

Ruskin Mill Trust Limited

# Ruskin Mill College

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Ruskin Mill College is a specialist residential college and a shared lives service for young people with learning disabilities, autism and/or mental health needs. The shared lives scheme provides people with long-term placements, short breaks and respite care, within shared lives providers (SLP) own homes. The service can support up to 45 people. 23 people were receiving personal care at the time of the inspection. 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 service was outstandingly responsive to people's individual belief's, preferences and needs. Therapeutic care was delivered in line with their Practical Skills Therapeutic Education (PSTE) method, and we found that staff worked creatively to incorporate people's individual needs with their therapeutic programme. This supported people to achieve support in a way that met their individual needs and promoted their equality.

Staff understood the needs of people and treated them with dignity and kindness to ensure their individual preferences were met. Staff were aware of what actions they would need to take if they had any concerns about peoples' safety.

People's individual needs were assessed, and comprehensive care plans and risk assessments were in place to help staff support people in accordance with their preferences.

We were told that the registered manager was very approachable, and staff told us they were supported well and encouraged to share ideas to achieve the best outcomes for the people they supported.

Positive risk taking was encouraged to provide people with as rewarding life as possible. Staff demonstrated a high level of understanding of the people they supported.

The registered manager was keen to continually improve and develop the service and ensured this through an extensive series of audits and regular monitoring of the quality of support delivered. A positive culture was promoted within the service whereby staff felt empowered to speak up and contribute to peoples' plans of care.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. We saw that the care people received helped them to thrive in a learning environment among their peers, to reach their full potential, and to have maximum choice and control over their lives

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

This service was registered with us on 18 August 2020 due to a change in registration. This is the first inspection.

The last rating for the service under the provider; Transform Residential Limited was Outstanding, published on 10 December 2019.

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of risk. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last inspection, by selecting the 'all reports' link for Ruskin Mill College on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

### Is the service well-led?

Good ●

The service was well-led.

# 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.

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

The inspection was carried out by two inspectors 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.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and 13 relatives about their experience of the care provided. We spoke with 34 members of staff including the nominated individual, principal, registered manager, residential managers, team home manager, education health and care manager, senior holistic engagement worker, holistic engagement worker, agency staff, admissions manager, HR advisor, HR manager, training co-ordinator, college medical officer, senior administrator and administrator.

We reviewed a range of records. This included five people's care records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with 12 professionals about their experience 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at Ruskin Mill College and knew who to speak to if they had any concerns. One relative said, "[There is] lots of continuity of care. The current staff team know [my relative] really well and I have no concerns about [their] safety.'
- Staff and shared lives providers received training on safeguarding adults and children. They were knowledgeable about the policies and what action to take if they suspected abuse or poor practice. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed. A senior holistic engagement worker told us, "It's a healthy environment for whistle blowing. We have to be on it as it's too big of an organisation not to manage things swiftly."
- People were protected from the risk of abuse by a well-established duty system which operated 24 hours a day. This enabled staff to contact management at any time for support and guidance if they had any concerns.
- The safeguarding team met weekly to look at any actions or concerns and identified any themes where development was required. We saw examples of how actions taken from collaborative working had resulted in improved outcomes for people. One person had seen a 72% reduction in their safeguarding incidents and staff reported that the person was increasingly settled.

Learning lessons when things go wrong

- Staff and management had a clear process for learning from accidents and incidents. There was an open culture of learning from mistakes, concerns, incidents, and accidents. Staff were offered clinical supervision from an external supervisor and a full debrief after every incident to reflect and enable support and any learning to take place. A staff member said, "[There is a] good support network. If there is an incident there is always a debrief. We all support each other."
- Staff recognised safety incidents and recorded them appropriately. Incidents were investigated and lessons learned were shared across the whole team. Regular meetings took place to discuss people and any changes in their behaviour or care needs so that staff provided consistent and relevant support.

Assessing risk, safety monitoring and management

- People's risks had been assessed and were clearly detailed in support plans and risk assessments. Staff told us support plans and risk assessments were updated quickly in accordance with people's changing needs. One staff member said, "Support plans are updated by management. We are always told immediately so we can review. If we want to change a support plan we email [our relevant line manager] to amend. They really do listen. A staff member requested a change yesterday [Wednesday] and they have

already had a response and a meeting booked in for tomorrow [Friday] to discuss."

- People's needs were assessed before admission to the service and covered all aspects of their lives. The admissions process had been reviewed and was now more robust." A professional told us, "[There was a] good transition and assessment process. They were flexible and made themselves available during the assessment process to meet the [persons] needs."
- People were supported through a comprehensive transition period before they came to live at Ruskin Mill. This enabled them to become familiar with the staff and for the service to complete a detailed assessment of their risks. A relative told us, "The assessment process is fantastic. My [relative completed an assessment at the college] and I received a debrief with the admissions manager. They understood exactly what my [relative] needed and they provided an offer which was reflective of this."
- Staff supported people to take risks and people took part in developing their risk management plans. This included developing independence skills in a person who was routinely leaving the service unsupervised. This enabled greater autonomy and reduced the identified risks. The designated safeguarding lead told us, "We are empowering [people] to safeguard themselves."
- When people experienced a crisis and needed more intensive support to keep them safe, staff responded promptly. The service also met with people's relatives and appropriate health and social care professionals regularly to agree and monitor the person's risk management strategy. These meetings were sometimes held multiple times a week, depending on the complexity of the situation. A professional told us, "They seek advice when needed and communicate well with me." Another professional said, "I've been very impressed with the service they have offered to [a person who I have been working with]. [This person has experienced challenging episodes] and they have remained positive and always ensured that [they] received positive support."
- When people needed to be restrained to keep them safe during a crisis this was clearly recorded in their risk management plans. Staff had received training in the Management of Actual or Potential Aggression (MAPA) to ensure that restraint could be carried out safely if needed. We saw a continued commitment to reducing restrictive interventions and a clear focus on prevention and de-escalation to avoid the need for physical restraint as far as practically possible. MAPA was certified as being compliant with the Restraint Reduction Network Standards which applies to all training that have a restrictive intervention component. It provides a benchmark for training in supporting people who are distressed in education, health and social care settings.
- At our last targeted inspection Ruskin Mill College had identified that work was needed to agree a clear referral and treatment pathway with local services when people experienced a crisis and required specialist input to remain safe. At this inspection we found that some improvement had been made and the work was still ongoing. A community mental health professional told us that they were clarifying the process with Ruskin Mill. The aim was to agree who was responsible for each aspect of people's care when they experienced a crisis to ensure the safe and effective transition of people's care. In the interim the provider had taken action to mitigate the risks which included the development of the assessment and risk assessment process, enhanced monitoring during a crisis and delaying admissions where appropriate.

### Staffing and recruitment

- Staffing levels were monitored closely using a staff deployment tool. We saw there were enough staff and staffing levels were adjusted to meet people's changing needs. The registered manager said, "We always increase staffing to what people need to keep them safe."
- Agency staff were used to support vacant positions and some staff annual leave. Agency staff were block booked to ensure some consistency in people's care. Recruitment of staff was ongoing, and the senior management team were exploring new ways of recruiting staff and retaining existing staff during the pandemic.
- Staff were recruited safely. All required checks were made before new staff began working with people at



Ruskin Mill College. These included a criminal record check and references to confirm staff were of good character and had the right skills and experience.

- People were supported by a consistent team of core staff who knew their needs well. A relative told us, "The core staff team remains unchanged and they are all upbeat and understand my [relative]."

#### 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 skills and had an up-to-date knowledge.
- Staff worked effectively with other agencies and carers to share the responsibility for giving medicines to people. We saw an example where staff had been trained by the hospital to develop new skills to meet one person's changing medical needs. This had been done creatively during the pandemic and utilised virtual facilities to enable timely training and minimise any disruption to the person's life.
- 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. Staff followed clear guidance when giving medicines prescribed on an 'as and when required' basis (PRN). This included people's emergency epilepsy medicines.
- Staff are supported by a college medical officer who was part of a working group to review the medicines policies and ensure it met good practice standards described in relevant national guidance. The college medical officer said, "Policy informs practice here, but practice also informs policy."

#### 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 meeting shielding and social distancing rules.
- 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 partially assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Ruskin Mill College works towards two pieces of IPC guidance for social care and education. We have therefore signposted the provider to resources to develop their approach.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff visited people in their own homes, schools or other placements to assess their personal needs as part of the assessment process. Holistic support plans were regularly updated and written from the perspective of the person. We saw an example where staff had completed a small part of the plan with a person each week over a nine-month period, until they had written all their plan. This was described as a huge success.
- 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 to ensure people would be treated as valued individuals regardless of their backgrounds, beliefs or differences.
- Professionals we spoke with gave positive feedback about the quality of assessments and associated care. One professional said, "They have in house psychology team who are knowledgeable." Another professional said, "My client's family and I are extremely pleased with the service Ruskin Mill are providing to their [relative]. Since attending Ruskin Mill [they are supported] appropriately. Risk assessment and updated care plans are always in place to ensure that my client's needs are met accordingly, hence there has been reduced incidents and improvement at Ruskin Mill College."

Staff support: induction, training, skills and experience

- New staff benefited from a two-week induction programme to ensure that they had the skills, knowledge and experience to deliver effective care and support to young people. The administrator said, "When I first started the induction was only one week. However, [management] completed a feedback process with staff which identified that staff needed more time in induction. It has then progressed to a two-week induction which really has worked well."
- People and relatives told us they felt the staff were highly skilled and had received excellent training to fulfil their roles. One relative said, "They definitely go over and above with training, staff are exceptional." The training coordinator explained to us that, "[There is] quality of staff training, each staff member's individual development is taken very seriously." In a recent staff satisfaction survey, 88% of staff had said that the training and development activities they had completed in the past 12 months had helped them to improve their skills and knowledge.
- The registered manager spoke clearly about the methodology of the service and used supervisions to ensure staff were working in accordance with the provider's policies. One staff member said, "You can request supervision at any time. These can be 1:1, group or clinical sessions." A senior member of staff told us, "Training is immense and [the two weeks of induction] are good. Training opportunities are vast at Ruskin Mill College."

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

- People were supported and encouraged to maintain a healthy, balanced diet. There was an onsite farm at the college where people can help to grow and harvest healthy food.
- People felt actively involved in the preparation of meals and were supported to give regular feedback. One person said, "The food here is good. I help making food in my home. Tonight, I've chosen to make moulles marinade." A relative said, "We noticed when [our relative] came home [they] eat lots of different things. They offer a wide variety of food, they get [our relative] to choose."
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. Where people were at risk of choking, staff ensured they were supported appropriately.

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

- Placing commissioners told us that people received effective and timely care from other health professionals. One professional said, "[My person] receives so much support from SALT (speech and language therapist). The communication between education and residential is really good and fluid. [Their system] means that whatever they are doing in college [to support people's health and support needs] is carried through successfully to the residential side of the service."

Staff working with other agencies to provide consistent, effective, timely care;

- An education health and care manager role had recently been created. This staff member was a single point of contact to oversee people's care and support and liaised with professionals involved in their care. This supported a more effective and timely response to people's needs including agreeing a clear referral and treatment pathway with local services.
- Staff engaged openly with external professionals such as hospital specialists, GP's, pharmacists, psychologists etc. Care records showed appropriate referrals had been made to healthcare professionals such as GP's.
- People were supported to manage their own health care needs wherever possible and this was reflected in their holistic support plans. We saw how sleep hygiene guidelines had been implemented to promote the health and wellbeing of one person and improve their quality of life.

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

- All of the residential properties we visited were homely, clean and tidy. 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 happy living in their homes.

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 had received training and guidance on MCA and DoLS. Staff meeting minutes evidenced ongoing discussions around capacity, and we heard staff seeking consent from people before providing support with daily tasks.
- Staff were knowledgeable about the principles of the MCA. Ruskin Mill College had developed more advanced legal framework training for staff so that they had a comprehensive understanding of the MCA. We saw an example of how the MCA had been correctly applied to support a person who was going through a significant change. Staff used social stories to support the person's understanding and supported the ongoing weekly psychology work.
- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.
- DoLS applications and a clear record of those awaiting authorisation had been completed when required. Conditions applied to authorisations were included in how care was planned and delivered.
- Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff assessed and managed risks to people and followed best practice guidance in anticipating, de-escalating and managing behaviours of distress which others might find challenging. Staff described how they used de-escalation techniques to avoid the use of restraint and support people, where possible, without the use of physical intervention.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- All staff and senior management demonstrated a clear commitment to the service's values which were based around inclusive learning, mutual respect and, treating individuals with dignity and respect. One staff member said, "Ruskin Mill is a very unique place. I trust and believe in the work that Ruskin Mill College does."
- People told us their dignity and independence were respected and promoted. A staff member said, "This would be a place for my loved ones, I would be happy for them to live here."
- Professionals and relatives were consistently positive about the caring attitude of the staff. One relative said, "It's a really caring staff team. I feel that I can contact them anytime and nothing is a struggle...he is very well cared for."
- Staff in all roles were highly motivated to offer compassionate care and support. There was a strong, visible person-centred culture. The nominated individual told us, "We are person shaped, not just person centred."
- People were valued as individuals with diverse opinions, cultures and lifestyles. People's support plans were reflective of this. Staff were sensitive to times when people needed caring and compassionate support. We saw examples of how staff supported people to explore their needs and preferences in relation to personal and family support.

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

- People were supported to express their views and speak out. They were actively involved in making decisions about their care, support and treatment. The student council team was an outlet for student voice and was well advertised in college. The student voice magazine gave people the opportunity to showcase their achievements and share their stories. It also provided valuable insight into staff at the college. One person told us, "I am in the student council and we talk about issues that affect all students. We meet weekly."
- Ruskin Mill College had designed a family contract which pledged to support people using professional advocacy services when they did not have family support available to them. This ensured that all people were independently represented in their best interests.
- People and their relatives told us the service involved them in developing and reviewing their care plans and their views were respected.
- People were encouraged to them to express their views in ways that were meaningful to them. One person told us, "I really didn't talk that much when I started at college because I was quite shy. To help me staff started a [book] where I would write how I was feeling and then staff would write back to me. [This would give me the confidence] to then talk to staff [about how I was feeling]. I can also write anything about how

I'm feeling on a whiteboard. I can then scribble it out when things change."

- We observed staff supporting people in ways which took their choices and preferences into consideration.

Respecting and promoting people's privacy, dignity and independence

- Staff were knowledgeable about people and their preferences and showed a clear commitment to promoting dignity. One staff member said, "Everyone is treated as an individual."
- People had control over who provided their care and support, and when that care and support was provided. People told us that they could speak with team home managers about staff who they wanted to see more regularly. Some people had requested staff on specific shifts so that they could access particular activities.
- Staff developed trusting relationships with people and their relatives. Staff noticed when people were in discomfort or distress and took swift action to provide care and support. One relative said, "They are lightning fast in responding to any concerns. The channels of communication are really good. The care staff have a lot of initiative. They know my son and they handle any concerns immediately. They pre-empt things and respond swiftly."
- Staff at all levels had a comprehensive understanding of the needs of people when they transitioned from other services. The registered manager explained that, where appropriate, families were able to be closely involved in supporting their relative when they moved to the college. The family contract stated, "We know that the secret to a good relationship is respect. Not only will we treat you with respect, we will respect the knowledge you have built up over the years of caring for your child. We appreciate each of our students are their own person, therefore we will respect all cultures, faiths and lifestyle choices."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 was outstandingly responsive to people's individual belief's, preferences and needs. Therapeutic care was delivered to enable people to achieve support in a way that met their individual needs and promoted their equality.
- Ruskin Mill College had a research centre on site which focussed on the outcomes and impact of Ruskin Mill Trust's Practical Skills Therapeutic Education (PSTE) method. This method promoted craft and practical skills being used in a therapeutic context to support learning and development in meaningful activity. Throughout the college there was a commitment to 24-hour education and people told us of the value of the approach. A professional said, "The whole curriculum and everything that Ruskin Mill College offer is so unique and absolutely right for the [person] I'm supporting. Their ethos and approach are really good. They are such a positive environment and turn any negative narrative into something positive. It's an excellent approach and very unique."
- Staff at all levels spoke passionately about the visions and values of Ruskin Mill College and told us that 'reimagining potential' as part of the PSTE approach was at the heart of their work. One staff member said, "I love it here. It's nice to work for somewhere where [people's] best interests are at the heart of everything we do." Another staff member said, "Everything that [Ruskin Mill College] stands for is brilliant. Students get a really good standard of support." Staff could provide numerous examples of how this approach had enabled people to meet their aspirations.
- We saw how the service's PSTE method enabled staff to develop in partnership with people, an excellent understanding of the needs and aspirations of young people. People were then supported creatively to gain skills which would lead to employment opportunities in various fields. For example, people were supported to gain skills in agriculture, blacksmithing, woodwork and trout farming. One person had recently passed his strimming qualification and had been working across the farm to maintain the grounds.
- People were supported to take part in employment and volunteering opportunities in line with their interest. One person had been supported to volunteer at an after-school club for children and young people living with autism.
- People were supported to set up and maintain social enterprises. One person had taken a qualification in card making for social enterprise and had produced a range of cards which he was selling in the college shop.
- People were supported to pursue projects that they were meaningful to them. One person who felt passionately about recycling had taken on the role as project manager for recycling at Ruskin Mill College. They had written an article published in the Student Voice magazine which explained their role and told other people how they could benefit from recycling across the college. Another person was learning to drive.

- People were able to contribute to the publication of the Run of the Mill magazine. This magazine was available to the general public, and featured news from across the colleges and looked at the people's stories and their work.
- People's holistic support plans reflected this approach with a section such as 'it's all about me; making my support me shaped'. We saw examples of how people had monitored and reviewed their plans so that they were focused on the person's whole life, including their goals, skills, abilities and how they preferred to manage their health. A relative said, "They are clear on what [my relative] likes and doesn't like to do. Fundamentally altered sessions [are arranged so that they] get more of what they like. The outdoor [emphasis has a benefit to their mental health. The college are responsive to [my relatives] preferences."
- The service recognised people's unique individual needs and provided additional training to staff to ensure people's diversity was respected. We saw that staff had an excellent understanding of people's social and cultural diversity, values and beliefs. Staff had received additional training and supported people creatively through social stories to manage significant life changes.

### 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.

- People's information and communication needs were fully supported by staff and, in some instances, a speech and language therapist. Support plans evidenced bespoke ways of communicating with people which complied with the Accessible Information Standard. We saw examples of how people were involved in decisions about how technology was used to improve their care. Staff showed us how one person used specialist communication software on one of their electronic devices to improve their communication and outcomes.
- 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 registered manager described an occasion where social stories had been used to support a person's understanding, "[The person] is now engaging in conversation more and taking turns. [The person] is now showing empathy and taking on board people's viewpoint. Their reflective capacity has also now improved."
- People had regular meetings with their keyworkers, staff and professionals to shape the care that they received and share any concerns they might have. Where people had communication or sensory difficulties, they received additional support from staff to share feedback in ways that were meaningful to them.
- 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. One person said, "I like all the staff at [my house]. Staff know me well."

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. One person said, "I like to go swimming, cycling, and I like to do my scuba diving class every [week]. I sit down with staff to plan my activities every week." A relative said, "They support [my relative] with so many activities and day trips. I really can't fault them. My [relative] does so much. [My relative] needs to be busy and so they are offered so much stimulation."



- People's work was beautifully displayed in the student exhibition. There was a diverse range of work on display and people told us that they were proud of what they had achieved at the college. The work centred around Ruskin Mills method of practical skills therapeutic education where it is understood that transforming material in practical activities, such as craft, can help to transform the whole person. Some people told us that they also gifted their work to family members which gave them a great sense of fulfilment. One person said, "I work so hard, I have made a back scratcher for my uncle".
- People were supported to develop safe and meaningful relationships, and people told us that they had made valued friendships during their time at the college.
- People spoke positively about the college and festivals and we heard examples of a recent May Day Festival where people collected items from nature to make a mandala, enjoyed music and a campfire. One person said, "The best thing about the college are the festivals. I particularly enjoy the lantern festivals."

#### Improving care quality in response to complaints or concerns

- People and their relatives had access to a complaints procedure which provided a clear framework on how complaints would be managed and investigated. We saw evidence that where complaints were made, they had been resolved to a satisfactory outcome and lessons learned.
- People and relatives told us they were able to raise any concerns, and these would be dealt with appropriately. The service had a culture of open and honest discussions, so any issues were dealt with swiftly. One relative said, "I raised concerns and they acted on it immediately. I couldn't have asked for more."
- The service carried out exceptionally detailed investigations when a concern arose. Recommendations and actions were implemented and completed.

#### End of life care and support

- At the time of our inspection nobody living at Ruskin Mill was receiving end of life care. However, the registered manager and staff were developing their approach for what to do if people's needs changed. We saw them supporting students with planning for and coping with end of life policy which also gave guidance on how to support people who were experiencing bereavement. We saw an example of how the college had worked with a person in the build up to and on the date of significant to ensure the student was supported around difficult times.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received support from a service that was well-led. Managers facilitated a strong, person centred culture that encouraged positive risk taking. The registered manager told us, "If [people] come to us and want to do something then we do everything we can to make that happen." This was visible throughout our inspection in people's support plans and how people were supported by skilled staff to make choices and gain independence. One staff member said, "We know the people that we work with very well."
- The registered manager was open and transparent throughout our inspection. People, staff and relatives told us the registered manager was approachable and their behaviour reflected the values of the service. A staff member said, "The registered manager is an enabler and such a big support. [The registered manager] has allowed us the opportunity to grow and develop." One person said, "I think managers do their job well."
- Staff told us that they felt valued by their line manager which enabled them to continually grow and improve within their role. One staff member said, "Ruskin Mill believe in its staff and you always feel that you have the potential to explore training in the method of Ruskin and your own personal and professional practice."
- Management were clearly committed to providing good quality care and improving the service. They talked passionately about the importance of creating an empowering culture. An example of this was the implementation of the progress review meeting for people. The registered manager said, "This is the most important part of my week. [It is] an opportunity to step back and really look at what's working for people. It's an invaluable opportunity to look [at ideas and outcomes for people]."

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 registered manager understood the duty of candour and had systems to ensure compliance. 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. We saw that when things had gone wrong; they had informed family members and professionals as needed. Staff consistently told us that they benefited from the clinical supervision process after an incident as it helped them to take any learning and improve outcomes for people moving forward.

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

- The registered manager was aware of their responsibilities and of their duty to notify us of significant

events. The registered manager submitted notifications in a timely manner.

- Managers had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Staff told us that the management team at Ruskin Mill College were supportive. One staff spoke about how engaged management were in the service at every level, "Recently here was an incident and all the managers were in meetings. I then called the principal and he came straight over to help...[management] have their finger on the pulse."
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress. They were aware they needed to develop a clear treatment pathway with local agencies, and they were working towards this.
- The provider monitored quality and risk in the service through frontline checks and mock inspections. Audits covered all areas of people's care the environments and staff performance. This including a check on the way that staff supported people in line with the visions and values of the service. Any issues identified in the audits were shared with the managers and actions were shared to ensure learning was acted upon. At the time of the inspection the provider was developing their approach to work towards two pieces of IPC guidance for education and social care.
- All staff and people were encouraged to identify risks to good care and the service took action to eliminate or minimise risks. Appropriate action was taken when things went wrong and used as an opportunity to improve the service. Following a safeguarding incident, the service had reviewed its assessment process and environmental risk assessments to ensure the safety of the people using the service.

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

- The culture of the service encouraged staff and people to be fully involved in the support that was given by contributing to meetings with professionals and having their opinions and suggestions listened to. A staff member told us, "We have weekly meetings to talk about {the people we support}. There are ongoing opportunities to discuss and engage."
- People were involved in the recruitment of new staff so that they could identify the type of staff that they wanted working with them. This enabled people greater autonomy over the delivery of their care and support.
- 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, vehicle and maintenance checks. The registered manager told us that people's involvement means, "quality assurance is a system that works well at Ruskin Mill."
- Staff were trained in equality and diversity and supported people to celebrate any religious holidays, involving their families where possible. The registered manager told us, "Ruskin Mill is all accepting and all inclusive."

Working in partnership with others

- The service was working with external partner agencies to develop a clear referral and treatment pathway with local services.
- The service was developing relationships with the local police to raise awareness of people's needs and behaviours when they moved to Ruskin Mill College. A residential manager told us, "our designated safeguarding lead will share information with the police when new [people] arrive at the service. We try and be proactive."
- The service had developed positive relationships with placing commissioners, who spoke highly of the service that people received. One professional said, "They are always very responsive. They call and email."

We have good communication about some difficult issues. They have made suggestions, taken my advice and shared advice with others. It's been a really good professional relationship."

- People were supported by staff and management who understood the principles of STOMP (Stopping Over Medication of People with a learning disability, autism or both with psychotropic medicines). STOMP is a national project involving many different organisations which are helping to stop the overuse of these medicines and help people to stay well and have a good quality of life. We saw an example of one person who had been supported by staff to engage with health professionals to remove multiple medications over a three-year period in accordance with their wishes. The person reported a significant improvement to their mental and physical health.

- When young people moved to the service transition between services took place with minimal disruption to their wellbeing. All transitions were a multi-professional process; aimed at maintaining continuity, independence and autonomy for the person. The registered manager told us that this had been increasingly challenging throughout the pandemic, but that staff had worked with services creatively to achieve the best results for people. One staff member said, "When identified as a potential placement we arrange an initial visit to team homes or shared lives visits. People can have an overnight stay, stay for couple of days, come into college in the daytime programme. One person's transition visit could not be done [due to complexities around COVID] and so our managers all travelled [four hours away] to do assessments. We try to do as many visits as possible, and we find a bespoke solution every time."