

# Ruskin Mill Trust Limited

# Freeman College

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Freeman College is a specialist residential further education college for young people with a learning disability or mental health needs and autistic people. People 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.

The service also provides a shared lives scheme. They recruit, train, and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service can support up to 20 people and 18 people were receiving a service at the time of the inspection.

### People's experience of using this service and what we found

The provider was able to demonstrate how they would meet the underpinning principles of Right support, right care, right culture:

#### Right support:

The model of care and setting maximises people's choice, control and independence. Risks associated with people's care had been identified and assessments were in place to minimise risks occurring. The provider adopted the least restrictive practices underpinned by a positive behaviour approach.

The provider had a process in place to safeguard people from the risk of abuse. Staff were knowledgeable about safeguarding and knew how to act on concerns. The provider had a recruitment system in place to ensure appropriate staff were employed. Environmental risk assessments were individualised and incorporated into people's care plans.

#### Right care:

Care is person-centred and promotes people's dignity, privacy and human rights. People received thorough and detailed assessments. Plans and interventions were individualised to their needs and risks. People were treated with kindness, compassion, and respect by the staff. Staff knew people well and responded to them appropriately and sensitively.

People told us they took part in a wide range of activities which were tailored to their interests and gave them the chance to try new things. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

#### Right culture:

The ethos, values, attitudes and behaviours of managers and staff ensured people accessing the service led confident, inclusive and empowered lives. The leadership of the service worked hard to develop a learning culture. Staff told us they felt valued and empowered to suggest changes and confident enough to question poor practice. There is an open and honest culture between people, those important to them, staff and managers. People, relatives and staff told us, they felt confident in raising concerns and complaints.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to explore and embrace their identity and provided care that was sensitive to equality and diversity.

#### Rating

The last rating for the service under the previous provider was good, published on 14 June 2019.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Freeman College

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a specialist advisor and an Expert by Experience. The specialist advisor was a nurse. 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 carried out the inspection between 13 July 2022 and 21 July 2022.

#### Service and service type

Freeman is a specialist residential college. People 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.

The service also provides a shared lives scheme. They recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of the inspection the registered manager had left the service. A new manager had been appointed who was in the process of registering with CQC.

### Notice of inspection

We gave the provider 48 hours' notice of the inspection visit. This was because we needed to make sure staff would be at the office to answer our questions and provide the information, we required to carry out our inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

### During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with 21 members of staff including the nominated individual, the principal, and the manager.

We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Freeman College. Comments included, "The staff keep me away from situations and help me when I get angry, I feel safe in my home." Another person told us, "I feel safe where I live."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- The manager and the staff worked hard to ensure whilst people were protected from risks or harm. People were still actively encouraged to partake in events and activities to promote inclusion and wellbeing.
- Individual risks to people had been assessed with the involvement of the person and their family members where appropriate. Care records provided detailed information about people's individual risks in order for staff to keep people safe from avoidable harm.
- People were encouraged and supported to take positive risks which allowed them to live as unrestricted a life as possible.
- Regular checks were made on the premises and equipment to ensure people's safety. This included checks by external contractors on gas, electrical and fire safety.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits as and when they wanted.
- Enough suitably qualified and trained staff were deployed to meet people's needs and keep them safe.
- The manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times. This was to meet people's care needs and keep people safe.
- Safe recruitment processes were being used in line with the provider's recruitment policy. This helped to ensure staff employed were suitable to work with vulnerable people.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Regular checks were completed to ensure staff remained competent to safely administer medicines.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). The service ensured that people's medicines were reviewed by health

professionals in line with these principles.

- Medicine administration records (MARs) were completed accurately.
- Staff had access to relevant guidance for people who received medicine 'as required' (PRN) to ensure medicines were only administered when needed.

#### Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff received training and had access to relevant guidance and information to ensure effective infection prevention and control.

#### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The service recorded any use of restrictions on people's freedom. Managers reviewed use of restrictions to look for ways to reduce them.

# Is the service effective?

## Our findings

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

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

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. These included people's physical and mental health needs.
- A holistic approach was taken to assessing, planning, and delivering high quality care and support. The service had provided consistently better outcomes for people. For example, one person's mental health needs had greatly improved, resulting in a reduction in the use of medicine and a better quality of life.
- People, those important to them and staff reviewed plans regularly together.
- Staff completed positive behaviour support assessments for people who needed them and took the time to understand people's behaviour.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in positive behaviour support. Staff demonstrated a clear understanding of the principles underpinning the values of positive behaviour support.
- People were supported by staff who had received training appropriate to their roles and responsibilities. Development opportunities were also available to staff. Staff training included a wide range of strengths and needs people with a learning disability and or autistic people may have. This included mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and restrictive interventions training.

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

- People were supported to plan their meals and prepare their food.
- Staff encouraged people to eat a healthy and varied diet. The manager told us supporting people's understanding of the advantages of a healthy diet was an important part of their care and support.
- One person said, "We buy organic food, but I don't mind organic, healthy food as I am trying to keep healthy."

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

- People were comfortable in their environment and spent time in their own accommodation and communal areas.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

Supporting people to live healthier lives, access healthcare services and support

- People had health action plans. These helped health and social care professionals to support them in the way they needed.
- People had good access to physical and mental healthcare.
- People were referred to other professionals such as positive behaviour support team and learning disability team, where appropriate.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented.
- The management team and staff worked in line with the MCA and ensured people were involved in decisions as far as possible. Where people lacked capacity, best interest decisions were recorded where necessary.

# Is the service caring?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well matched with their support workers and as a result, people were mainly at ease, happy, engaged and stimulated. Comments from people included, "The staff are supportive; they talk and listen to me and make me laugh, and we get on well" and "Some of them [staff] are funny, they are like my friends, and I enjoy spending time with them." Another person said, "The staff are kind, sometimes they listen to me, I can do pretty much what I want, I would like support to make more friends and I will be sad to leave."

- Staff provided a caring and supportive environment for people who lived at the service. All the staff we spoke with were passionate in ensuring people were well cared for. One staff member said, "I love my job, I really love the culture. I feel really supported and I love my co-workers, the job is so fulfilling."

- People received kind and compassionate care from staff who used positive, respectful language, which people understood and responded well to.

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

- People felt listened to and valued by staff. One person said, "They [staff] give me freedom of choice."
- People were given time to listen, process information, and respond to staff and other professionals.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. For example, around their cultural or religious choices.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- One person said, "I have had good support with learning new skills, I can use the washing machine and cook now. The staff have helped me to become independent." Another person said, "The staff are very encouraging and supportive."

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The service and staff displayed a person-centred culture. This was embedded into assessments and care plans and evidenced in the care and support people received.
- The service was responsive to people's needs for care, treatment, and support. Each person had a 'positive and proactive support plan.' This was personalised and detailed their personal choices and preferences for how they wanted to live their daily lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of the assessment and care planning process.
- Staff used alternative methods to effectively communicate with people who were identified as having specific communication needs. For example, pictorial timetables.

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

- Staff provided person-centred support with self-care and everyday living skills to people.
- People were supported by staff to try new things and to develop their skills.
- Staff were committed to encouraging people to undertake voluntary work, employment and vocational courses in line with their wishes. As well as exploring new social, leisure and recreational interests.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and used any concerns raised to learn and improve the service.
- The service kept a record of any concerns or complaints made and action taken to address them.

End of life care and support

- The service did not currently support any people who were receiving end of life care.

# Is the service well-led?

## Our findings

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

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

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

- People were at the heart of the service. The management team's primary focus was to develop people's skills and confidence and provide them with the tools needed to live more independently. This was evidenced by the many examples where people's lives had significantly improved.
- People were supported to meet their needs in a person-centred way. Staff knew people well and were aware of their preferences.

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

- The staff were all compassionate, inclusive and skilled. Staff had developed strong, caring and respectful relationships with people and those close to them. Comments from staff included, "We have a solid team; dedicated and committed" and "I love my job, it is a wonderful place to work."
- Managers and staff had developed a strong working ethos and they showed a high level of experience and the capability to deliver high quality care.
- The provider acted with integrity and communicated effectively with families and professionals following specific events.

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

- The manager communicated their appreciation of the hard work and commitment of all staff and the very positive impact they had on people's lives.
- The service enabled constructive engagement with staff, people using the service and family members in order to provide person-centred care. This promoted positive outcomes for people.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- Different professionals such as psychiatrists, positive behaviour specialists and occupational therapists were consulted with when needed. Their expertise was well received by the management team. This was evidenced in reviews of people's support plans and minutes of meetings with other professionals.