Transform Residential 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Ruskin Mill is a specialist residential college. The service is registered to provide accommodation and personal care for up to twenty young people. The service is also registered to provide personal care to young people living with shared lives providers. People using the service were between 16 and 25 years of age.

At the time of our inspection eight people were living at three addresses registered to provide accommodation and personal care. These were called 'team homes'. The college provided staff to support people at these addresses. Twenty people were using the shared lives scheme under the regulated activity of personal care. This is an arrangement where individuals and families in the local community (shared lives providers) provide accommodation and support for students.

People using the shared lives scheme and living in team homes all attended the college. The Care Quality Commission (CQC) regulates and inspects the accommodation and personal care. The educational provision at the college is regulated and inspected by the Office for Standards in Education (OFSTED).

Most of the young people used the service in term time only. However, if required, by individual arrangement they were able to stay at their 'team home' or shared lives provider when the college shut at the end of terms.

This inspection was unannounced and took place on 8 and 9 December 2016.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Ruskin Mill as a specialist residential college had a clear and distinct vision and set of values. Staff consistently reinforced the aim of ensuring the young people received a co-ordinated service that aimed to meet their physical, psychological, educational, social and spiritual needs in a holistic manner. This meant learning plans and activities provided at college were continued when people were at home or using their local communities. People and staff spoke enthusiastically about their learning, achievements and striving to gain greater independence.

People benefitted from receiving a service that kept them safe. The registered manager, staff and shared lives providers understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff and shared lives providers before they started work with people to assess their suitability. Medicines were well managed and people received their medicines as prescribed.

The service people received was effective in meeting their needs. Staff received regular supervision and the training needed to meet people's needs. Shared lives providers also received training and were able to access support from the provider when needed. The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. The accommodation we saw was personalised and met people's needs.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff and shared lives providers treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that were easy to understand. People were supported to maintain relationships with family and friends during term times. Some relatives said communication between the provider's senior staff and them was not always good.

The care and support people received was built around their individual needs, whilst giving opportunities to develop skills in living alongside others. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

The service was well led. The registered manager and senior staff provided good leadership and management. Sophisticated systems were in place to ensure the vision and values of the service were understood and implemented. The quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

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.

People were safe from harm because managers, staff and shared lives providers were aware of their responsibilities and able to report any concerns. The provider had ensured arrangements to keep people safe were in place.

Risk assessments were in place to keep people safe. These were designed to support people to undertake activities of their choosing.

There were enough suitably qualified and experienced staff. Recruitment procedures ensured unsuitable staff were not employed.

Medicines were well managed and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received regular and effective supervision and training.

The service complied with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices regarding food and drink. When required people's fluid and nutritional intake was monitored.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

Is the service caring?

Good

The service was caring.

People received the care and support people they needed and were treated with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good

The service was responsive.

People received a service that was person centred and designed around their individual needs.

People participated in a range of activities within the local community and in their home.

The service encouraged feedback from people using the service and others and made changes as a result.

Is the service well-led?

Good

The service was well led.

The registered manager and senior staff had an open, honest and transparent management style and were well respected.

The vision and values had been clearly and effectively communicated to staff and shared lives providers.

There was a person centred culture and a commitment to providing high quality care and support.

Quality monitoring systems were in place and used to further improve the service provided.

Ruskin Mill College

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 9 December 2016 and was unannounced. The inspection was carried out by one adult social care inspector. The last full inspection of the service was on 17 and 18 September 2014. At that time we found no breaches of legal requirements.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted seven health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection. We have incorporated their views in the main body of our report.

We spoke with a total of 11 young people. We spoke with them at the college, spent time with people in one team home at the end of the college day and, visited one person who invited us to meet with them and their shared lives provider. We spoke with a total of nine staff, including the registered manager, the safeguarding manager, the training manager, other senior staff and two care staff. We also spoke with four shared lives providers. We spoke with relatives of two people using the service by telephone and exchanged correspondence with relatives of two further people.

We looked at the care records of 8 people using the service, three staff personnel files and records relating to the recruitment and contractual agreements with two shared lives providers, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and

deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I live in my own flat but staff are always around so I feel safe", "Yes, I feel safe with my (Shared lives provider's names)" and, "I'm looked after and kept safe". Each person we spoke with were positive about those supporting them. People reacted positively to staff and seemed relaxed and contented. Relatives said they felt people were safe.

People were kept safe by staff and shared lives providers who knew about the different types of abuse to look for and what action to take when abuse was suspected. They were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure to follow with contact information for the local authority safeguarding team. Easy read flowcharts of action to be taken if abuse was suspected, witnessed or alleged were on display. Staff and shared lives providers we spoke with told us they had completed training in keeping people safe. They knew about 'whistle blowing' to alert management to poor practice.

The provider had appropriately raised safeguarding alerts in the 12 months before our inspection. On each of these occasions the provider had taken the appropriate action to keep people safe. The provider operated an electronic alert system, where any staff member or shared lives provider could send a message raising any information of concern. These were reviewed on a daily basis by the safeguarding manager to ensure any alerts regarding potential abuse, bullying or harassment were identified and acted upon. The system also allowed for urgent alerts to be raised immediately with managers. Staff and shared lives providers said they used this system and found it to be helpful.

There were comprehensive risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to keep people safe from harm when carrying out domestic activities such as cooking and for people to use community leisure facilities safely. Risk assessments and management plans were also in place for any specific medical or behavioural risks faced by people. All assessments and management plans contained clear guidance for staff and detailed the staff training and skills required to safely support the person. These were regularly reviewed and updated when required.

Records of accident and incident were kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. The provider also documented 'near misses'. The registered manager explained these were occasions where no harm had come to anyone but due to the circumstances it may have done. They said recording these allowed them to identify potential hazards and minimise the possibility of people being harmed.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. These were also carried out with shared lives providers before people moved in with them and,

any volunteers placed with people. Recruitment procedures were understood and followed by the registered manager. We saw that a robust recruitment process was used, with the provider assessing the skills, abilities and values of potential employees, shared lives providers and volunteers.

People were supported by sufficient numbers of staff to meet their needs. Staff were allocated to work in individual 'team homes'. Staff rotas identified senior staff and an on call person who could be contacted at any time of the day or night. Shared lives providers had been carefully matched with people to ensure they had sufficient time to spend with them. They also had access to the on call person. People said they were able to receive care and support from staff or shared lives providers when they needed it. During our visit we saw there was enough staff to safely provide care and support to people.

There were clear policies and procedures for the safe handling and administration of medicines. Medicines were securely stored and records of administration were kept. Staff and shared lives providers received training in administering medicines. Following this training the registered manager assessed their ability and signed them off as competent to safely administer medicines. People's care records contained clear information on regular and 'as required' medicines they were prescribed. This included guidance for staff and shared lives providers on how people preferred to take their medicines and, on how and when any 'as required' medicines should be offered. One person was receiving support to move towards administering their own medicines. An individual risk assessment and management plan had been agreed with them. This identified how the person was supported to set reminders on their mobile phone and, detailed the responsibilities of their shared lives provider in checking if they had taken their medicines.

Staff and shared lives providers had access to the equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff received training in infection control. Cleaning materials in 'team homes' were kept securely to ensure the safety of people. The accommodation we visited was clean, well maintained and odour free.

Good

Is the service effective?

Our findings

People using the service told us about the service they received. They told us their needs were met. One person said, "It's amazing, I get all the help I need, I really enjoy college and meeting up with my mates". Another said, "I get all the support I need. I live near the college. They are teaching me to be independent. My keyworker (Staff member's name) is great". Relatives said they felt people's needs were met. Staff we spoke with told us people's needs were met.

The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff records showed that supervision was held regularly with staff. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff said they found their individual supervision meetings helpful. Shared lives providers said they felt well supported. They said they were able to contact a senior manager when they needed and that they were contacted regularly to check on how things were going.

People were cared for by staff who had received training to meet people's needs. A well planned training programme was in place and centred upon providing holistic health and social care and achieving the overarching aims of the college. We viewed training records which confirmed staff received training on a range of subjects. Training completed included, first aid, infection control, fire safety, food hygiene, administration of medicines, mental capacity and safeguarding vulnerable adults and children. Staff said the training they had received had helped them to meet people's individual needs. The provider sought feedback from staff on the effectiveness of training and used this to review and develop both the subject matter and teaching methods.

Newly appointed staff completed induction training. An induction checklist ensured staff had completed the necessary training to care for people safely. The manager told us new staff shadowed experienced staff as part of their induction training. Staff confirmed they had received an effective induction. Shared lives providers following appointment were provided with a tailored induction. This included the required basic training and any areas requiring further skills and knowledge to provide care and support for the person placed with them.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All staff received training on MCA and DoLS. Staff and shared lives providers understood the principles of the MCA. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.

The provider had submitted applications for a DoLS authorisation for a number of people. This was because the person lacked capacity to make a particular decision and, their liberty was being restricted. These applications had been submitted to the appropriate authorities in a timely manner. A system was in place to monitor the progress of these applications, which included dates any had been authorised and when they would lapse. This meant the provider was able to manage this process to ensure people would not be deprived of their liberty without the correct authorisation being sought. Clear records were kept of consultation and reviews with the relevant person's representative (RPR) as required where authorisations had been received.

People chose what they wanted to eat. At lunchtimes on weekdays they ate at the college. During lunchtime on both days of our inspection, we saw that people interacted well with each other and staff and enjoyed the food and social engagement. The food provided was of a high quality, well presented and wholesome. Breakfast, evening and weekend meals were provided at people's accommodation. Menus were planned with the involvement of people using the service. The menus were varied and included a range of choices. People were encouraged to participate in the preparation of food. Participation was planned and people said they enjoyed doing this. Staff said care was taken to ensure food was wholesome, well-balanced and nutritious. People's dietary and fluid intake was monitored and recorded when required and, in accordance with their assessed needs.

People's care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

The physical environment in the accommodation we visited was of a high standard and met people's needs. Communal areas were homely and people's own rooms were personalised. People who showed us their rooms were proud of them. When necessary repairs were identified these were quickly acted upon. Each house had clear notices and signs, to assist people to find their way around.

Good

Is the service caring?

Our findings

People received a caring, nurturing service that was centred on assisting them to learn, develop and gain greater independence. There was a sense of camaraderie and fun between people and staff. There was also a clear recognition of the difficulties young people faced when moving from home, often for the first time. Day two of our inspection coincided with the last day of the college term before the Christmas holidays. As a result many young people were meeting their families at the college to pack and return home with them. Staff were actively supporting people with this and sharing in their excitement. Some people were remaining at their 'team homes' for all or part of the break. Staff were sensitive of their feelings and ensured they did not feel left out or distressed.

Staff and shared lives providers clearly knew people well and were able to support them in gaining life skills and developing their hobbies and interests. Staff morale was positive and they were enthusiastic about the service they provided. People told us they liked the staff and thought they were caring. We saw they were treated in a caring and respectful way. Relatives told us staff were caring. One relative said, "The shared lives providers are great, I can't speak highly enough of them". Staff were friendly, kind and discreet when providing care and support to people. People responded positively to staff, often with smiles, which showed they felt comfortable with them. We saw many positive interactions and saw how these contributed towards people's wellbeing.

Staff spoke to people in a calm and sensitive manner and where necessary used appropriate body language and gestures to enhance verbal communication. People's care records included a communication plan which described how people's communication needs were met. A variety of communication aids were used to assist people with limited verbal communication. Staff were able to explain how people expressed their views.

We also noted that many people enjoyed each other's company. A number of people spoke to us about friendships they had developed with others living at the service. When speaking with staff it was clear they felt it important to help people develop positive and supportive relationships with each other. Staff also identified disagreements or conflict between people and supported them sensitively to try to overcome these.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. People spoke with us about their families. Staff said they felt it important to help people to keep in touch with their families. Relatives gave mixed feedback on communication with the college.

Relatives of two people felt communication with senior managers could be better. One said they had been unhappy that they had not been told about a change to their relative's keyworker arrangements, when they lived in one of the 'team homes', before they returned for another term. They further explained they initially felt they hadn't been listened to by the registered manager. However, they stressed they were now far happier with the service provided since the person moved to live with a shared lives provider than they had

been when they lived in the 'team home'. We discussed this with the registered manager who was aware of the concern and able to assure us they were working to improve communication.

The provider commented in their PIR that, 'Families are welcome to visit the homes and regularly take advantage of this. Each visit is arranged on an individual basis to ensure it does not have a negative impact on other students in the household'. We saw records of visits having taken place. This showed the provider encourage visits from families and took into account the needs of other young people.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. A variety of systems were in place to ensure people were supported to give their views and to make choices and decisions regarding their care and support. These included care reviews and weekly meetings with people. Care records documented how people and, where appropriate, their families had been involved in agreeing to the care and support they received.

The service actively promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. People told us this was important to them. The registered manager had also identified the potential risk of social isolation. They said, "We try to ensure people get out of the college and their homes and participate in the local community. This means they engage with people from outside of the college environment, which helps them further learn and develop".

Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Talking with staff it was clear they understood the values of the service and, recognised the importance of ensuring equality and diversity was actively promoted.

Good

Is the service responsive?

Our findings

People told us the service responded to their individual needs. Comments included; "I work with staff to learn new skills", "I can ask for any help I need" and, "The staff are helping me to learn and I would like to be able to get a job".

The overarching process of planning to meet people's needs was based upon a method called practical skills therapeutic education (PSTE). In their PIR the provider described this as a process that, 'aims to build confidence and a sense of fulfilment and develop personality through the enabling of practical skills'. This involved an initial residential skills assessment being carried out with the person, an individual care plan being drawn up and regular reviews called 'compassionate enquiries' which were held every two weeks. This information was kept in people's care records.

People's care records were person centred. They included information on people's life histories interests and preferences. Staff said this information helped them to provide care and support in the way people wanted. Staff we spoke with was knowledgeable about people's life histories and their likes and dislikes. People and their families had been involved in developing and agreeing their plans for how they were cared for and supported. Staff confirmed any changes to people's care was effectively communicated using the electronic alert system and, discussed regularly at team meetings to ensure they were responding to people's care and support needs.

In addition to the educational provision at college during the day, each 'team home' had an activities programme in place. Activities were varied and included activities at the service and trips out. People told us they enjoyed the activities. Staff said there were plenty of activities and sufficient staff and transportation. Relatives said activities were arranged based upon people's interests.

People told us they were able to raise any concerns they had with staff or the registered manager. One person said, "If I'm not happy I talk to staff". The provider had a policy on comments and complaints. The policy detailed how complaints were responded to, including an investigation and providing a response to the complainants. A record of complaints was kept. The provider had received four complaints in the previous 12 months. Each had been investigated and feedback provided to the complaint regarding the outcome of the investigation.

Staff told us that people generally got on well with each other but staff needed to support and maintain this. Some people needed assistance to manage their anxieties and as a result their behaviours. Strategies were in place to guide staff on how each person should be supported to minimise the risks to themselves and others.

As Ruskin Mill is a specialist college, people stayed at the service during term-times for the duration of their course. People often moved from school, the parental home or other residential placements. This means the provider needed to ensure transition between services was well-planned. People and staff spoke with us about arrangements for the end of term and plans for the future. Sometimes this was a concern to people

and a cause of anxiety for them.

The service had staff that were part of a 'pathways team'. Their role was to work with people, families and accommodation staff to plan for leaving college. This included preparing people for this eventuality and identifying future options. As a result of this each person had an initial transition plan in place by the end of their first term at the college. People's care records documented the work done in developing these and in easing their anxieties. There were also details of how the provider had communicated with other service providers to manage and ease transitions between services. Within the pathways staff also provided practical assistance with attending job interviews and maintained contact with people who left the college for an agreed period of time to provide additional support.

Staff and shared lives providers spoke passionately about people's achievements. We heard of a previous student who had studied catering at college after finished their placement at Ruskin Mill and now ran a café. Another person had developed an interest in producing stained glass and was now being commissioned to provide this for people. Staff told us this person had, 'developed their self-confidence and found their voice' as a result.

Good

Is the service well-led?

Our findings

The vision and values of the service were well thought out and coherent. The overall vision of the service was described as 're-imagining potential'. This was further defined in four key values. These values were; inclusive learning, mutual respect, recognising the capacity for growth and valuing openness and tolerance. Staff of all levels, and shared lives providers, received training that explored the vision and values to ensure they were understood and put into practice. Throughout our inspection we saw a person centred culture and a commitment to providing high quality care and support. Staff of all levels understood the vision, values and culture of the service and were able to explain them.

During our inspection senior staff provided us with information requested promptly and relevant staff were made available to answer any questions we had. The relationship between senior managers and staff was positive and supportive. People told us they liked the registered manager and senior staff and were able to talk to them when they wanted. Staff spoke positively about the management and felt the service was well led.

Senior managers operated an 'open door' policy and were available to people using the service and staff. A senior management team meeting was held every morning, to ensure information flowed between residential and educational provision. Effective use was made of electronic information systems to aid with this. Fortnightly meetings of residential staff were held. Staff told us these meetings were helpful and allowed them to discuss people's needs and how they could be best met. An active student council met weekly with the senior management. We spoke with a student council member who told us they were able to discuss issues relating to the provision of accommodation and personal care, as well as educational matters, at these meetings.

The provider operated an on call system for staff to access advice and support if the manager was not present. Staff confirmed they were able to contact a senior person when needed. Experienced care staff were responsible for the service when the registered manager or other senior staff were not present.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriately notifications made by the service.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant that guidance for staff was up to date and easy for them to use.

Systems were in place to check on the standards within the service. This included a schedule of monthly audits carried out in 'team homes' by senior staff. Audits completed included medicines management, health and safety, financial audits and care records. These audits were carried out as scheduled and corrective action had been taken when identified. As a result of a recent audit daily activities planners now contained an evaluation section titled 'how did it go?'. Satisfaction surveys were given to people at the end of their first term and when they left the college.

All accidents, incidents and any complaints received or safeguarding alerts made were followed up to ensure appropriate action had been taken. Senior staff analysed these to identify any changes required as a result and any emerging trends. Health and safety management was seen as a priority by senior staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

At the end of our inspection feedback was given to senior staff including the registered manager. They listened to our feedback and were clearly committed to providing a high quality service valued by people and families. They spoke with us about their future plans for revising the management structure of the college and further improving the quality of the service provided to people.