levels in some residences. People told us, "We have a parliament every half term, we talk about different issues, how to improve college, events and activities." The parliament gave people the opportunity to meet with staff, senior management and representatives of the provider to express their views and to receive feedback about actions identified at previous meetings.

There were also ways in which staff could express their views through individual meetings with their manager, at team meetings and directly with the registered manager. Staff commented, "We have really good support, we have met some real challenges to help students adapt well. As a team we have gelled together" and "We raise things at our one to one meetings, we manage well and we make it work". The provider information return (PIR) stated, "Residential managers share ideas to support each other and work to ensure all students have the best possible service."

The registered manager was supported by managers who had responsibility for the residences, a deputy manager of residential services, a lead nurse and a senior management team to oversee such areas as human resources, training, quality and behaviour support. She was supervised and supported by a representative of the provider. She was aware of her responsibilities with respect to being registered with the Care Quality Commission (CQC). She was accessible to both people living at the college and staff. They were able to drop in and see her or contact her on the telephone or by email. People and staff were confident any concerns or issues would be "taken seriously" and responded to appropriately.

The vision of National Star Foundation and the National Star College was to promote "A world in which people with disabilities are able to realise their potential as equal and active citizens in control of their lives". From the start of their induction the foundations were laid for new staff to embrace these values and visions of the college. These were demonstrated by how staff supported people to live their lives and to achieve their dreams. A member of staff reflected on people's experience saying, "The uniqueness of the college is special, our culture and dedication of the staff to provide person centred care and to strive to enable inclusivity for all." This was confirmed by another member of staff, "We embrace students' needs, every person matters, we have pride in everything we do." Another member of staff said, "We advocate individuality of thought as well as care and choices in life. Because you have a disability it doesn't mean you shouldn't have choices others have." People reinforced this using such language as "freedom", "independence", "progression", "speaking out" and "decision making" to describe their experiences.

The registered manager monitored these values and the delivery of their vision for people through personal observations, feedback from people and staff. She had an in depth knowledge of people living at the college, their goals and aspirations and how far along they were to meeting these. When needed she played a more central part in the review of people's care and support for example in response to a complaint or if their needs were very complex. She worked tirelessly on behalf of people for example negotiating funding for one person who needed accommodation for 52 weeks of the year so they could attend college. Funding was provided for stays at another residence during the holidays. Without this they would have missed out on this opportunity which had enabled them to "blossom".

Co-ordinating and negotiating with funding authorities, education departments, social and health care professionals from areas all over the country were integral in promoting people's well-being, safety and quality of life. Establishing and maintaining these links throughout the person's time at college were essential for times of crisis or when planning transition. The registered manager and the provider challenged decisions made by external bodies on behalf of people if their future aspirations were threatened. For example, representing people who had been refused funding for another year at college. They recognised the funding for people was a major challenge but as an





## Is the service well-led?

organisation they also found “more creative ways in how to work and how to deploy staff and develop roles.” A representative of the provider said, “It’s not always just about investment but that we are investing in the most important things.” An excellent example of this was the development of accommodation for people leaving college to go home to Wales. There was no suitable place for them to return to and so the college had been approached by a housing association to develop a service for people based on their experiences of living at the college.

As a forward thinking organisation National Star Foundation supported its staff to look for new and innovative ways to deliver their service. The behaviour support team spoke enthusiastically about introducing a national tool to assess whether “the work we are doing has a positive impact on people”. They said this example of best practice was “student driven” and “would really make a difference”. Likewise the training department kept up to date with best practice and current guidance through their links with national organisations. People benefitted from the research and developments of other departments in the college. For example speech and language therapists, IT technicians and occupational therapists operated an alternative and augmentative communication (AAC) system (a term used to describe the different methods which can be used to help people with disabilities to communicate). This ensured people had access to communication tools and new technology as well as the best professional help. For some people this meant for the first time in their lives they were able to effectively communicate with others.

The National Star College and its staff had been recognised nationally for their excellence, exceptional leadership and innovative working with people with an autistic spectrum disorder. Ofsted awarded the college an outstanding rating in 2012 in recognition of not only its facilities for learning

but also the residential provision. Another national award recognised “the improvements and innovations” introduced by senior management and “the impact on students of their technology and improved communication skills” as well as “the way services had developed for people with sensory needs”. The board of governors, with considerable experience and specialist knowledge, monitored and supported the senior management team.

People were totally involved in the quality assurance processes within the college. As representatives for areas such as health and safety or catering they took an active part in planning and shaping the service provided. Staff commented, “They are totally involved in all health and safety meetings” and “They talk to us about their diet and love to help planning international themed events”. A person confirmed, “Sports day was organised by the student’s sports group – we decided what we wanted.” In addition responses to the annual survey by students were used to influence changes to the service. The registered manager said they would be asking people to complete a questionnaire at the beginning and end of the college year so they could compare people’s experience throughout the year.

Quality assurance audits were completed for each residence which rated them according to the Care Quality Commission’s five key questions. Areas for further improvement where identified were followed up at the next audit. These were monitored by senior management. Robust monitoring of accidents and incidents as well as complaints, ensured themes or trends were identified and the relevant action was taken to prevent them reoccurring. Senior management confirmed that ensuring lessons were learnt from such events, improvements were made and quality was maintained were paramount.