

Derwen College

# Derwen College

## Inspection report

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Date of inspection visit:  
16 November 2022  
17 November 2022

Date of publication:  
24 January 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Derwen College is a further education college for younger adults with learning disabilities, physical disabilities and/or autistic people. The college provides personal and nursing care to up to 150 people. At the time of our inspection 144 people were using the service. The accommodation at the college is registered as a care home and support is provided over multiple buildings. The college also operates a supported living service and a short break service which is accessed by people living in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People were supported to develop their independent living skills and use the college experience to develop any areas of interest. People's needs were assessed prior to attending the college and care plans were developed with the input of people, their relatives and the funding authority. Risks to people's safety were considered and people were supported to understand how they can keep themselves safe. 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.

**Right Care:** People's communication needs were assessed, and people were supported to use various communication tools to assist in their engagement with others. People were supported by a team of specialist learning disability health professionals who oversaw their physical and emotional wellbeing. People received their medicine as prescribed and were knowledgeable about what they took and why. People received care that was person centred and people's privacy was respected. Staff had access to protective personal equipment (PPE) to limit the risk of infection. People were protected from the risk of harm by robust safeguarding processes being in place.

**Right Culture:** People and staff were positive about the culture at Derwen college. People felt able to speak up and confident their concerns would be listened to. The provider was responsive when concerns were raised and acted when things went wrong and lessons needed to be learnt. The management team worked together to oversee the care people received and carried out regular audits to ensure the service was safe

and best practice was promoted throughout.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 17 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service caring?**

**Good** ●

The service was caring.

Details are in our caring findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Derwen 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 4 inspectors and 2 Experts 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.

#### Service and service type

Derwen College is registered as both a 'care home' and a supported living service. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Derwen College is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The supported living service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 4 registered managers in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a large service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection we reviewed all the information we held on the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted the local authority for their feedback and used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 10 people and 7 relatives. We spoke with 24 staff including, the registered managers, nurses, team leaders, support staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 7 care plans, 3 recruitment records and other records used to support the management of 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to mitigate potential risks of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- At the last inspection we found concerns with the management of health and safety risks within the various student residencies. For example, exposed hot water pipes. At this inspection we walked around the residences and observed considerable refurbishment had taken place. Previous concerns had all been addressed and the provider had plans to refurbish the 1 remaining residence.
- The provider had set up a dedicated health and safety team and created a more health and safety aware culture which was positive and responsive. Health and safety checks were completed on time and records were maintained and reviewed to ensure necessary action was taken. For example, fire safety, water and medicine room temperature were closely monitored.
- Risks to people's own safety were assessed and the provider was in the process of making sure all information was transferred to their new electronic care planning system. We found some moving and handling assessments on the electronic system did not contain clear information of the required sling hook. This information was still held within the paper records. The management team confirmed they would review this and ensure all key information was in one place.
- People were supported to gain their independence with the use of positive risk taking and the provider ensured, where appropriate, relatives were aware of the strategies put in place to keep people safe. One relative told us, "My [relative] is now leaving the site to go to the supermarket and they are fully aware they must remember to tell the staff when they go. I am not concerned my [relative] may wonder off as staff always know where [relative] is." Another relative explained how the staff engaged and listened to them to help to manage their relative's risk of choking as a result of a dysphasia diagnosis.

### Systems and processes to safeguard people from the risk of abuse

- People were aware of the providers safeguarding process and had access to 24-hour management support should they need to report any concerns. The providers safeguarding processes contained increased levels of scrutiny, up to the board level. This ensured any concerns raised were given the required attention.
- People told us they were supported to feel safe. One person said, "I feel safe with staff, they help me with my anxiety. They know when I feel anxious and stay with me." Another person said, "I feel safe here, staff help me to learn new things."

- The provider was proactively supporting people to gain skills and understanding in areas where they could be perceived as vulnerable. For example, the staff worked with Personal, Social and Health Education (PSHE) to provide students with sexual health awareness and complete sexual health education as part of Independence Skills Development. In the sessions they talked about consent, sexual awareness, relationships, and boundaries.
- Staff received safeguarding training and told us they felt confident recognising and reporting any abuse both internally and externally should they need to.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. Assessments of capacity and agreements about best interests were carried out prior to people moving to the college, to ensure the college setting was appropriate. Further MCA assessments were carried out when additional decisions presented themselves.
- At the time of this inspection we were advised no one was subject to a deprivation of liberty.

#### Staffing and recruitment

- People were supported by sufficient numbers of staff to have their needs met. One relative confirmed, "My [relative] has a core team around them and is funded 1-1 care. They are well supported".
- People were complimentary of the staff and knew when different staff would be working with them. One person said, "We get to know different staff as they are allocated bungalows. They are helpful, supportive and friendly. We have a notice board telling us who is on shift."
- Staff were subject to recruitment checks which included looking at their character, background and qualifications. We reviewed several recruitment files and found a gap on the application form around dates staff left previous roles. The provider could evidence they had a record of staff's employment history, as many also submitted CV's. However they took immediate action to update their application form to ensure all key information would be captured.

#### Using medicines safely

- People were involved in the management of their medicine and encouraged to understand what their medicine was for and any additional safety information. For example, one person told us, "I am on new medicine for seizures so have to stay local for a few weeks. I have to do what the doctor says." Another person told us, "I self-medicate 1 tablet. I know what other tablets I take and that certain foods are restricted"
- People were supported by nursing staff who worked alongside the care team to support medicine management. One relative told us, "[Relative] will ask the nurse for paracetamol if they need it and their medicine is regularly reviewed every few months."
- Nursing staff reviewed all medicine errors to identify the root cause and whether further action was required. At the last inspection we were concerned this process was not robust. At this inspection we found there had been improvements made. Nurses worked with the lead practitioners to establish what happened



and whether anything that could be done differently. They also looked at whether any errors occurred with 1 particular student to see if a theme developed.

- We reviewed people's 'as required' medicine protocols and found they contained all relevant information. We discussed ensuring staff had access to all protocols in one place as the provider was still updating the electronic system and some protocols were yet to be uploaded.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to have visitors to the college. The college also maintained a small hotel that relatives could stay overnight in, if needed.

#### Learning lessons when things go wrong

- Accident and incidents were reviewed by the management team and we found lessons were learnt when things went wrong. For example, a small fire was reported in one residence due to improper use of a microwave. There was no harm caused. However, when replacing the microwave, the provider investigated what happened and chose a replacement which was easier to use to prevent future incidents.
- The provider was a member of several learning networks such as those aimed at improving online safety. Learning from such groups was shared across the college setting and considered when staff were reviewing and updating care plans.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 were treated with kindness and respect and the staff consistently helped and responded to people's changing needs. One person told us, "It's good here, they help me". Another person said, "If I'm frustrated staff know what helps and how to react to me. To have staff that know me is a real comfort. The staff are lovely, they make it what it is."
- People were supported with their diverse needs and people could access additional support from peers and staff. For example, groups met on a regular basis where people could safely explore and discuss aspects of their identity.
- At the last inspection we received feedback from some people to say they wanted to be spoken to as an adult. At this inspection all feedback was positive, people felt they were being treated as adults and having a positive college experience.

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

- People were actively involved in discussions about their care, what happened in their residence and wider college issues via an active student union.
- People helped to write their care plans with the support of their keyworker and health professionals employed by the college. These included, physiotherapy, occupational therapy, community nursing and speech therapy.
- People expressed their views on mealtimes, activities and what went on in their residence. People often chose off-site activities at the weekend which staff facilitated. For example, going into the local town, visiting the beach or going to the cinema. One relative told us, "The staff make sure [relative] has choices of what they want to do".
- Staff supported people with their communication needs to ensure everyone could participate in discussions which were important to them. One person told us the staff used Makaton (a form of sign language) and an iPad to aid communication and help them make decisions about their care.
- People were supported to access advocacy services where more specialist support was required. One relative told us, "I want [relative] to have a smooth transition and hopefully having an advocate will help."

Respecting and promoting people's privacy, dignity and independence

- At the last inspection some people told us they wanted more independence and increased privacy. At this inspection we found people's independence was being actively promoted and people's privacy respected.
- People were seen moving around the site freely and engaged in completing their own domestic chores. One relative told us, "The staff always encourage [relative] to do things themselves, like the laundry."

- Buildings had been reconfigured with people's independence in mind and people had additional support to achieve tasks for themselves. One person said, "The OT's are involved and have ordered a bread holder so I can spread the butter. I have a special fork that cuts, and table top scissors. The toilet roll holder was moved to the right-hand side for me. This increases my independence."
- People's privacy was preserved. At all times we saw staff respecting people's space, knocking on doors and acknowledging when people wanted to be on their own. One person told us, "I prefer a shower and have a seat so I can be alone. Staff help me with a bath if I want one, but it is up to me"

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection the provider told us they would be review their governance systems to ensure they were able to identify all areas needing improvement. At this inspection we found this work had been carried out and there was a clearer focus on areas of risk and quality performance.
- The provider had introduced a full schedule of governance checks and more people were involved in the monitoring of the regulations and meeting the aspirations of the college. For example, the provider had carried out increased spot checks and developed the role of the staff champion to promote and oversee key areas such as infection control and planned activities.
- As part of reviewing the providers compliance with Right Support, Right Care, Right Culture we questioned the tenancy agreement which was in place for people accessing the supported living service. We queried whether the tenancy agreement passed the Real Tenancy test. The provider was very responsive to our query and took immediate action to revise some of the wording in the tenancy agreement to ensure people's rights were protected.
- We also checked the providers compliance with the regulations around the use of CCTV due to its use in the investigation of certain incidents. We found a robust process was in place whereby only authorised persons could access the footage taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from people, their relatives and staff around the outcomes people were achieving. One relative told us, "They've managed [relative's name] care beyond our expectations, they've done more than we ever expected."
- Staff told us there had been significant improvement over the past few years and everyone was feeling the benefit. One staff member told us, "We have changed so much for the better. Students are all doing well, the move to supported living has seen some people really thrive, and everyone seems happy to come to work these days."
- Relatives and staff told us they worked together to support the transition of care from home to the college environment. One staff member told us, "It can be difficult for some parents as this is the first time their child has left home. We need to reassure the parents, especially if people do have an existing health issue as it can be difficult for parents to hand over the management of this. Our nurses will keep them up to date as much as possible and it works."

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 was aware of and understood their responsibilities under the duty of candour.
- People and their families were spoken to when things went wrong, and an honest and transparent approach was adopted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were actively engaged in all aspects of college life and contributed to the management of the service. People were involved in regular meetings and discussions about food, activities, and the development of their independent living skills. One person said, "Every Friday the bungalow students meet. We talk about trips coming up, what we'd like to do and things in the house."
- Parents confirmed their views were sourced. One relative told us, "We are always involved in [relative's name] care discussions and whenever we contact the college, they always get back to us."
- Questionnaires and meeting minutes were reviewed by the management team and action was taken following people's feedback.

Continuous learning and improving care

- Since the last inspection considerable improvements had been made to the structure of the organisation and the quality assurance systems in place. Good practice was shared and adopted throughout the organisation and there is a greater ownership of quality related issues. For example, there is a dedicated health and safety team and more safeguarding leads.
- Board members have taken on a more active role and we could see there was a continuous focus on learning at all levels of the organisation.
- The organisation has acquired numerous accreditations including from the National Autistic Society. The accreditations evidenced the progress they have made and the commitment to getting care right for people.

Working in partnership with others

- The provider worked in partnership with numerous organisations for various reasons including, service development, clinical research and, to increase the opportunities available to people.
- Examples of partnership working included, working with University researchers exploring aspects of Down's syndrome. Students with Down's syndrome were invited to take part in this research voluntarily and were supported by the nurses to help them understand what was involved.
- The provider had also visited other colleges in order to enhance the quality of life tool they are implementing and supported students to engage with the Duke of Edinburgh award scheme. Which helped to build their confidence and increase learning outcomes.