Livability

# Nash FE College

## Inspection report

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## Ratings

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|---|---|
| **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 |

## Overall summary

This was an unannounced inspection. At our previous inspection, 29 and 30 September 2014, we found breaches of legal requirements. Some aspects of medicines management were not safe and the provider had failed as required to notify the Care Quality Commission (CQC) about an allegation of abuse.

At this inspection, we saw that the provider had taken prompt and thorough action to address these issues. Medicine management had improved and the provider had notified the CQC of all safeguarding incidents relating to the college since the last inspection.

Nash FE College currently provides specialist college services for 86 students aged 18 to 25, most of whom have profound and multiple learning disabilities. At the time of the inspection 23 students were residing at the college. The college achieved accredited status from The National Autistic Society in May 2014 as a Quality Autism Provision in Continuing Education. They also achieved a rating of Good from Ofsted, March 2013.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

# Summary of findings

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.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these. There were enough staff to meet student's needs. Appropriate recruitment checks took place before staff started work. There was a whistle-blowing procedure and staff said they would use it if they needed to.

Students had access to a GP and other health care professionals when they needed it. They were being supported to have a balanced diet. Staff had completed training relevant to the needs of students. Managers understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

Students and their relatives were consulted about and involved in developing their care plans.

Care files included detailed information and guidance for staff about how student's needs should be met. Students and their relatives knew about the college complaints procedure and were confident their complaints would be fully investigated and action taken if necessary.

The provider recognised the importance of regularly monitoring the quality of the service provided to students. They took into account the views of students and their relatives through annual surveys. They carried out unannounced night time and weekend checks to make sure students where receiving appropriate care and support. Staff said they enjoyed working at the college and management support and advice was always available for them when they needed it.

# Summary of findings

## 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. Medicine records showed that students were receiving their medicines as prescribed by health care professionals.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these.

There were enough staff to meet student's needs. Appropriate recruitment checks took place before staff started work.

**Is the service effective?**

Good

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of students using the service.

The manager understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

Students were being supported to have a balanced diet. Students had access to a GP and other health care professionals when they needed it.

**Is the service caring?**

Good

The service was caring. Staff spoke to students in a respectful and dignified manner.

Students and their relatives were consulted about and involved in developing their care plans.

Students and their relatives were provided with information about the college and they were aware of the services and facilities available to them.

**Is the service responsive?**

Good

The service was responsive. Student's care and support needs were assessed and there were appropriate guidelines in place advising staff how to support them.

There was a range of appropriate activities available to students to enjoy.

Student's privacy and dignity was respected.

Students and their relatives knew about the college complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

**Is the service well-led?**

Good

The service was well-led. The provider took into account the views of students and staff through annual surveys.

The manager recognised the importance of regularly monitoring the quality of the service provided to students.

Staff said they enjoyed working at the college and they received good support from their managers.

# Nash FE 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.

Before the inspection we looked at the information we held about the service including notifications they had sent us and the provider. A notification is information about important events which the service is required to send us.

This unannounced inspection was carried out on the 18 and 20 May 2015. The inspection team consisted of two inspectors, one of whom was a pharmacy inspector 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. We spent time observing the care and support being delivered. We spoke with registered manager (manager), the acting principle, the interim deputy head of care, the training manager, a unit manager, a speech and language therapist, a transition team manager, and three students, the relatives of four students and five members of staff.

We looked at records, including the care records of five students, staff recruitment and training records and records relating to the management of the service. We also spoke with a GP and a dietician and asked them for their views about the college.

Good

# Is the service safe?

## Our findings

At our last inspection on 29 September 2014 we found that some aspects of medicines management were not safe. Individual protocols for emergency medicines to be used in the event of a seizure were not available for two students. Action to clarify the dose of a medicine for one student had not been resolved promptly. Some medicines records were incomplete. Three new students had allergies to medicines; however this was not recorded on their medicines administration records. More detailed instructions were needed for medicines prescribed to be administered as and when needed. The quantities of some medicines received at the college had not been recorded, so staff could not check whether these had been used correctly. Following that inspection we asked the provider to make improvements on how medicines were managed. The provider sent us an action plan on the 11December 2014 telling us how they would improve the management of medicines.

At this inspection, we saw that the provider had taken prompt and thorough action to address all of these issues. For example individual protocols were now available for students prescribed emergency seizure medicines. A list of students who had not been prescribed emergency medicines was available, and was prominently displayed in the clinical room giving detailed instructions on the action staff needed to take in the event of an emergency. A new process had been put in place to check the medicines for new students so that protocols would be in place before they started attending the college.

Systems were in place for the safe management of medicines. Medicines records were completed in full, including the quantities of medicines received into the college. Allergy information was clearly documented on all medicines records. Individual medicines care plans and medicines risk assessments were in place, giving details of any special instructions for medicines, such as if medicines needed to be crushed or given in food, and for medicines prescribed to be administered as and when needed. We also noted that a local pharmacist had reviewed medicines procedures. They had made some suggestions which we saw the college had implemented.

The relatives of students we spoke with said their relatives were safe at the college. One relative said, “I know my son is safe there. There is good security and the staff look after him.” Another said, “I feel that my son is safe at the college. I trust the staff. My son is in safe hands and there’s no need to worry about anything.” The college had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". We saw safeguarding flow charts located throughout the college. These included the contact details of the local authority safeguarding team and the police. The manager told us they were the safeguarding lead for the college. Five senior members of staff were also designated as contacts for staff to report safeguarding concerns to.

We saw that staff carried safeguarding adult’s cards that included the name and contact details of the designated safeguarding contacts. The staff we spoke with demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. One member of staff said, “I feel the students are very safe. If there is anything we report it and it is addressed quickly. We have training to keep both ourselves and the students safe." Staff training records confirmed that all staff had attended training on safeguarding adults from abuse and physical intervention. Staff told us that any physical intervention would be used as a last resort in line with the college policy on restraint. The manager told us safeguarding concerns were discussed at weekly senior management team meetings. This ensured that any safeguarding concerns were fully investigated and appropriate changes made to safeguard students from the risk of harm.

Our records showed that, since our last inspection, there had been three safeguarding referrals made to the local authority safeguarding vulnerable adult’s team and the Care Quality Commission (CQC) by the college. The local authority confirmed that these had been fully investigated and concluded. One of these was not substantiated and the other two returned as inconclusive. One safeguarding investigation was initiated prior to our last inspection was yet to be concluded. The CQC will continue to monitor the outcome of that investigation.

There were arrangements in place to deal with foreseeable emergencies. Students care files included personal emergency evacuation plans which detailed how to keep them safe in the event of an emergency. Care files also contained risk assessments that included information for

Good

# Is the service safe?

staff on how to support them appropriately and keep them safe. These recorded the risk to the student, the harm that could occur and the measures staff must take to reduce the risk of harm occurring. We saw risk assessments relating to, for example, the equipment to be used and support needed from staff to move and handle students safely, the support students required when accessing the community and the risk of students going missing. The risk assessments had been kept under regular review.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for three new members of staff. We saw completed application forms that included references to their previous health and social care experience and qualifications, their full employment history and interview questions and answers. Each file included Disclosure and Barring Service checks, two employment references, occupational health checks, proof of identification and correspondence with the immigration office for those staff requiring permission to work in the United Kingdom.

There were enough staff on duty to meet student's needs. A relative said, "Every time I visit there are lots of staff around. Sometimes it looks like the staff outnumber the students." Another relative said, "There are always plenty of staff around when I go there. Even at weekends. I think most students get one to one support from staff." Staff told us there was always enough staff on duty and said that if there was a shortage, for example due to staff sickness, management arranged for replacement staff. We tested the call bell system on two units. The alarm sounded throughout the college and on both occasions a nurse attended within one minute. A senior nurse said there was always a qualified nurse on duty who would attend in the event of the nursing bell being sounded.

Good

# Is the service effective?

## Our findings

Staff had the skills and knowledge to support people effectively. The relatives of students said staff knew their relatives well and knew what they needed help with. One relative said, “The staff have a really good understanding of my son’s needs. The nurses, the care and education staff all know him well. They definitely know what they are doing.” Another said, “My son always has one to one support from staff. He has some specific needs around his diet and nutrition and the staff know how to look after him because they have had training on the subject.”

Staff told us they had completed an induction when they started work and they were up to date with their mandatory training. They said they received regular formal supervision and an annual appraisal of their work performance and they attended regular team meetings. One member of staff said, “I have one to one supervision with my manager every two or three months and an annual performance review. My manager is very approachable. I can call a supervision session with them if I want or need to. It’s good because it’s not all one way.”

Training records confirmed that staff had completed an induction programme and training that the provider considered mandatory. This training included safeguarding, moving and handling, fire safety, basic first aid, food hygiene and infection control. They had also completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and other training relevant to the needs of the students. For example, autism, epilepsy awareness, eating and drinking, healthy eating, dental hygiene and training in physical intervention. The workforce development manager told us that most of the care and education support staff had completed accredited qualifications in health and social care. They said that when new members of staff had completed a probation period they were expected to complete this qualification.

The manager demonstrated a clear understanding of the MCA and the DoLS. They said that students had capacity to make some decisions about their own care and treatment. Where they had concerns regarding a person’s ability to make specific decisions they had worked with them, their relatives, and the relevant health and social care professionals in making decisions for them in their ‘best interests’ in line with the MCA. We saw that capacity assessments were completed for specific decisions and retained in people’s care files.

We saw a “Deprivation of Liberty Safeguards, A guide for families and carers” booklet. The manager told us the booklet was provided to students and their relatives in an information pack when they first attended the college. The information pack included a letter to relatives entitled “informed and supported decision making”. This explained the college’s responsibilities in relation to the Mental Capacity Act and DoLS. A relative said they found the booklet very informative and it assured them that the college would be supporting their son in his best interests. The manager showed us they had made individual applications under the DoLS in respect of students who lacked mental capacity and whose liberty was restricted to keep them safe. These applications had been sent to the local authority for processing.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. One student told us, “The food's good. I like sweet and sour chicken. I like chicken and rice and bolognaise. I can choose what I want. I like eating anything!" A relative of a student said, “We discussed my son’s dietary needs as part of the initial assessment. We spoke about the food he likes and doesn’t like. I think he enjoys the food they provide for him at the college.” Student’s care files included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements, food allergies, cultural preferences, their ability to choose from a menu, portion size and their support needs. We spoke with a speech and language therapist employed by the college and an NHS dietician that attended the college two days a week. They told us they worked together and regularly reviewed students’ needs in relation to eating and drinking. We saw that each student had a “standard operating procedure” for eating and drinking. This recorded the student’s dietary requirements, any allergies, their nutritional needs and the equipment and support they required from staff at meal times. These were held in student’s files and laminated copies were located in the dining area. We saw staff using these when ordering students meals from kitchen/restaurant.

We saw in daily notes that staff monitored student’s health and wellbeing. Where there were concerns they were

Good

# Is the service effective?

referred to appropriate health professionals. Students had "Hospital Passports" which contained important information about them for transferring to hospital. The manager told us that a GP visited the college once a month to attend to student's needs. Students also had access to a range of visiting health care professionals such as specialist learning disability dentists and opticians, dieticians and podiatrists. The GP told us the nursing staff were fairly well informed and asked for help if they had any concerns. Sometimes there were minor issues relating to communication between the college and the practice however they had no concerns regarding the quality or standard of care provided to students.

Good

# Is the service caring?

## Our findings

A relative of a student said “My son loves the college. It’s great for him and he is learning a lot.” Another relative said, “It’s a very good college, my son likes it there and I think the care is very good.” Another said, “This is a good place for young people, they are always going out on trips. The care is good and the staff are helpful, caring and approachable.” All of the relatives we spoke with said they had been provided with an information pack from the college and when their relative began attending the college and all said the pack was helpful.

Throughout the course of the inspection we saw that staff spoke to and cared for students in a respectful, thoughtful and kind manner. We observed how people were being supported and cared for at lunchtime. The atmosphere in the dining room was relaxed and not rushed. Most of the students required one to one support from staff with eating and drinking. Some students were being supported to eat hand over hand and others were prompted to eat their meals independently. A member of staff told us that one student’s diet was very restricted due to medical and cultural needs. They didn’t get much of a choice but they made sure the student had something different every day. Their food had been blended and presented in an attractive way to encourage their enjoyment and eating. We saw this person’s meal where carrot puree had been moulded into carrot shapes, the salmon was moulded into a fish shape, potato puree was moulded into a potato shape and green vegetables were made into an attractive pattern. We asked this person if they liked their meal. They smiled and made a sign, which the member of staff translated to us as "yes".

Staff told us how they made sure student’s privacy and dignity was respected. They said they knocked on doors before entering rooms, introduced themselves and made sure doors were closed when they provided students with personal care. They addressed students by their preferred names, which we noted was recorded in student’s care files, explained what they were doing and sought permission to carry out personal care tasks. They told us they assisted students to make choices, for example, with the clothes students wanted to wear or the food they wanted to eat. One member of staff said, “We always explain what we are doing to students. We communicate with some students verbally and we use objects of reference for others.”

A lecturer told us they had noticed that particular bonds had formed between some staff and students from the same ethnic background. Where possible they tried to match these students and staff. Students benefited from staff who spoke the same language as them. They gave an example of when a student had said a word in their language which they didn't understand. Their colleague told them it meant "quickly, quickly." Since then they had learned some words in the students language, which they now use when communicating with them. The lecturer said the college worked in partnership with the Network for Black and Asian Minorities. This helped staff from minorities to reach their educational and professional potential. This was good for both staff and students.

Good

# Is the service responsive?

## Our findings

The relatives of students said their relatives received care and support that met their needs. One relative said they had been fully involved in planning for their son's care and support needs and they attended regular review meetings. They said "We recently attended a review meeting. Everyone was there including the speech and language therapist, the occupational therapist and the physiotherapist, his care manager and nursing, care and education staff. We all looked at how he was getting on and made some plans for him for the future, it was great." Another relative said, "When my son started there they asked us everything about him, such as the things he liked to do and where he liked going. I always attend his review meetings and speak on my son's behalf. There were a few teething problems in the beginning but everything is jogging along quite nicely now."

Assessments were undertaken to identify student's support needs before they started to attend the college. The college had a transitions team. The transition team manager told us they assessed student's applications to the college and arranged pre-entry assessments. The pre-entry assessments were carried out by a range of health care professionals including, for example, nurses, speech and language therapists, psychologists, occupational therapists, social workers and physiotherapists and considered if the college was able to meet the needs of the student. Once a placement was agreed care and support plans were drawn up ready for the student attending the college. After starting at the college further reviews where carried out to see how students were settling in, if their needs were being met and if any changes needed to be made. This meant that students had continuous specialist input regarding their care and support needs.

We looked at five student's care files. The files were well organised, information was easy to read and accessible to staff. We saw that multi-disciplinary pre-assessments had been carried out by the speech and language therapist, psychologists, social workers, physiotherapists, dietician and the occupational therapist. The assessments included details of the student's medical history, any physical disabilities, their dietary requirements and personal care support needs. They also included reports from family members and schools and information such as how students would like to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes, interests and social needs. The files also included the student's care, health and support needs assessments, care plans, behaviour support plans, risk assessments and other documentation such as hospital passports and Mental Capacity Act (2005) assessments.

Care plans included detailed information and guidance for staff on how the student's care and support needs should be met. Each file contained a residential target which encouraged independent living. For example, we saw in one student's oral health care plan they were supported and encouraged to brush their teeth with support from staff. Another student was supported to make choices relating to meals and the clothes they wanted to wear. Daily notes recorded the student's progress. Care files included standard operating procedures for eating and drinking, moving and handling and using hoisting equipment. These included detailed information for staff about how they needed to support students with these tasks.

Student's diversity, values and human rights were respected. The religious needs and preferences of students had been recorded in their care files. We saw in one student's care plan they had specified which religion they practised and they liked to attend church occasionally. The plan also included their specific cultural needs in relation to their diet. We saw that student's care files were reviewed and evaluated on a monthly basis by senior staff and unit managers.

Student's received co-ordinated, person-centred care when they moved between services. There was an organised approach to meeting student's support needs when graduating from the college. The transition manager told us when students were ready to move on from the college, leavers meetings were organised between students, families, social worker's and careers officers in order to plan the smooth transition from the college. The meetings identified the student's next steps post college. The transition team manager showed us a booklet for student's families to refer to for information and a list of resources for them to investigate further if they wished. We noted it contained useful transition tips, housing and employment options and helpful websites and organisations.

The manager showed us a file they provided to students and their relatives when they first attended the college. This included important information about the college and

Good

# Is the service responsive?

the complaints procedure. We saw a complaints file. The file included a copy of the complaints procedure and forms for recording complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary meetings were held with the complainant to resolve their concerns. A member of the transition team had recently been assigned a role as parent liaison officer. They told us they dealt specifically with parents issues. This was helpful to parents as they had a named person to contact if they needed to discuss any concerns or their relative's needs. Student's relatives told us they knew how to make a complaint if they needed to. One said, "I know about the complaints procedure. I have no problems with raising concerns. I have in the past. They listened to me and acted on what I said." Another said "I haven't had to make a complaint but if I did I am sure they would do all they could to resolve it."

Good

# Is the service well-led?

## Our findings

At our last inspection 29 September 2014 we found that the provider had failed as required to notify the Care Quality Commission (CQC) about an allegation of abuse. We asked the provider to make sure that the CQC was notified of any further safeguarding concerns. Since that inspection the provider has notified the CQC of all safeguarding incidents relating to the college.

The provider had procedures and systems in place to evaluate and monitor the quality of the service provided. They carried out bi-annual quality monitoring visits at the college. We saw a quality improvement plan report following the last visit in October 2014. This included an action plan with priority areas for example improving on the recruitment and retention of staff, improving team structures and reviewing policies and procedures. The action plan was reviewed and updated following monthly senior management team meetings. Medicines, student care files, nursing files, safeguarding, finance, staff supervision, infection control and hand washing audits were also carried out each month. Records seen confirmed these audits had been completed. We saw a report from a learning walk in February 2015. The manager told us the intention of the learning walks was to identify good practice and issues needing further action. An area for improvement in the report included at the college was to make sure staff meeting were better prepared.

The provider took into account the views of students and their relatives through annual surveys. We saw a summary report and an action plan from a residential activity survey completed in July 2014. Actions from the survey included for example, making sure each student received a fair share of offsite activities and that activities information was to be printed out for each unit.

The college was committed to improving the quality of care for people with autism. They had achieved accredited status from The National Autistic Society in May 2014 as a Quality Autism Provision in Continuing Education. They also achieved a rating of Good from Ofsted, March 2013.

The manager told us that safeguarding concerns were discussed at weekly senior management team meetings. They said the college had learned lessons from previous safeguarding adults concerns and had used what they had learned to reduce the risk of similar incidents occurring again. They showed us an action plan derived from a meeting in March 2015 which identified, for example, that students risk assessments and risk management plans were to be in place and fully implemented and that staff were to receive training on physical intervention. We saw evidence that risk assessments were in place and being implemented and staff told us they had received further training on physical intervention.

We saw reports from regular unannounced night time and weekend checks carried by the manager at the college to make sure students where receiving appropriate care and support. A report from the February 2015 inspection recorded that staff were carrying out their duties as required and students were resting and comfortable. They noted that one unit was quite hot. They contacted the maintenance team to check on the boiler.

All of the staff we spoke with said they enjoyed working at the college. They said managers listened to what they had to say and they were very supportive. One said, “I love working here. This is a Christian organisation with a very kind ethos. All of the staff are very clear about their roles and we all work together as a team.” Another said, “I like working here. We get good support from our managers, they are always around. The thing that really motivates me is seeing new students when they come here for the first time. They look shy and worried and anxious. Three months down the line they have made lots of friends and they are happy and confident.” Staff told us there was a whistle-blowing procedure available on the college’s intranet and that they would use it if they needed to. There was also an out of hours on call system in operation. Staff said management support and advice was always available for staff when they needed it.