

Transform Residential Limited

Ruskin Mill College

Inspection report





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Ratings

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

Summary of findings

Overall summary

Ruskin Mill College is a specialist residential college providing personal and nursing care to 21 people, and a shared lives service to 9 young people with learning disabilities at the time of the inspection. A shared lives scheme provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. The service can support up to 40 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The vision of Ruskin Mill was to promote a service wherein 'each individual has the potential to shape their own future through experiencing meaningful relationships with the universe, earth and people.' The service's values were based around inclusive learning, mutual respect and, treating individuals with dignity and respect.

All staff and senior management demonstrated this clear vision and a highly positive person-centred culture was seen throughout. Staff had set high standards for themselves and this promoted an exceptionally positive culture which challenged disability perceptions, improved the confidence of people and had very positive impacts on the lives of the people using the service. Throughout the inspection, we found people and staff were motivated and passionate about equality and empowering people to live the lives they want.

Young people and their shared lives carers spoke overwhelmingly of the positive support, guidance and healthcare interventions people had received. They were full of praise for the staff in terms of their kindness and compassion. People were 'very happy' with the service they received. We received positive comments about their views and experiences. Young people told us they felt safe because of the staff and viewed the staff as experts in their knowledge and skills when supporting people with complex needs.

Young people were supported by staff who had received exceptional training and support to carry out their role. The provider had considered and implemented creative methods for staff to truly understand the experiences of young people when they were staying at Ruskin Mill College. Young people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service's focus on challenging expectations and misconceptions had led to excellent outcomes for young people. Staff told us how the ethos of the service was that disabilities should never be considered a barrier to opportunities for people. Throughout our inspection we heard comments from young people

about their future aspirations and the support staff gave them to achieve these. These included "The staff have been great and have made me realise all the things I can do", "I am so much more independent than when I first arrived", "The support I get is excellent", and "I am very excited about starting my new job."

The service excelled in understanding the needs of young people and supporting them to gain skills which would lead to employment opportunities. Staff worked hard to make sure, that where it was possible, people had opportunities to lead as full a life as possible. They made sure learning opportunities were tailored to meet people's individual needs, preferences and abilities. Staff made sure young people had opportunities to enjoy themselves. People's suggestions and ideas were sought and valued when it came to planning the direction of the service.

The registered manager and extended leadership team offered exceptional leadership and had a clear vision about the direction of the service. They were highly committed to improving young people's lives and ensuring they had the best care they could receive. They expected the same high standards from the staff who were also committed to these shared values. The management team were very much part of the overall care team at Ruskin Mill. They were very involved in people's care, visible and approachable. Staff working at the service clearly understood their role and worked hard to promote a homely atmosphere.

There was a robust quality assurance system in place to ensure people received the best possible service. Young people were empowered to take an active part in assessing the quality and performance of the service. The registered manager and provider worked closely with partner agencies and services to promote best practice within the service and make a positive impact to young people's lives. The service was constantly striving to innovate to ensure they were providing the best possible care to the people they were supporting. The registered manager had developed a strong leadership team within the service to ensure the high standards implemented were sustained in their absence.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.	Good ●
Is the service effective? The service was exceptionally effective.	Outstanding ☆
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was exceptionally responsive.	Outstanding ☆
Is the service well-led? The service was exceptionally well-led.	Outstanding ☆

Ruskin Mill College

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Ruskin Mill College is a specialist residential college. People receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service also provides a shared lives scheme. They recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, residential and house managers, senior care workers and care workers. We also spoke with two shared lives providers about their experience of working with the service.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. When asked if they felt safe, one person replied, "I feel safe because there are always staff to help me." Relatives we spoke with also told us they felt their family member was safe.
- The service had developed a safeguarding course for people to develop greater awareness and confidence in students around safeguarding.
- All the shared lives providers we spoke with told us they had received safeguarding training prior to supporting young people.
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. There were clear guidelines for staff on how to support people who suffered from epilepsy. Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner.
- Staff had excellent understanding of people's behaviour support plans and could confidently explain how they would support people to manage any behaviours which may challenge.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce these risks. Staff ensured they supported people who were at risk of malnutrition in line with the recommendations made by the health professionals involved in their care.

Staffing and recruitment

- There were enough numbers of staff to meet people's needs. We saw there were enough staff to ensure people received support in line with their assessed needs.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment of new staff as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from

working with vulnerable groups.

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills.
- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- People had a care plan in place regarding medicines. This gave details about how people liked to receive their medicines, what medicines they had been prescribed and what medical conditions these were for.
- Detailed guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN) such as Midazolam for the treatment of epilepsy.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene. This meant they could safely support people with food preparation and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care.
- All of the premises we visited were clean and tidy and free from odour.

Learning lessons when things go wrong

- The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a central log for detailing these and there was a system to deal with each one as appropriate.
- The service had a process of learning from accidents and incidents. The registered manager told us that when an accident or incident occurred, staff would receive a full debriefing and be given time to reflect on the incident during supervision to enable learning.
- Following a safeguarding incident, the service had fully reviewed their safeguarding procedures. As a result, additional training was developed for staff, students and shared lives providers.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has improved to Outstanding. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff and shared lives carers who had received exceptional training and support to carry out their role. The provider had considered and implemented creative methods for staff and shared lives carers to truly understand the experiences of young people when they were staying at Ruskin Mill College.
- Newer staff were unanimous in their praise for the provider's revised induction process. The provider had implemented Holistic Support and Care Seminar induction for all new staff. This involved staff and shared lives carers living together for 3 days in a bespoke accommodation that aimed to replicate how people living at Ruskin Mill might feel. They were encouraged to cook meals together and share out daily living tasks such as cleaning and washing up. This enabled staff and shared lives carers to empathise with the young people they would be working with and better understand how to support them. One staff member told us, "The induction process was fascinating, it put you in the role of a student [young person] and gave a great insight into how students might feel." The deeper awareness created by this had led to significant impacts on the lives of young people. For example, where people were not engaging with staff or displaying behaviours which may be perceived as challenging. One young person refused to have any personal care and was displaying aggressive behaviour. The induction process enabled the staff to reflect on what the life experience of the person had been up until their arrival at the college, to create specific strategies around supporting them to overcome their barriers. This resulted in the person being able to relax enough to have a bath. There had also been a reduction to them displaying aggressive behaviour. For another young person, this approach had empowered them to express themselves more and explore the idea of gender reassignment.
- Staff and shared lives carers we spoke with told us how the provider had considered their training and knowledge in roles prior to working at the college. One staff member told us they had been given opportunities to use their training and experience as a speech and language therapist in their current role. They said, "Ruskin Mill really see the potential in its staff. For example, every week I am supported to use my other skills as a speech therapist." The staff member went on to tell us about how they planned to use the opportunity to study at the college themselves to develop their skills and gain a nationally recognised qualification. They said, "Ruskin Mill provides its staff with an opportunity to take a master's degree which is amazing and which I hope to take in the future."
- Young people were fully involved in the training of new staff and shared lives carers. They delivered training to staff and shared lives carers describe to them their perception of what constituted good or bad care. Several young people were able to explain how the opportunity to co-work with and train new staff in

the craft workshops enabled them to explain to staff how they wanted to be supported, co-write their support plans and teach staff how to support them. They told us this had empowered them to take an active part in staff training, provided reassurances that staff fully understood their needs and gave them a greater sense of self-worth.

- The staff and shared lives carers we spoke with told us the provider's approach to training and deployment enabled them to fully understand the needs of young people by working with them in both education and residential settings. They told us this enabled them to provide a very person-centred service. The service's MAPA (Managing Actual or Potential Aggression) Mental Health Awareness and Positive Approaches training enabled staff and shared lives carers to use role play to recreate real situations experienced by staff. This enabled them to explore supportive options to de-escalate anxious students. Staff and shared lives carers told us this had allowed them to empathise with young people, learn from their experience and had equipped them with the skills to respond appropriately in subsequent similar situations. A staff member told us, "The college is person centred. Students' needs are always put first. We can provide holistic care. I work across both education and care and it's good for students and for staff." Relatives we spoke with told us staff and shared lives carers had an excellent understanding of their family member's needs.
- Staff felt supported by the management team. They told us they received regular one to one meetings with their line manager to discuss work related issues and their development needs.
- Staff and shared lives had received additional training in subjects such as epilepsy, positive behavioural support (PBS) and the safe use of restraint.
- People told us the staff or shared lives carers who supported them, knew them well and were able to respond to their individual needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had developed excellent arrangements to ensure people received effective and timely care from other health professionals.
- The service had employed speech and language therapists (SLT), occupational therapists and physiotherapists. The registered manager told us this was to provide a quick service to people whilst longer term support was sourced from community professionals.
- The provision of these therapists had made an excellent impact on people. One SLT supported a person to develop social stories to minimise incidents of behaviour which may be challenging. A SLT had worked with a person to develop a countryside code following an incident where the student had put themselves and others at risk in the community. We saw evidence how this had led to the person having a greater understanding of their actions and no future incidents occurring.
- A SLT had worked closely with one person who had communication difficulties and required the use of a communication device. The SLT had supported the person to learn how to use the device and express themselves. Through ongoing support from the SLT, the person became extremely proficient and at the end of their programme they were able to give their leaver's speech through their communication device.
- Young people were supported to manage their own health care needs wherever possible. Comprehensive care plans provided personalised guidance about their care and support needs in respect of their health and well-being. Young people could make appointments with a range of health care professionals such as a speech and language therapist and physiotherapist based at the college and with their GP. Young people retained some services with their family home local medical services such as dentists or opticians. These services could be arranged by the college if needed. Staff maintained close links with external social and health care professionals involved in young people's care such as nutritionists, Care records recorded referrals to healthcare professionals such as GP's.
- People's oral health care and preferred routines were known by staff. Staff assisted and prompted people

to maintain good oral health care.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about the principles of the MCA.
- During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak with us. Their wishes and choices were respected.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Every avenue was fully explored to ensure people were able to make choices independently. For one young person with communication difficulties, their local authority felt the person lacked capacity and decisions should be made in their best interests. The staff who worked closely with this person disagreed with this decision. As a result, the service's in house SLT used talking mats to support the person to demonstrate they had capacity and were able to make their own decisions.
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant supervisory body. At the time of our inspection, there were eight people receiving support from Ruskin Mill who were subject to a DoLS authorisation. The conditions detailed in the authorisation were being met by the service and were the least restrictive to the person.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People continued to receive effective care based on current best practice as staff had sought advice from health care professionals in specialist areas to ensure their practices were current.
- People's needs were assessed and reviewed to ensure the support they received was delivered appropriately and based on current best practice.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.
- Young people interested in attending the college could access information on line, through a video made by and with young people at the college and in a handbook to help them make their choice. The registered manager and provider told us staff visited people in their own homes, schools or other placements to assess their personal needs. This enabled staff to work alongside young people to gain an insight into their preferences and interests. This was vital for young people with an autistic spectrum disorder who liked to have very strict routines or young people who had very complex needs. Staff told us this process also helped parents with the transition of young people to a more independent lifestyle. The assessment process

allowed young people to build relationships with staff so when they came to college they had someone they knew.

Adapting service, design, decoration to meet people's needs

- All of the residential properties we visited were clean, tidy and homely.
- People had access to an outside space in each property.
- Where required, adaptations had been made and the provider had a process for regularly reviewing the individual properties to ensure they were suitable for the people living there.
- People's rooms had been adapted to their personal preferences. People told us they were able to bring personal belongings when they moved to the service

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- Staff had spent time with people to identify their strengths and enable people to be involved in making choices about their meals and preparing their meals.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. For example, where people were at risk of choking, staff ensured they were supported appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring towards them. One person said, ""Staff are amazing. They are like my family whilst I'm at college." Another person said, "Staff are very respectful." The relatives we spoke with described the staff as being kind and caring towards their family member. One relative said, "The staff are incredibly caring." Another relative said, "Ruskin Mill were able to meet (name of person) needs when he and I needed them the most. They really are a dedicated group of people."
- We observed staff interacting with people and found they were supportive, kind and caring. It was evident that staff knew people's communication needs well and were able to engage effectively with them.
- The values of Ruskin Mill were based around equality, respect and tolerance of all people regardless of their personal beliefs. We saw evidence of various religious and cultural festivals being celebrated throughout the year.
- People's needs in respect of their religious beliefs were recorded, known and understood. For one person joining the college in the new academic year, significant planning had already taken place to ensure they were supported in a manner which respected their religious beliefs.
- The service had built strong links with local faith groups, so people had access to religious ministers if they indicated a preference to do so.
- The service had an Equality and Diversity policy in place to ensure all staff were treated equally.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us the service involved them in developing and reviewing their care plans and their views were respected.
- Every effort was made to ensure people could take part in making decisions around their care. Where people had communication difficulties, referrals were made to professionals such as SLTs to maximise people's communication needs and empower them to express their views. This was achieved through the use of assistive technology such as communication devices and software.
- We observed staff supporting people in ways which took their choices and preferences into consideration. This included asking people about their lunch preferences and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and ensured people's dignity and privacy was maintained. When carrying out personal care or having private discussions with people, staff ensured doors closed.
- When people chose to speak with us, staff respected people's right to speak with us privately.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service's focus on challenging expectations and misconceptions had led to excellent outcomes for people. Staff told us how the ethos of the service was that disabilities should never be considered a barrier to opportunities for people.
- Throughout our inspection we heard comments from young people about their future aspirations and the support staff gave them to achieve these. These included "The staff have been great and have made me realise all the things I can do", "I am so much more independent than when I first arrived", "The support I get is excellent", and "I am very excited about starting my new job".
- The service excelled in understanding the needs of young people and supporting them to gain skills which would lead to employment opportunities in various fields. For example, people were supported to gain skills in agriculture, ironmongery, woodwork and trout farming. One person had gained sufficient skills in woodwork and was making their own furniture which they were now selling to the public and had developed into a profitable business. Another person had gained skills in ironmongery which had led to employment following their time at the college.
- One person told us they aspired to build their own house after leaving college. They told us how staff had worked with them to identify what skills they would require, and they were supported to access courses which would support them to develop these needs.
- The provider had used technology to promote better outcomes for people. For some people, the service had introduced video care plans to enable people to talk about their care needs. The registered manager told us this would maximise people's involvement in their care planning and further personalise care as people could fully describe to staff how they would like their care to be delivered. The service had developed a robust process to ensure staff sought consent from people and always maintained people's confidentiality when developing and using video care plans.
- The service recognised people's unique individual needs and provided additional training to staff to ensure people's diversity was respected. Staff had received additional training to support people during gender reassignment.
- The service excelled in ensuring people received a smooth transition between services with minimal disruption to their wellbeing. All transitions were a multi-professional process and were aimed at maintaining continuity, independence and autonomy for the person. In some cases, the service had worked with schools, other providers, health care professionals and family members over extended periods of time to ensure people moved between services with minimal disruption.
- In order to ensure people's educational and personal care needs were integrated, the service had developed a process where support staff attended classes to provide support to people. This had also

minimised presentations of behaviour which may be considered challenging and had led to reduced levels of support to people in this area. We saw examples of several young people whom when they first started college required longer support hours due to displaying high levels of behaviours which may be considered challenging in an educational setting. We saw that with the increased support of their care staff in educational settings, both issues had significantly reduced over the course of the academic year, thus giving the person a better quality of life.

- Staff had been creative and supportive in helping people to transition into the college and manage their emotions. For some people, this meant the number of times restraint had to be used as a last resort to keep them safe had reduced from multiple times a week to occasional uses of restraint following their move to the college.
- Relatives had also recognised this positive impact. One relative commented "They were able to change the house placement to better suit his needs, they were able to source somewhere with space and a garden and the difference has been incredible." Another relative said, "The difference in the last 18 months has been huge. He is more engaged and interacts more with his peers. This is something I thought I would never see."
- Personalised care plans were developed from the knowledge gained during the assessment process and other information provided from health and social care professionals. People were involved in monitoring and reviewing these wherever possible, so they reflected people's current routines, likes, dislikes and aspirations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had developed innovative methods to maximise people's communication and ensure all information was accessible to people. One person was supported by a SLT to use the grid player application on an electronic device to enable them to put together sentences using pictures. Another person was supported to use PECS (Picture Exchange Communication System) to enable them to make specific decisions about their meals and what they would like to eat. The software had also enabled the person to make decisions around activities. For both people, this had increased their level of communication with staff and had given them greater control over their care.
- Where people had communication needs, staff and shared lives providers had received bespoke training to ensure they were able to effectively communicate with each person. This included training around any communication devices or software people used.
- The service had an inclusive approach to ensure the views of young people were heard. Meetings were also held with people who used the service to give them an opportunity to discuss any concerns they might have. Where people had communication or sensory difficulties, they received additional support from staff to maximise their involvement in these meetings and enable them to provide an opinion.
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. Signs, posters and notices were situated around people's accommodation to enable people to access and read the information
- People's care plans clearly recorded people's communication needs. If people were unable to effectively communicate due to cognitive or language barriers, this was recorded in their care plans. From observing and speaking with staff, it was evident they knew people well and were able to communicate effectively with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access a range of activities. These included activities such as days out and holidays.
- The people and relatives we spoke with told us they led an active and fulfilling life. One relative told us how since their family member had moved to the service they had 'a new purpose in life with lots going on'. The relative told us how they felt this had also led to an improvement in their emotional wellbeing. Prior to moving to Ruskin Mill, the person was unable to go out without staff support. However, staff had supported the person to gain independence with using public transport and supported them to become more confident when out alone in the community. This had resulted in the person being able to go out for extended periods on their own.
- People were supported to develop safe and meaningful relationships. One person told us how staff had supported them to maintain their relationship with their girlfriend.
- People were supported to set up and maintain social enterprises. This enabled young people to play a more active role in their local community as well as developing additional life skills. For example, young people had been empowered to set up the 'Ruskin Mill' café which was open to the public. Another person had been enabled to gain employment in the local town. Both initiatives which had led to people developing relationships outside the College, reducing social isolation to people and providing them with a better social life.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. This provided a clear framework on how complaints would be managed and investigated. From looking at the complaint's records, it was evident where complaints were made, these had been resolved to a satisfactory outcome.
- People and relatives told us they were able to raise any concerns, and these would be dealt with appropriately.

End of life care and support

- Staff had received training around end of life care and support.
- At the time of our inspection, although nobody living at Ruskin Mill was receiving end of life care, the registered manager and staff were aware of what to do if people's needs changed.
- Staff had developed strong relationships with people and this had enabled them to provide emotional support to people when they experienced a bereavement. We saw an example of how staff had supported one person to cope with the passing of a parent and how the support from the staff had minimised their anxiety.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The vision of Ruskin Mill called Practical Skills Therapeutic Education integrates Education, Health and Care. This promoted a service wherein 'each individual has the potential to shape their own future through experiencing a meaningful relationship with the universe, earth and people. The service's values were based around inclusive learning, mutual respect and, treating individuals with dignity and respect. All of this was achieved through various learning opportunities offered to people such as woodwork and farming which supported to people to not only gain invaluable skills, but also value the importance of the natural resources available to them and the benefits of team work. For one person who initially did not engage with other young people, their involvement in woodwork and the need to work with others when using several tools, had led them to develop friendships with these people. This had resulted in them becoming more engaged with staff and the people they lived with and a reduction in their isolation.
- All staff and senior management demonstrated this clear vision and a highly positive person-centred culture was seen and sustained throughout. Staff had set high standards for themselves and this promoted an exceptionally positive culture which challenged disability perceptions, improved the confidence of young people and had very positive impacts on the lives of the people using the service.
- Excellent and innovative processes had been developed to ensure people using the service were fully involved in the future direction and leadership of the service.
- People using the service were involved in the recruitment and training of new staff at every level of the organisation. Young people participated in the induction of new staff during the three-day seminar all new staff participated in. For example, young people delivered a training course to describe to staff their perception of what constituted good or bad care. The registered manager and provider told us how this was important as they believed it was vital for staff to be able to empathise with students and the best way to do this was to involve the young people in the training of new staff. As young people had already built relationships with new staff from their interview right through induction, they were more comfortable with the new staff which subsequently led to a decrease in the number of incidents of behaviours which may be challenging. Vice versa, as staff already knew the young people well, it enabled them to provide a more person-centred service to each person.
- Staff told us how this had greatly benefited them and had given them an opportunity to reflect on their practice. People told us following the training, they felt staff had an even greater understanding of their needs and emotions.
- People were empowered to take an active part in assessing the quality and performance of the service.

The service had worked with people to enable them to complete certain checks of the service such as fire checks and the quality of the individual accommodations. For example, a number of students were all eating individually and had very little interpersonal relationships. This was identified in a quality check and discussed with the people. As a result, a plan was developed to support the students to build their own dining table in the wood workshop. At the time of the inspection, we saw how they all had their meals together and had developed strong relationships with each other. The registered manager and provider told us this further strengthened their quality assurance process as it enabled those using the service to take an unbiased view on the quality of the service .

- Young people were fully involved in making day to day decisions about the service as well as the future direction of the service. A student council had been developed to enable the student voice to be heard.
- Staff told us they felt supported by the registered manager and felt able to raise issues with them.

Working in partnership with others

● The service had developed strong partnerships with other stakeholders to develop excellent outcomes for people using services.

● The service had built strong relationships with several police forces to raise awareness of people's needs and behaviours. This had led to the Police having a greater understanding of people's needs and taking more appropriate action if an incident occurred. This relationship had led to the Police sending out officers who had received mental health training to provide a more personalised response to incidents at the college.

● The service invited members of the Police force to attend student safeguarding training to raise further safeguarding awareness amongst the students but also build positive relationships with young people so that people would be at ease if there was an incident as they had a police officer who knew them well. The young people we met spoke with confidence about the support they received from the police and the ease with which they could receive police support.

● The provider was working closely with the police to increase people's awareness of illegal drugs and unhealthy relationships with people in the community. This included the implementation of safeguards to protect people from the risks of county lines drug distribution.

● The service had built partnerships with local colleges and other learning disability service providers to improve services for young people with learning disabilities. For example, the service had worked with another learning disability service to integrate education and residential working to promote better outcomes for people .

● The service had worked with the National Citizens Service (NCS) to arrange for a group of young people who had a particular fear such as heights or water. They went abseiling, paddle boarding, archery and made water rafts that helped them to overcome their fears. The NCS team supported the young people to create posters and engage in community activities like the Christmas Market. This enabled young people to act as ambassadors for the College and improve public relationships.

● The service was working with the Royal College of Speech and Language Therapists (RCSLT) as part of their storytelling project. The aim of this is to enable people who have received speech therapy to tell their story, raise their self-esteem, become aware of the progress they have made and increase confidence.

Continuous learning and improving care

● The service continually strived to learn and improve to provide people with better opportunities.

● All of the life skill courses and approaches to care implemented at the college were evidence based. The service had their own research centre where staff worked closely with other professionals to develop an evidence base to quantify the therapeutic benefits of the activities provided at the college. The learning gained from this research was shared with the wider health and social care community through academic journals. Storytelling courses had been implemented to enable young people to develop social skills and

self-confidence.

- We saw the learning from this research was shared with the provider's other locations and other providers across the health and social care sector working with a similar client group. For example, following on from the successful pilot of supporting several young people to improve their social skills and self-confidence using storytelling, the provider had implemented this approach in their other services.
- The service had also worked with a local college to develop a bespoke management course for staff who work with people with learning disabilities. As a result, several care staff were able to continue their professional development and move into senior positions. For young people, this meant they continued being supported by staff who they were familiar with and had a strong understanding of their needs.
- We saw that where accidents or incidents had occurred, learning had been taken to minimise future incidents. Following a safeguarding incident, the service had fully reviewed its safeguarding policies and procedures to ensure the safety of the people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- Effective quality assurance checks were carried out by key staff members, the registered manager, the provider and people who used the service. These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.
- The registered manager and provider continually reviewed quality assurance systems to ensure they were effective. Where additional checks were required, these were introduced.
- The provider had a business contingency plan and had assessed the impact of Brexit on the service. Plans had been developed to ensure there was minimal disruption to the service and the lives of the people who used the service.
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service. Following a safeguarding incident, the service had fully reviewed its safeguarding policies and procedures to ensure the safety of the people using the service.