

Hereward Corporation Hereward College

Inspection report

Bramston Crescent Coventry West Midlands CV4 9SW Date of inspection visit: 19 October 2016

Good

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Tel: 02476461231 Website: www.hereward.ac.uk

Ratings

Overall rating for this service

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?	Requires Improvement	

Summary of findings

Overall summary

This inspection took place on 19 October 2016 and was unannounced. We undertook this inspection in response to an Ofsted inspection which rated the college as 'inadequate' in safeguarding students. We wanted to be sure that residential students were safe and their needs were being met.

Hereward College is a further education college for students with disabilities and additional needs. They provide specialist facilities for both day and residential students with physical disabilities and learning difficulties. They also provide respite care breaks for 16 to 25 year olds. At the time of our visit, 23 students were using the residential accommodation.

The residential unit had a registered manager. 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.

Staff told us the management team were open and transparent. The management team were open with us about their recent Ofsted inspection and the actions they had already taken to put things right. However during our visit, we saw information about an incident which had been dealt with by the college, which we believed should have been reported to the safeguarding authorities.

There were enough staff on duty during the 24 hour period to maintain student safety. Students understood the college's safeguarding procedure and felt confident in reporting any concerns to staff.

Students enjoyed living in the residential unit. They told us staff were caring and fun to be with. Students enjoyed learning to be more independent and developing life skills they could use in the future. They liked the activities they participated in both within and outside of the campus grounds. Students enjoyed the meals they planned, and helped to prepare and cook.

Students told us they felt safe at Hereward College. Student safety was maintained through recruitment practice which minimised the risks of employing unsuitable staff; secure premises and procedures which reduced the risks of uninvited visitors accessing the flats; and through good risk assessments of students health and social care needs.

The college nursing team provided students with good support to meet their healthcare needs. If students needed to visit or be seen by other healthcare professionals such as the GP, these were arranged. The nursing team supported staff with training to help them understand some of the complex needs of students who lived on campus.

Student received their medicines as prescribed. This was either with support from staff, or through self administration. The nursing team oversaw medicine management to ensure medicines were administered

safely. Students health and social care needs were also supported by occupational therapists, psychologists and speech and language therapists.

Residential staff enjoyed their work, and most had worked at the college for a long time. They had received training to meet the needs of students who lived on campus, and were provided with management support to undertake their roles effectively. They knew how to safeguard students and who to report any safeguarding concerns to.

Staff cared for the students at the college, and supported them in ways that respected their privacy and dignity. They understood the importance of seeking student consent before undertaking any task, and worked within the principles of the Mental Capacity Act.

Students knew who were the team leaders and the registered manager. They felt able to talk to them if they had any concerns about life at the college. There were regular opportunities for students to voice their opinions about college life, and students told us staff acted promptly if they raised any points. Students were fully involved in planning their care and support needs, and care plans provided detailed information from the person's perspective of how they wished to be supported.

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 safe.

Staff understood how to safeguard students and knew to report any concerns to the college's safeguarding lead. Systems were in place to support student safety whilst they lived on the college premises. There were enough staff to meet students needs, and staff recruitment processes minimised the risks of employing unsuitable staff. Risks to the health and welfare of students had been identified, and written plans informed staff how to minimise these risks. Students received their prescribed medicines.

Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet students' needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. Staff were aware of, and followed the requirements of the Mental Capacity Act 2005. Students were supported to attend appointments with health and social care professionals when required. They enjoyed the food provided and the meals they helped to plan and cook.

Is the service caring?

The service was caring.

Students told us they were well cared for by a staff group who loved their jobs. Staff were considerate of students individual needs, and treated them as equals. Students told us they had fun with the staff who supported them and we saw this on the day of our visit. Students were treated with respect and their independence, privacy and dignity were promoted. Students and their families were fully involved in decisions about their care and support needs.

Is the service responsive?

The service was responsive.

Good

Good

Good

Good

Students' care was personalised to reflect their wishes and what was important to them. Support plans and risk assessments were reviewed and updated when needs changed. Staff were knowledgeable about students' needs, their interests and preferences in order to provide a personalised service. Students enjoyed a range of activities within the college and in the local community. Students felt able to talk to staff if they had any concerns, and felt staff would act on their concerns promptly.	
Is the service well-led?	Requires Improvement 😑
The service was not consistently well-led.	
The leadership recognised the improvements required to their safeguarding policies and procedures following their Ofsted inspection and had started to take action to address the inadequacies identified. However an incident between two students which had been addressed by the college, had not been reported to the safeguarding authorities as we would have expected. The leadership team were open and transparent, and both students and staff felt they were approachable. There were systems in place to monitor and improve the quality of service offered to students.	



Hereward 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.

We carried out this inspection in response to an Ofsted inspection which found the college had inadequate safeguarding systems in place for day students. We wanted to check that residential students were safe at the service and their needs were being met. This inspection took place on 19 October 2016 and was unannounced. It was carried out by two inspectors and an inspection manager.

Prior to our visit we looked at the information received from our 'Share Your Experience' web forms, and notifications received from the provider. These are notifications the provider must send to us which inform of incidents that affect people's health, safety and welfare. We looked at the information provided by Coventry social services safeguarding team.

We spoke with seven students who lived on site, one young person on respite care, six residential staff, three nursing staff, three staff who supported 'independent living skills', two administrators, and two human resources staff. We reviewed three students' care records. We also reviewed the complaints policy, whistleblowing policy, and safeguarding policy, and looked at a sample of medicine records, complaints, training and induction records and quality assurance records. We also spoke with the registered manager and the Vice Principal of the college for 'Student Independence and Progression'.

Our findings

Students told us they felt safe living at the college and all of the students we spoke with had a good understanding of safeguarding matters. One student told us they could go to staff and talk about their problems, they said, "I feel safe to go to them." Other students told us, "There are no times when I don't feel safe here." And, "It is a very nice safe environment. Staff welcome you and make me feel safe."

Students felt safeguarded from abuse. Students told us when they first arrived at the college they were provided with information about safeguarding, and informed of what they needed to do if they had any concerns. We saw minutes of a 'flat meeting' for 20 September 2016 where the safeguarding procedures were discussed. There were monthly flat meetings where students were reminded of who and how to report any safeguarding concerns. All students we spoke with knew what they needed to do if they had any safeguarding concerns. A second year student told us, "I have never witnessed any bullying in the residential at all. If anything did happen I would go to the staff anyway. I would feel confident to pass anything on."

Staff understood the actions they should take if they were concerned a student was being abused. They knew they had to report any concerns to the 'safeguarding lead', who was also the registered manager. Students also knew the registered manager was the person they needed to report any concerns to. For example one student said, "If we are in trouble, or anything we go to [registered manager] first or the team leaders." At the time of our inspection additional staff from the senior management team had commenced safeguarding lead training also.

Safeguarding information in easy read format was displayed on the communal notice boards in each of the flats. The information included the different types of abuse and possible signs of abuse and contact numbers if students needed advice or support, or wanted to report a concern. It also included advice about how to keep safe when using the internet, and cyber bullying advice. There were photos of staff who students could report safeguarding concerns to.

The college also had a peer mentor programme. There were two peer mentors in the residential block available to support students if they wanted to speak directly to another student about any fears they might have.

All visitors on the college site had to be escorted during their visit. Students who lived in the residential block had key fobs which enabled them to get into their own flat, but nobody else's accommodation. Staff regularly 'patrolled' the flats to ensure students were safe. Students signed in and out of the accommodation so staff knew who was on the premises. A member of staff told us, "We all know students by sight so if we saw someone strange we would challenge them. Day to day we keep students safe by observing and being vigilant."

The registered manager had assessed risks to people's individual health and wellbeing. These included risks related to sexuality, physical disability, behaviours, and learning disabilities. For example, where students could not move without equipment to help them, there was detailed information about the type of

equipment needed and how staff should use the equipment to keep students safe when they were being moved.

Students told us when they first moved to the college they had to be assessed by the college staff to see whether they were safe to go out of the college on their own. One student told us they had just completed their assessment for 'accessing the community'. They explained this entailed going out with three different staff on three different occasions to demonstrate they were safe on their own outside of the premises. They told us they had just been 'signed off' to go.

Students received their medicines as prescribed. The college nursing team was responsible for training care workers to administer medicines and to check they administered medicines in line with their training. They were also responsible for checking medicine records were accurate.

Each student's medicines were stored in a lockable cupboard in their bedroom. Students were assessed to determine whether they had the capacity to administer their own medicines or whether they needed the support from staff. Where students were assessed as having the mental capacity to administer their own medicines, the college made sure their physical disabilities were not a barrier to them doing so. For example, a student who used a wheelchair had their medicines cupboard moved to a lower level so they did not have to seek staff support to open it. Another student had an alarm to remind them to take their medicines.

Some students had medicines on an 'as required' basis'. For example one student told us, "I am not on any regular medicines. I just ask if I need paracetamol for pain in my hips and staff get it quickly." There were systems in place to check students were taking their medicines as prescribed.

There were enough staff to care for students safely. Students told us there were 'definitely' enough staff to support them and they had got to know staff well. They explained there were three teams which worked in rotation, each with enough staff to meet their needs. One said, "If we are in trouble we have a call bell. The staff come quickly, it is 24 hour care."

Staff also felt there were enough of them on duty during each shift to support student's needs. The majority of staff had worked at the college for a number of years and they really enjoyed supporting students. They told us there was always enough staff on duty and if staff were off work on sick leave they were able to cover the shift with bank (temporary) staff. One member of staff told us, "The bank staff know students which is important because some of the students wouldn't respond well to staff they don't know." All staff told us there was minimal staff sick leave.

Throughout our visit we saw staff available to support students when needed. For example, one student returned from class earlier than expected. We saw a staff member immediately go to the student, and after confirming the student was OK said, "Looks like you have some spare time. Is there anything you would like to do? Would you like to do something together?"

The provider's recruitment policy and procedures minimised risks to student's safety because the provider ensured, as far as possible, only staff of suitable character were employed at the college. Prior to staff starting work at Hereward College, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions.

Staff confirmed they were not able to start work until all pre-employment checks had been received by the

manager. The human resources advisor told us DBS checks for all staff were renewed every three years. They said, "We know this is not a requirement but we see it as good practice." This meant they would know if a member of staff had been convicted of an offence after they had started work at the college.

The premises and equipment were in good order and safe for people to use. A member of staff told us, "If anything is not right we send a work request and it is dealt with. If it was an urgent repair it would be dealt with straight away."

Is the service effective?

Our findings

Students told us staff had the knowledge and skills to meet their needs. One student told us, "The staff know me well, they can read me like a book. They ask me what's wrong and know when to leave me alone."

Staff received training and support from the management team. They completed yearly training to refresh their skills and knowledge in areas such as safeguarding people, infection control and moving people.

Staff who administered medication received training to administer medicines, and if students had a specific illness, condition or mental health needs, staff received training to improve their knowledge and increase their skills in these areas. For example, staff had undertaken training to understand and work with students who lived with Cerebral Palsy and Muscular Dystrophy. The college nursing team also trained staff to inject adrenaline for allergic emergencies, and to use a PEG feed (percutaneous endoscopic gastrostomy) for students who had their food via a tube going into their stomach.

A support worker told us, "I use the learning from my training every day. I use my knowledge of specific health conditions like cerebral palsy when supporting a student with the condition or if I am going to help a student who needs a hoist, I check the hoist and sling are in good order before I use them."

Staff had been supported to undertake further training to help them develop as health and social care workers. They told us they had taken national vocational qualifications. They also received formal individual meetings (supervisions) with their manager to discuss their roles and responsibilities, and appraisals to identify what they did well in their role and any future training requirements. As well formal meetings, staff told us they received a lot of informal support and guidance from the management team.

No staff had undertaken the Care Certificate. This was because no staff who worked at Hereward were new to working at the college and new to working in the care sector. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

We checked whether the college worked 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 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.

Staff had been trained to understand the mental capacity act. One member of staff said, "You must assume everyone has capacity to make decisions. If you think this is not the case then the person needs to have an assessment to establish which decisions they can make and which need to be made in their best interests."

We were told all the residential students had capacity to make their own decisions. All students we spoke with were able to understand and agree to restrictions that had been placed on them for their own safety. For example, students had restrictions on freedom of movement outside of the college until assessments had been completed.

The management team understood their responsibilities to apply for a Deprivation of Liberty safeguard (DoLS) if a person lacked capacity and their freedom was restricted. There were no students to which this applied.

Staff understood the importance of seeking a student's consent before carrying out any tasks or personal care for them. We saw staff sought consent from students throughout our visit. For example, one staff member asked a student if they were ready to be supported with making their breakfast. The person nodded consent. Later, another student was asked if they wanted support with making their lunch. They declined the offer of support. The staff member respected this and said, "No problem, Just let me know when you are ready." A student told us, "Staff always ask me my permission."

Students received food and drink which met their needs. The college encouraged students to eat healthily although they recognised students had the right to eat food which may not be as healthy for them. Healthy eating information was on display in each of the flats and weekly menus were based on this information. Students were fully involved in menu planning and preparing and making the main evening meal for their flatmates. One student told us, "The food is good because we decide what we want to eat." Students told us they each had a day when they helped with the cooking. One student told us they would prefer to do this more, but the majority agreed with one student's views which was, " Personally I think cooking once a week is enough!"

During our visit we saw students either making their own drinks and snacks, or being supported to have drinks and snacks by staff. All students we spoke with were happy with the food and drink they received. Where students had been identified as having specific needs in relation to eating and drinking, care plans identified these needs and how staff could support students. A member of staff also told us, "We also have to be aware of any equality or diversity issues. Some of our students only eat halal meat and others are vegetarian. We have to be aware, because you don't always realise things like gravy can have products in them which the students may not realise. It's up to us to make them aware."

Students received support to maintain their health and well-being. Students told us they could see healthcare professionals such as the on site nursing team or the GP when they felt unwell. One student told us, "If I don't feel well, I ask for paracetamol and staff arrange for me to see the nurse. If needed, the nurse will take me out to see the GP." Another said, "If I am able to walk up to the nurse I go to her, but if I'm too weak they come to me as their legs are longer!"

The nursing team undertook skin checks with students at risk of developing pressure sores, and bowel monitoring for students where this was an identified risk. They told us if any student was unwell, they would undertake initial observations and if necessary escort them to either the GP or the hospital. Students were also provided with escorts if required, to optician appointments and dental appointments. A student told us the nursing team often came to the flats to check they were okay.

Our findings

All the students told us staff supported them well and treated them with kindness. One student told us, "All the staff are really friendly and helpful towards the students who need support or who are worried or concerned. We can talk to them about our problems." Another told us, "Staff are fun to be around and it makes me happy to be here." One student and an ex student on respite support both told us they would recommend students attending as residential students.

At our last inspection we saw staff support a recently arrived new student who was homesick and going through a challenging transitional time. The student was now in their second year. They told us that whilst they still missed their family they enjoyed being at the college, and they were happy with the staff who supported them. A student who was in their first year at the college told us, "One staff member told us he really enjoyed coming to work. That is a real confidence boost for me and shows they are committed to their jobs."

Staff echoed what the student told us. They enjoyed their work and enjoyed being with the students. One staff member told us, "I love being with the residential students and when they leave it is lovely to see how their independence and confidence has grown. We get to know the person and bypass the wheelchair." Another member of staff told us, "We spend time with students getting to know them. We look for common ground and use that to build on...we work in a small unit so we really get the opportunity to get to know students well."

During our visit we saw staff responded quickly to student's needs and made sure students knew they mattered to them. For example, one student came back to their flat at lunchtime and wanted a cup of tea. They asked the staff, "Can you get me a tea bag?" The member of staff got the tea bag and asked if the student wanted them to make the drink for them. The student said they just wanted support with getting the tea bag. The member of staff then said, "If you need anything just call me," and once the drink had been made they asked the student who was a wheelchair user whether they would like them to carry the drink to their room.

As well as being supportive, staff and students enjoyed each other's company. During our visit we saw students laughing along with staff about something which was said or done. For example, we saw one member of staff and a student doing a dance with each other. Both were laughing and enjoying this so much, the student asked the member of staff to do it with them again.

We saw staff had a good understanding of students, and their knowledge of students was accurately reflected in the support plans we saw. Students told us they were involved in discussing their care and support needs. One student told us, "They do a care plan at the beginning of the year and we do it together and any changes together."

Care records showed that students were asked if they wanted an advocate (a person to speak on their behalf). They showed students either decided to self advocate or have a family member act as their

advocate. If students wanted a person outside of their family to act as their advocate the college arranged for an advocate to support them.

Staff respected students privacy. One student told us that whilst they liked being with other students, they preferred their own company. On the day of our visit we saw this student tell staff they wanted to be on their own. Staff supported the student to go to their bedroom and ensured the environment was how they liked it before they left.

Staff also ensured students dignity was maintained. For example, one student produced excess saliva after laughing about something which was said. Staff quickly wiped their face to maintain their dignity. We also saw staff ensured a student's privacy and dignity when they brought a student who used a wheelchair back from the shower room through the communal areas to get dressed in their bedroom, by covering them with towels.

Students enjoyed having friends and relations visit them in their flats. There were restrictions to visiting times, however students felt the restrictions were in their best interests. These were to ensure students had time after their college day to make their meals before visitors came; and to enable staff to provide personal care to students at the end of the day after visitors had left.

Is the service responsive?

Our findings

Students told us they loved residing at Hereward College. A group of students we spoke with told us, "We enjoy being here because it gives us a boost of confidence. You make friends just like that here."

To support students make the decision to reside at the college, the college offered prospective students an overnight assessment as part of the admission process. This gave students an idea of what it would be like to live at Hereward College. The college also obtained reports from all the professionals involved in the care and support of students to ensure placement offers were based on the best information available.

Staff understood each student's personal histories, their likes, dislikes and preferences. One staff member told us, "The care plan must be about what the student wants and how they prefer things to be done. We ask questions like, 'When would you like your shower. Do you prefer it before your breakfast or after?' Then you record it." They went on to tell us if the student changed their mind about their preferences they would change the care plan. One second year student told us, "I requested the same room (as last year) as it has got everything I need in it and is big enough for me to do everything I need to in it." They went on to tell us they were allocated the room they requested.

Students told us staff supported them to be as independent as possible. One student told us, "Staff just help me get into my chair and I do everything else. I like this as it makes me independent and it's good to know staff are there if I need them." Another said, "Staff help me into the shower. They do the parts I can't do, then they leave me to it and I call them when I am ready. They want us to be as independent as we can."

A student told us the college had helped enable them to talk with people they didn't know well and helped them with independence skills because they hoped to live on their own in the future. We asked students if they were treated as adults. They replied, "Here they treat us like proper adults."

We saw a staff member support a student with independence skills. They helped them to check 'use by dates' on food items in the kitchen. The staff member guided the student and gave lots of encouragement and positive feedback with phrases such as, "Just take your time, there is no rush," and, "Great Job, you have done all of that yourself." The student responded by smiling and gave the staff member a hug.

The college had a range of services available to maximise student's independence and to be responsive to their needs. These included speech and language therapy services, occupational therapy and physiotherapy.

The college also had onsite technicians who installed environmental controls to maximise independence. These included seizure monitors, door openers, adaptations to IT equipment, and eye control technology. Students told us the equipment provided by the college helped them to be as independent as possible.

Students were supported to follow their interests and hobbies and take part in social activities that were meaningful to them. One student told us, "You can do what you want and it is nice to have the options to go

out if you want to." Students told us there was a gym on site which was accessible for wheelchair users, and some used a swimming pool which was a five minute journey from the college. They also liked going to the cinema and to the pub.

Students told us they recently had a Halloween party and a birthday party for one of the students in their flats. One student told us, "It is different than being at home, we have more fun and get to do more activities, get to socialise with people and hang out." Another said, "We chill out in the evenings, we watch films, we got to each others' rooms, It's good, really good."

We asked students if they felt able to go to staff if they had any concerns or complaints. All students we spoke with felt staff were available to talk with. One student told us, "If I was not happy, I would point out the mistakes and get them to change." Another said, "I have not had to make a complaint, but if I had to I would."

We found there had been one formal complaint made since our last inspection. This was made by a relative about the internet connection at the college and was addressed in line with the college's complaint's policy and procedures.

Students were provided with opportunities to share their views about their stay at the college during regular 'flat meetings'. These were meetings chaired by a student and gave students and staff the chance to discuss a range of topics including any concerns students had. One student told us, "I go to the flat meetings. They are useful because they bring everyone together. If anyone raises anything the staff take action so everyone is happy." The minutes of previous meetings included discussions about safeguarding procedures, health and safety issues, and activity planning. Students had requested a computer console football tournament and a pamper night. Both of these requested had been agreed and acted on.

Is the service well-led?

Our findings

The management team were open about the findings of the recent Ofsted inspection. They told us they had taken the concerns identified by Ofsted about safeguarding practices seriously and were keen to improve. For example, the college acknowledged their safeguarding policy needed to be revised and had appointed an independent person to support them with this. At the time of our inspection visit this was in progress.

The registered manager understood their legal responsibilities, and had sent us notifications about important events at the service, or concerns which had been raised about student safety. However, during our visit, we found staff had reported an incident between two students to the registered manager which had not been referred to the local authority safeguarding team or to us as a 'notifiable' incident.

The registered manager, who was also the college's safeguarding lead, did not think the incident met the threshold for reporting to the local authority safeguarding team. However, after discussion with us, the registered manager referred the incident to the safeguarding team. Shortly following our visit, the registered manager contacted us to confirm that the local authority safeguarding team were satisfied with the actions taken by the college to reduce the risk of a similar incident occurring in the future.

The college had also undertaken their legal responsibility of informing the public of their last CQC inspection rating by posting their rating on the college website.

The college's leadership informed us their vision was, 'Each learner's experience at Hereward College will prepare them for the next stage of their life with outstanding employability skills and much greater control over their future. Their growing independence and well-being will enable their talents to shine.'

During our visit we saw this vision in action. Residential staff supported students to be as independent as they could be and enhanced their well-being. Students told us they were consulted about how they wished their support needs to be met and how they wanted to live their lives during their college years. Their decisions about their lives were respected and supported by the whole staff team.

Students knew who managed the service and told us they felt the management team were approachable. One student told us, "There are three teams (of staff) and their boss is [registered manager's name]". Another told us, "If we are in trouble or anything, we go to [registered manager's name] first or the team leaders, and the rest of the team - they are really helpful. You could go to any of them and they sort it out if they can straight away. If they can't sort it out that day, they won't forget it."

Staff also told us their views and opinions were encouraged and listened to. They told us if they had to speak with the leadership team about any concerns they would feel comfortable to do so. One staff member told us, "Their doors are always open. If I have something I am concerned about I can go to them. Not one manager has ever let me down." Another told us, "We are encouraged to share our ideas. We talk about things in meetings. I can't give you an example but I am confident if I had a good idea the registered manager would be supportive."

All staff, from the leadership team through to care staff, were enthusiastic about their roles and the work they did with residential students. One staff member told us, "I have worked here for a number of years which tells you I love my job." Another said, "I love it here. Our job is very rewarding." Staff felt they worked well as a team and communicated with each other effectively. Staff understood what their roles and responsibilities were, and who they were accountable to.

The provider carried out checks to ensure the quality of the service and drive improvements in practice. These included checks of student support plans, all aspects of the environment, fire safety, incidents and accidents, and medication. Any concerns were acted on. They also had a 'quality and standards' subcommittee which provided additional scrutiny on quality matters.

The college provided a range of opportunities for students and relatives to feedback on residential provision. These included parent surveys, questionnaires on the induction process, and learning reviews by students.

The leadership team promoted the delivery of good quality, person-centred care which supported student learning and innovation. They were open and transparent and learned from their mistakes. As students told us, "We love it here."