

Cambian Whinfell School Limited

Cambian Lufton Manor College

Inspection report

Lufton
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Cambian Lufton Manor College is a college for students aged 16 to 25 with learning disabilities or autism and other complex needs. The college is spread across two sites, the main house site and Manor Farm. On each site there are several communal areas plus accommodation buildings. There are also three community houses for students to develop independent living skills. Not everyone who lived in the community received personal care. The Care Quality Commission (CQC) only inspects where students 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.

At the time of inspection there were 40 students receiving a regulated activity. There were also 15 day students who did not receive either regulated activity. Students were placed by 18 different local authorities. Many of the students had limited verbal communication skills to express their experience.

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 students who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for anyone with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. Students using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The college was a large service, with many smaller buildings used for accommodation. The main house site and Manor Farm are registered for the support of up to 74 students. Over ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the layout and purpose of the college and the fact the accommodation buildings had capacity for up to six students.

People's experience of using this service and what we found
Students were comfortable in staff presence and those able to tell us were positive about the support and care they received. Relative feedback was equally as positive. One student told us it was "Awesome" living with their friends and staff looked after them to keep them safe.

There had been significant improvements since the last inspection throughout many areas at the college such as staffing, safeguarding, health and safety, and quality assurance systems. However, it was not clear how sustainable these improvements were. Medicine management had improved although we made a recommendation to ensure the best practice was applied consistently.

Students were not always supported to have maximum choice and control of their lives and staff were not always aware how to support them in the least restrictive way possible and in their best interests. The policies and systems in the service were set up to drive improvement in this practice.

Students were still found to have actions taken when restrictions were placed on them to keep them safe by staff not fully understanding the legislation. One condition had been placed on an authorisation to restrict a student's liberty without it being followed.

Staff were recruited in a way to keep students safe. The management were in control of driving improvements since the last inspection.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion although at times these were not consistent with other legislation. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 9 November 2019) and there were seven breaches in regulation. Following the inspection, we added conditions to the providers registration. This meant they had to provide a monthly report, so we could monitor the progress of improvements. At this inspection we found significant improvements had been made and the provider was now only in breach of one regulation.

This service has been in Special Measures since the last inspection in June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to restricting student's liberties in line with current legislation at this inspection. Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cambian Lufton Manor College

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Three inspectors, one member of the medicine team and one specialist advisor (SpA), who was a social worker and had a background in learning disabilities, completed the inspection. One of the inspectors and the SpA were there for both days. The other two inspectors were there for one day each. The member of the medicines team was at the inspection for two days.

Service and service type

Cambian Lufton Manor College main site and Manor Farm were part of the 'care home' registration. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provided care and support to people living in three 'supported living' settings, 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.

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. The registered manager was the head of care.

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 including their monthly action plans. We sought feedback from the hosting local authority who were in regular contact with the college. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 students and two relatives. We spoke with 25 staff including the registered manager, principal, the regional care lead, regional educational lead, care staff of varying levels, a consultant social worker and tutors. We reviewed a range of records. This included 10 student's care records and multiple medication records. We looked at two staff files in relation to recruitment and some staff supervision records. We also looked at a variety of records relating to the management of the service including policies and procedures and health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We made contact and reviewed comments received from relatives. We also made contact and received some information from other professionals who have placed students at the college. We used the information the provider sent us in the provider information return following the inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely and assess risks in line with this. This was a breach of regulation 12 (Safe Care and Treatment) 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. Although some of the new systems were not yet fully implemented across the college.

- Students were now receiving their medicines as prescribed for them. Staff said they received training to give out medicines. One member of staff said, "I do meds now. It takes a long time. You have to do paperwork, watch other people and then get assessed. There's always two staff."
- Systems were in place for the storage, ordering, administering, monitoring and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Improvements had been made to the records kept about 'when required' medicines. New-style records showed clear and personalised protocols to guide staff when it would be appropriate to give a dose of these medicines. However, these records were still being implemented across the college, and some students' records had not been updated yet. For example, we saw one student had a medicine prescribed 'when required' which did not have a protocol in place.
- Staff had received further medicines training since our last inspection, and competency checks had been completed to make sure they gave medicines safely. These were repeated for staff if they had been involved in any medicine incidents.
- Staff recorded daily audits for people's medicines. A new system of regular weekly, monthly and termly audits was about to be introduced. These should help managers to be assured that medicines are being given correctly and identify any areas where improvements could be made.

We recommend that the provider ensures that the improvements being made are implemented fully and consistently across the service, to make sure people's medicines are managed safely in line with current best practice guidance and the provider's policies.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have systems in place to demonstrate they were protecting students from potential abuse. This was a breach of regulation 13 (Safeguarding Service Users from Abuse

and Improper Treatment) 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 13.

- Students looked relaxed and comfortable with staff. One student told us, "I feel very safe and happy." Staff recognised signs of potential abuse and knew who to report concerns too including externally. They felt action would be taken by the management. One member of staff said safeguarding was a 'hot topic' and managers often casually checked their understanding.
- Clear systems were now in place to monitor and manage potential abuse to students. This included regular meetings of the safeguarding team to review incidents which had occurred and identify trends occurring. Relatives informed us communication was much better around any incidents.
- Staff had received a range of safeguarding training including for adults and children. The senior staff had now received training in line with current guidance in relation to children's safeguarding.
- Systems in place demonstrated there had been a reduction in the use of physical restraints. When they had been used accurate records were kept and debriefs were in place for staff and students. The provider had demonstrated investment into in depth training for the staff to manage students in a positive way when their anxiety was heightened. One relative was positive about the head of care's knowledge and direction of staff around restraints.
- Students are now at much less risk of inappropriate restraint being used due to the introduction of new positive behaviour support plans. However, care records did not consistently demonstrate restraints had been discussed with the student (where possible) and those important to them. One person had agreed restraints although no risk assessments to ensure it was safe and in line with the student's condition. The registered manager informed us this was an area still being worked on. A specialist member of staff had recently completed their induction and was going to be supporting staff to rectify these issues.
- External bodies were now being informed in a timely manner when potential safeguarding had occurred. All the information matched between the local authority and Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to have systems in place to ensure students received safe care and treatment. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- Identified risks to students now had personalised assessments to ensure they were mitigated as much as possible. Risk assessments contained specific details related to the individual. Staff told us that due to changes being made they now had more time to complete risk assessments. One member of staff talked about positive risk taking for students to enable them to experience new things and learn independent living skills. They said, "It is people's [student's] choice we just put things in place to promote their safety."
- Staff had now received training specifically around risk assessments. One member of staff told us the training, and additional time available to them, meant they were better equipped to identify and take steps to minimise risks to students. They said, "The training was really good. I now feel confident to write meaningful assessments for people [students]."
- Care plans had been updated when new risks were identified for a student. For example, one student had recently had an escalation in a specific type of incident. Their risk assessments had been updated

accordingly. Staff were aware of these changes. One relative reported even they were made aware of the risk assessments in writing when changes were made.

- Health and safety systems were now in place to monitor risks to students in the event of fire and other potential risks like water and electricity. These were being monitored centrally by the maintenance team. All staff and students had participated in routine fire drill practices.
- However, when radiators were in potentially high-risk areas such as bathrooms or areas unsupervised no covers were on them. Individual risk assessments were in place for some of the students who had capacity to keep themselves safe. Some radiators were upstairs in the main building where students still had access even though no one was living there. Following the inspection, the registered manager informed us of actions to cover some of these radiators.

Staffing and recruitment

At our last inspection the provider had failed to provide enough staff to keep student's safe and meet all their needs. This was a breach of regulation 18 (Staffing) 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 18.

- Students were now supported by enough staff to keep them safe and meet their needs. One student said, "They give you help when you need it." One relative said, "My daughter responds better to having the same core group of staff which I believe is what she is being provided with." Throughout the inspection we saw students being well supported by enough staff. Where possible, when agency was used the management made sure it was the same agency staff to promote consistent support.
- Staff were positive about the improvements which had occurred since the last inspection. One member of staff told us, "There is enough staff. Sometimes better than others when staff are sick or on holiday, but never bad. The agency staff we have are lovely." Another member of staff said, "Lots of staff around. Much, much better and the senior leadership team are very supportive."
- The registered manager explained some of the changes which had occurred included monitoring of staff overtime and making sure it was staff choice. The management had also been working hard to separate education and care staff more. Most staff felt these changes had been positive and gave them time to focus on their part of the college.
- Recruitment records showed the provider had a safe recruitment system which included obtaining references and appropriate checks. One member of staff said, "They did the [criminal record checks] and references. I could not start till it all came back."

Preventing and controlling infection

- Houses we visited looked reasonably clean and were fresh smelling in line with domestic settings. One person said, "I like looking after the house."
- Staff had access to a range of equipment such as gloves and aprons to help reduce the spread of infection when supporting students with personal care.
- Systems were in place to help reduce the spread of infection by having different coloured cleaning equipment for different areas. However, on two occasions mops and buckets of different colours were found too close together and in areas which could increase the risk of the spread of infection. The registered manager ensured these were rectified as soon as they were raised. Following the inspection, they sent a reminder to all staff about the importance of reducing the risks around storage of equipment.

Learning lessons when things go wrong

- Lessons were now being learnt when things went wrong. Systems were in place and the management were regularly reviewing accidents, incidents and safeguarding. The registered manager was now knowledgeable about things which had gone wrong. They were able to talk us through the actions which had been taken and learning which had occurred. For example, in relation to a student whose behaviour had escalated due to changing needs.
- Errors and incidents in medicines were closely monitored, and they were dealt with and reported appropriately. The number of incidents had reduced since the changes and improvements were introduced because lessons were being learnt.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. For the main house site and Manor Farm site which were the registered care home, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes (which was the students living in the community homes), the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

At our last inspection the provider's systems were not robust enough to demonstrate the provider was protecting students from potential unlawful restrictions. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

- At the last inspection there was not a clear system in place to manage DoLS and so DoLS had not been applied for in line with legislation. During this inspection we found a blanket approach had been applied to DoLS being applied for. This included for 13 students who lived in the community had DoLS applied for by the college. It was not the college's responsibility in these cases.
- One student had DoLS applied for and they were deemed to have capacity so no DoLS was authorised. There was not a capacity assessment in place prior to applying for the DoLS.
- Another student had a DoLS authorised with a condition. This condition had not been followed. The registered manager immediately investigated to find a solution for this.
- The registered manager explained the rationale that was behind the decision to apply for a DoLS

authorisation following the last inspection. Moving forward it was going to form part of the assessment for any potential new student, so the correct process was followed.

- Following the inspection, we contacted the local authority hosting the college to raise our concerns.

We found no evidence that people had been harmed. However, systems were still not effective to demonstrate the provider was protecting students from unlawful restrictions. This was a continued breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection current legislation had not been considered when students lacked capacity or had fluctuating capacity. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection and the provider was no longer in breach of regulation 11. Although there were inconsistencies on the application of the legislation still occurring.

- People received care with their consent. Staff said they always gave people choices and respected their decisions. One student said, "You can change your mind about things." A specialist in the MCA had been contracted by the college to support and train staff.
- Most staff had now received training in the Mental Capacity Act and knew the principles. Some staff felt that people had capacity so did not need to apply it. One member of staff said some people at Manor Farm may lack capacity. They told us, "I do not do best interest decisions I would ask [registered manager] or [name of senior staff]."
- However, there were times the staff struggled to apply it to practice. Other staff were able to tell us what capacity and consent was although struggled to explain or provide examples of how it had been applied to students.
- More senior members of staff were responsible for liaising with the new specialist and completing the paperwork. A more senior member of staff had a much better knowledge and told us, "Things have been added to the paperwork as a reminder."
- Many inconsistencies remained within paperwork because the specialist had not had time and the focus had been on specific decisions. There was a clear plan for moving forwards. Following the inspection, the registered manager informed us the specialist would remain at the college until the end of the summer term to ensure the MCA principles were fully embedded.

Staff support: induction, training, skills and experience

At the last inspection we recommended the provider considered current guidance on training for staff who support children and young people and take action to update their practice accordingly. We found improvements had been made.

- Senior staff who had designated responsibilities in children's safeguarding now had the required training. Other staff had received training in line with the recommendation. The provider had also reviewed all their policies and training to reflect the children who may use the service.
- Students were supported by staff who received a range of training to meet their needs and keep them safe. Staff felt training was much better now that it was more spread out. We were told there was a combination of face to face and on-line training.
- Specialist training was continuously being sourced in line with the needs of the students. For example, recently further training in relation to positive behaviour support had been found. This was going to be

delivered to all staff to help reduce the level of anxiety or distress in students further.

- New staff went through a detailed induction and then had opportunities to complete specialist health and social care qualifications. One member of staff told us they did not have a care background and had received a good induction. They said, "There was a week of intense training, then shadowing and then working with just two students. I have now worked in all settings and am doing the Care Certificate." The Care Certificate was a set of standards which all health and social care professionals should have.

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

- Students' needs were regularly being assessed by staff who worked closely with them. When their needs or choices changed then action was taken to reflect this. One student expressed they no longer wanted to be at the college and this was respected and facilitated by the management liaising with other professionals.
- Since the last inspection the registered manager had led a team to create an updated assessment process for new potential students. None had been admitted since the last inspection.
- Staff said they now had time to read care plans and had a new 'placement plan' which they thought was 'really good'. This was because it would provide them with lots of information needed.
- The management were now more aware of current standards, guidance and law. This had been driven by the registered manager with the support of the provider and other health and social care professionals.
- Annual reviews for all students were now being structured around their Education Care and Health Plans (EHCP). An EHCP describes a child or young person's special educational, health and social care needs. They explained the help that will be given to meet those needs and how that help will support the child or young person to achieve what they want to in their life.

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

- Students were supported to eat a healthy balanced diet. During the day many students ate in the communal refectories on both sites. Students were positive about the food by smiling and giving the thumbs up or saying, "Nice food." One relative said, "They are very good at healthy eating" and explained they followed dietary requirements of their family member.
- In both the manor and main site, some students chose their meals and ate independently. Others needed support, some needed one to one support from staff. Some students used picture symbols to choose their meal, so they could make an informed choice.
- When students had special dietary requirements or preferences relevant health professionals were consulted. One student had a sensory issue about eating a certain type of food for every meal. Work had been completed in line with nutritionist guidance to try and support them.
- One student had a gluten free diet recommended by a doctor and there was gluten free food in the house they were living in. Staff reassured us the dietary requirements had been considered when meals were planned.

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

- Students were supported to access local GP services. One member of staff said, "We know when people are not themselves even if they are non-verbal." They then gave an example of how they recognised and communicated to a student who was in pain. This resulted in a successful visit to the doctors.
- Staff had training to enable them to support students with long term conditions such as epilepsy and food allergies. One member of staff said they supported a student to go horse riding who had an allergy. They told us, "We learnt lots about the epi pen and allergic reactions. I feel confident now." Another member of staff said, "The epilepsy training was really good. An outside person came in to do it. So good."
- Other examples were seen about how internal and external health professionals were consulted to ensure students were receiving support in line with their needs. The college had a range of health professionals who

could regularly monitor and advise the care staff. They participated in multi-agency reviews of people.

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

- Students lived in accommodation which was adapted and designed around their needs and wishes. All decoration involved the students making preferences. For example, one recently redecorated flat in the manor site had students picking the colours. Bedrooms were places students could express themselves and their individuality.
- Many of the buildings had been or were going through refurbishment to ensure they were safe and met students changing needs. This included reviewing the amount of communal spaces compared to bedrooms. There were also plans to make some of the buildings more open plan so students and staff could move around them more easily.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 as individuals by staff who were kind and caring. We saw staff chatting, laughing and joking with people and assisting them in a way that was equal, friendly and warm. Staff adapted their approach to people according to their personalities. Staff used gentle touch to reassure people and show affection.
- Students were positive about the staff who supported them. Some students told us, "Staff are patient and tolerant and do a really nice job" and, "Staff are absolutely wonderful. They care about the students and make you feel safe." Another student said staff were, "Patient and understanding."
- Staff spoke affectionately about the people they supported and had obviously built strong relationships with people. Staff told us how proud they were of people when they achieved things, such as doing the shopping for the house. Comments included, "Staff know people [students] well and we build a real bond with them. I think the care we give is excellent" and, "People are really getting the care they need. Staff are here because they want to be here. We genuinely really care about the students."
- The management led by examples. We saw positive interactions from the registered manager and the deputy heads of care with students and staff.
- Compliments from relatives reflected what we saw. One read, "Very impressed with the way you and your team support [name], and on the positive relationships [name] has with you and your team." Other compliments said, "We have nothing but praise for the high quality of care and forethought of the staff over the last 15 months" and, "The care [student] receives is of an exceptional standard."

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

- Students were supported in a variety of ways to express their views and make decisions. Staff respected all choices made. Care plans reflected the types of choices students were involved in. For example, an activity timetable for two students confirmed their choices were respected and included. There was a football match of the team the students supported and, on another week, there was dinner at the pub.
- Meal times were another place many choices were promoted. Students chose where they sat and ate, what they ate. Within residential buildings there were a variety of choices displayed for weekly menus. This included a different dish every day and staff informed us these were based on student's preferences.
- Staff members told us they always gave students choices. For example, when getting up they supported students to choose clothes to wear and what they would have for breakfast. One staff member was aware what the favourite movie of the student they were the named keyworker for and what they liked doing in their 'free time.'

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to learn independent living skills. One person told us, "Since being here I have got more confidence. You learn new skills." One staff member said, "Students help us clean, help us cook, shopping, they do lots of things with us. They are learning to live independently."
- Comments from relatives included, "[Name of student] is learning to care for himself, to respect his peers and work with staff. There are many in the care team who contribute to this success" and, "[Student] has also shown significant progress in relation to his own personal care, which he used to find very difficult due to his sensory needs." One compliment received read, "[Name] is certainly a more rounded and happier person."
- Staff were aware of the difference they had made to students. One staff member said, "The student's success stories are fantastic. The difference you see in people in their confidence and independence is amazing. We really do our best to let people grow."
- Staff were aware of how to promote privacy and dignity when supporting students. Students told us, and we saw, staff were respecting their dignity by knocking on bedroom doors before entering. When students wanted private time alone this was respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

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

At our last inspection care plans did not always contain personalised details and on occasions lacked key information to support a student. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 9. Although there were still some inconsistencies in care plans being reviewed. Systems were in place to resolve this.

- Most care plans now contained personalised information which reflected the needs and wishes of the students. One student with specific dietary needs had a care plan which reflected this and provided a wealth of guidance for staff. Staff had been closely monitoring the situation as a result.
- However, contradictions were still found in areas of care plans such as one student not having their current diagnosis in the overview at the front of their care plan. This could cause confusion with new staff or agency staff. The registered manager was aware care plans were not all complete and had clear plans to rectify this.
- Examples were seen of care plans being more in line with student's Education, Health and Care Plans (EHCP). As a result, goals were being set and reflected upon and where possible this involved the student or those important to them. One student told us they were able to manage their finances better because staff had explained why it was important. They had been working with staff for months to achieve this goal. The student sounded very proud of themselves.
- Changes were being made to care and care plans when people's needs changed. One student had recently moved from the community houses back to the Manor site because of this monitoring. The specialists working at the college were always involved within these discussions.
- Annual reviews involving the student and those important to them such as relatives and other professionals were now in line with the student's EHCP. The registered manager told us this meant there was more focus on outcomes and goals for the student. Two relatives were positive about the review they had just attended and feedback they received from staff.

Improving care quality in response to complaints or concerns

At our last inspection the complaints systems were not demonstrating the provider's processes were being followed consistently, or that actions were being taken to learn from the concerns. This was a breach of

regulation 16 (Receiving and Acting on Complaints) 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 16.

- Staff recognised how students could express they were upset, and relatives told us they knew how to raise concerns. Relatives were positive about the response and action now taken since the last inspection.
- The service had a complaints policy. Records showed that all complaints were investigated and responded to in line with the policy.
- Comments from staff supported the improvements which were found. One member of staff told us, "If there's anything people or staff are not happy with you can fill in a concerns form." One member of staff said they had completed a concern's form and it had been responded to very quickly and they had a meeting arranged to discuss their issues.

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.

- Systems were in place to ensure information was shared in ways the students understood. The college had speech and language therapists who helped staff adapt information into different formats.
- We saw lots of different communication methods being used. Some students spoke, others used picture exchange, sign language to support speech, vocal sounds, body language and gestures. Staff understood how to communicate effectively with each student and 'listened' to what each student said.

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

- Students were supported to follow their interests and hobbies. Two students told us they went to the local park run with a member of staff. Students could follow their own routines when they were not attending college. One student told us, "I have a good lie in at the weekends."
- There were evening activities arranged for students who lived at the service. These included a weekly Zumba class and Youth club. Staff said often people in different houses got together for social activities. One staff member said, "People go out regularly. They go to the cinema, go out with their peers here, go to the theatre, swimming, walks, out for meals, bowling. Some people go to Zumba classes. They choose what they want to do; they do what all young people do really."
- Students planned what they wanted to do at the weekend and one student said they were going to the Cinema. They told us, "There are regular staff and drivers, so you can go out and about." One member of staff said they hoped with the new housing estate there may be a bus route, so people could go out more independently.
- Since the last inspection relatives told us activities at weekends for students had improved. One relative explained they had noticed their family member was more engaged at weekends. Although, they were aware there was still an issue about how many staff could drive. Staff confirmed this was still a bit of an issue. The registered manager was aware and there had been another recent recruitment drive.
- Staff promoted students developing and maintaining friendships. One staff member said, "We want students to feel like this is their home. People need to like what they are doing. They choose what they want to do. They often go out as friends."
- Relatives were incredibly positive about the new weekly contact they received. They felt this was keeping

them up to date with things which had occurred. So, it provided a talking point with their family member who may have social and communication difficulties.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had not demonstrated sustainability to improvements made. Leaders and the culture they created did not always ensure consistency of high-quality, person-centred care throughout the college.

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

At our last inspection the provider was not notifying the Care Quality Commission (CQC) in line with their statutory obligations. This was a breach of regulation 18 (Notification of other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider was now notifying CQC in line with their statutory obligations. This included informing us of safeguarding and incidents.

At our last inspection the provider and management lacked oversight, governance and quality monitoring arrangements. This was a breach of regulation 17 (Good Governance) 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 17. Although, it was too early to say how sustainable these improvements were.

- Since the last inspection we have been receiving monthly action plans because conditions were place on the providers registration. These have been received in line with the requirements and have identified similar issues and improvements still required found on this inspection.
- Systems to monitor the quality of care and keep people safe were now in place at both management and provider level. When shortfalls were recognised actions were taken to rectify them.
- Documents required to complete the inspection were now readily available. The registered manager was able to talk us through all the new systems they had set up in detail. They were now familiar with students and their specific needs.
- Following the inspection, we received the provider's PIR. This also reflected the improvements found during the inspection. It was clearly highlighting areas which were still to be addressed.
- The provider and management strove to continuously improve the service and evidence was seen to support this. However, it was not yet clear how sustainable all the changes were especially as there had

been input from external services like the local authority. There was still one area to address around the MCA and DoLS. During the inspection representatives of the provider and management reassured us changes to quality assurance systems would remain in place.

- Most staff spoken with felt there had been lots of positive changes since the last inspection. They said this had benefitted students and staff. The changes had been necessary and overdue. Staff understood why changes needed to be made. The general feeling was they had come a long way although were not yet where they wanted and needed to be. They were still working towards this but were committed to improving the service.

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

- Students who were able to tell us were positive about speaking with a member of management when required. Throughout the inspection we saw students comfortable in the presence of senior staff and the management.
- Relatives spoke highly about how open they felt the college had become. Each relative received a weekly update on their family member. They felt this better informed them about the progress of their family member.
- Staff told us they thought the senior leadership team was open and supportive. One member of staff said how much things had improved in this area. They said, "Nowadays you often get a quick email to make sure you are alright or to say thank you for something. It means a lot."
- Systems were in place to promote a positive culture which was open, inclusive and empowering. This was driven by the registered manager who demonstrated their openness during the inspection.

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

- Students were now supported in an environment which was open and transparent. When things went wrong their relatives or representatives were contacted. One relative said, "The staff do contact us straight away if there are any problems or issues."

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

- Students and their relatives were now actively involved driving the direction of the college. Some relatives were impressed at how improved the communication was between the management and themselves.
- Regular 'parents' meetings' were now being held by the management. Despite the first attempt having few relatives attend, the management continued and had now had two successful meetings. These provided opportunities for parents to raise any concerns or suggestions to improve the college. One relative told us how much of an improvement this was. They felt listened too and knew who the management were now should they need them.
- Staff told us they could raise any issues or make suggestions and always felt listened to. Most staff were receiving regular supervisions to discuss any issues, concerns and training opportunities. When staff had not had regular supervisions they knew who they could speak with and discuss any ideas or concerns. The registered manager had plans to further improve supervisions including training for supervisors.
- The registered manager had set up a motivational reward which was given out every week to staff. This promoted them wanting to deliver high quality care. Nominations were received prior to the Friday and a token of appreciation was then made to the winners. Rewards were given for things like the support given by staff and organising a Christmas play.

Working in partnership with others

- The management had now developed strong links with other professionals in the local authority. This had helped them to strengthen or refine systems and processes since the last inspection. The registered manager spoke highly about the links they had developed.
- Good community links had been developed by staff within the college through work experience placements and activities being organised.
- Positive relationships had been developed by staff with health and social care professionals both internally and externally.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Personal care	The provider was not ensuring student's whose liberty was potentially restricted was in line with current legislation.