

The Orpheus Centre Trust

The Orpheus Centre

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

The Orpheus Centre domiciliary service provides personal care to students living in a supported living setting, in the grounds of The Orpheus Centre, a performing arts college for young disabled adults. The students are younger adults with a variety of disabilities that include sensory, physical, learning disabilities or autistic spectrum conditions and have a declared interest in the performing arts. At the time of our inspection 24 students were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. Student's using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that students can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for students reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. Support for students focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet the student's care and support needs. The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Risks to students had been assessed to ensure their needs were safely met. Student's medicines were managed safely. The service had procedures in place to reduce the risk of infections.

Student's care and support needs were assessed when they attended the college. Staff had the skills, knowledge and experience to support student's appropriately. Staff were supported through induction, training and regular supervision. Students were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them. Students were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Students and their relatives (where appropriate) had been consulted about their care and support needs. The service had a complaints procedure in place. Students end of life care needs and wishes were considered. The registered manager worked in partnership with education and health and social care providers to plan and deliver an effective service. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. The provider took students and staff

views into account through satisfaction surveys. Staff enjoyed working at the service and said they received good support from the registered manager.

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

Rating at last inspection

The last rating for this service was Good (published 27 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Orpheus Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

A single inspector carried out this inspection.

Service and service type

The service is a domiciliary agency that provides personal care and support to students living in a supported living setting. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living. This inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was carried out on the 9 December 2019 and was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five students and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care workers and the chef. We also spoke with member of the college's therapy team. We reviewed a range of records. These included three students care records and medication records. We looked at staff files in relation to recruitment and supervision and 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 also 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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Students were protected from abuse. A student told us, "I feel very safe here. It's like my own home." A relative told us, "I think my daughter is very safe. Once when we visited a member of staff asked us who we were. That made me think this place is safe and secure."
- There was a safeguarding policy in place and staff had received training and were provided with information regarding who to report potential safeguarding concerns to.
- Staff members 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.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC as required.
- We saw information for students on notice boards relating to anti-bullying including a confidential hot line for raising concerns.

Assessing risk, safety monitoring and management

- Risks were managed safely. Students told us they had been involved in assessing risks to their health and safety.
- Student's care records included risk assessments for example on self-medication, cooking, eating and drinking, moving and handling, medical conditions and the colleges automatic doors. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring.
- There were arrangements in place to deal with foreseeable emergencies. Staff had received training in fire safety and student's had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.
- The risk assessments had been kept under regular review to ensure they were up to date.

Staffing and recruitment

- There were enough staff on duty to meet student's needs. The registered manager told us staffing levels were considered and arranged at the beginning of each college year according to the student's care and support needs.
- Support staff supported students in the mornings, lunch and break times, in the evenings and throughout the night. Teaching staff supported students with their education needs during the day however support staff were always on hand to help students throughout the day if required.
- We observed students being supported by support staff at lunch time and break times. One student told us, "There are plenty of staff to support us. They help us mostly in the mornings and evenings. There are quite a few agency staff, but they are all good. We get the same ones, so they know us well." A relative told

us, "I visit at the weekends when some student's go home but there still a lot of staff there. I think the staffing levels are good."

- The registered manager told us there was an ongoing recruitment drive to address current vacancies. They had recruited four new support staff and they would be commencing employment at the college shortly.
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, employment references, evidence that a criminal record checks had been carried out, health declarations and proof of identification.

Using medicines safely

- Medicines were managed safely. Medicines were stored securely in lockers in student's flats.
- Students were receiving their medicines as prescribed by health care professionals. They had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. MAR records had been completed in full and there were no gaps in recording.
- Some students looked after their own medicines. We saw self-medicating risk assessments were in place. One student told us, "I manage my own medicines because I like to be independent. I completed a risk assessment with a member of staff. They [support staff] just check with me to make sure I am taking my medicines correctly and when I should."
- Training records confirmed that staff responsible for administering medicines had received medicines training and they had been assessed as competent to administer medicines by the registered manager.

Preventing and controlling infection

- The provider had an infection control policy in place.
- Personal protective equipment (PPE) was available for staff. The registered manager told us the service provided support staff with gloves, aprons and hand gel as and when required.
- Training records confirmed that all support staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring, investigating and learning from incidents and accidents. The registered manager monitored incidents to identify if any learning could be taken from them. Following a recent incident, they had considered how students were using social media and they had offered social media advice and training to students and staff.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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

- Assessments of student's care and support needs were undertaken when they attended the college. A staff member told us prospective students attended an information morning to consider if they would like to attend the college. They completed application forms, and these were assessed to consider if a college placement was suitable for them.
- When a student was successful in their application to attend the college, they were invited for a face to face assessment to review and clarify their current support needs. In the first term occupational, speech language and therapists and physiotherapists completed a full assessment of the students' needs using assessment information, a review of their equipment and support programs. They liaised with parents, carers, previous therapists, health professionals and any other relevant organisations.
- Assessments were also carried out on areas such as medicines, diet and nutrition and communication methods and support plans and risk assessments were drawn up. Where appropriate individual training videos and visual guides were created with the student to ensure staff could support them safely. These provided support staff with information on how best to support students with their needs.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. They told us they had completed an induction, they were up to date with training and they received regular supervision and an annual appraisal of their work performance.
- The registered manager told us staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new health and social care workers.
- Training records confirmed that staff had completed an induction programme and training that the provider considered mandatory. This training included safeguarding, infection control, moving and handling, equality and diversity, food hygiene, fire safety, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Support staff had completed training that was relevant to student's needs including autism, diabetes, epilepsy and Downs Syndrome awareness, relationships and sexual education and improving oral health. One member of staff told us training on Autism and Downs Syndrome awareness had helped them to understand individual student's care and support needs.
- Records confirmed staff were receiving regular supervision and annual appraisals of their work performance.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us the student's they currently supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a student's ability to decide they would work with them and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA.
- Staff had received training on the MCA. They told us they sought consent from student's when supporting them and they respected student's decisions.

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

- Students were provided with sufficient amounts of nutritional foods and drink to meet their needs. Students used the college canteen at lunch and breaks times or prepared meals for themselves in their flats. A relative told us, "My daughter is supported to make her own choices about food. She and her keyworker do a shopping list and plan the meals for the week. She does a food shop once a week at a local supermarket."
- We observed how students were supported at lunch time. The canteen was busy with students socialising and enjoying each other's company. Students chose their meals from the daily menu. Support staff were on hand to help student's when needed. For example, we saw a member of staff encouraging a student finish their meal.
- Student's care records included assessments of their dietary needs and food likes and dislikes. The assessments also indicated the student's food allergies and their support needs. One student told us, "I like the food, it's very nice." Another student said, "I like the food but sometimes there are a lot of carbohydrates. I like to eat healthy options. I cook for myself in my flat." A third student said, "The food is great. I like it all. We are encouraged to eat healthy meals."
- We spoke with the chef. They had a very good understanding of individual students' medical conditions, allergies and dietary needs. They told us they worked closely with a speech and language therapist [SALT]. If a student was struggling with their dietary needs, they would refer them to the SALT. They told us they promoted healthy eating and sought student's meal preferences and suggestions through discussions and meetings and they updated the canteen menus accordingly.

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

- The service had effective working relationships with relevant health care professionals to ensure student's received co-ordinated care and support. The registered manager told us students were registered with a local GP and dentist. We saw that student's attended regular appointments. Records of health appointments and outcomes were maintained in their health action plans.
- A relative told us, "My daughter is registered with a GP near the college. It's easy for them to make appointments. I go with her to all her dental hospital appointments. Support staff would go but I like to take

her." Another relative said, "They are really good at meeting my daughter's health needs. If there are any concerns they act immediately. When my daughter came out of hospital they looked after her really well."

- Information was available and shared with other health care services such as hospitals when this was required. Student's had hospital passports and health action plans which outlined their health needs for health professionals when they attended or were admitted to hospital.
- A physiotherapist told us they provided training to staff on individual student's needs. They said support staff were very receptive and supportive to the students.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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

- Students were well treated and respected, and their diverse needs were considered. Their care records included sections that referred to their cultural and religious backgrounds and relationships important to them.
- The service raised student and staff awareness of diversity. We saw an awareness notice board with handmade posters containing information on LGBT+Q, Transgender day, Black History month and Climate Change.
- Some support staff had been designated LGBT+Q, Ability and Black and Ethnic Minority Champions. These staff had received train the trainer training on the topic and they were the first point of contact for students and staff for advice and support.
- Support staff had received training on equality and diversity. Staff said they were happy to support students with their diverse needs. One staff member told us, "There is a very relaxed atmosphere here. The students have different needs and different relationships. We have had training on equality and diversity and supporting students with relationships. We all support the student's do what is important to them."
- Students and relatives told us staff were caring. One student said, "The staff are really helpful and caring." A relative told us, "The staff are absolutely kind and caring, they are 100 per cent respectful to my daughter and they are very hot on promoting her dignity." Another relative commented, "I think the staff are exceptional and really caring. They go over and above what I would expect of them, for example, when my daughter came out of hospital I was very worried, but the support staff checked on her through the night and kept me informed."

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

- Students and their relatives, where appropriate, had been consulted about the care and support they received. One student told us, "My mum and I were involved in all my planning. The staff were very good at listening to what I needed."
- A relative told us, "I attend all of my daughters review meetings with them. We can arrange a meeting at any time to discuss any issues we might have. For example, we recently held a meeting to plan what we can do for my daughter when she leaves the college. We talked about housing and the level of support she needed. They are very helpful with future planning."
- Another relative commented, "I have lots of involvement in my daughters care. Every three weeks I speak with her keyworker and any suggestions I make they take on board. My daughter's right to choose is very much promoted. She has choice notices all over her flat reminding staff that helping her to make choices is very important for her."

Respecting and promoting people's privacy, dignity and independence

- Student's privacy, dignity and independence was promoted. A student told us, "The staff are great. They don't just walk into my room, they knock on the door and ask if they can come in. They respect my privacy. I can spend time by myself if I want to." A relative told us, "I would say my daughter's privacy and dignity is definitely respected."
- One student told us, "The staff are very good at promoting our independence. I can do a lot of things for myself." Another student said, "I love being here. I am learning to cook, do my own washing and I am becoming more independent." A relative commented, "My daughter can do most things for herself. She is very independent, but she gets help from staff when she needs it."
- A member of staff told us, "I really like working here, it's a unique place. We constantly prompt students to be independent and to learn new skills. It's amazing and very rewarding to see each student's progress from when they come here to when they leave."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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

- Students had support plans that described their health and social care needs and included guidelines for staff on how to best support them. For example, there was information for staff about supporting a student with a specific medical condition and with eating and drinking.
- Support plans reflected the principles and values of Registering the Right Support. They referred to promoting student's independence and their inclusion within the local community. The care plans were kept under review and changed as student's needs changed.
- Staff had a very good understanding of students' needs. They were able to tell us in detail about each student's individual needs. For example, a member of staff told us how they supported a student with their independent living skills.
- Students had keyworkers to help them to co-ordinate their care. One student told us their keyworker had "Helped them to get organised." A relative commented, "My daughter's keyworker is brilliant they take everything I tell them on board." Another relative said, "My son's keyworker is great and helps with his shopping list and his cooking."
- 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 registered manager told us a college transition team supported students with tutorials and 'Preparing for Adulthood' workshops. Students also completed preparing for employment and work qualifications coupled with a supported internship with local employers. The registered manager said the transition process continued when students left the college for example a transition coordinator could potentially work with students for another six months to facilitate a seamless move to their new accommodation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Students were supported to take part in activities that met their needs. Support staff arranged activities for students in the evenings. These activities included trampolining, Pilates, art, flower arranging, a film club, football with keyworkers and a disco. Students also went to local pubs and to the theatre if they chose. Some students went home at weekends to spend time with their families.
- One student told us, "There are plenty of things for me to do here. I like to play music and I go to a local disco. We go shopping and I spend time with my friends here."
- The college had mini buses to take students on trips out and for their weekly shops.

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.

- Student's communication needs were identified, recorded and highlighted in their support plans.
- The registered manager told us most students could understand the information the service provided. For example, information such as the complaints procedure and service users' guide were provided in words and pictures. If required information could also be provided in different formats to meet people's needs, for example large print, Braille or different languages.
- We observed one student communicating with staff using British Sign Language and by texting and showing words and pictures on his mobile phone. It was obvious that staff understood this student's method of communicating as they were able to take part in a conversation with them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that students could understand.
- A student told us, "I have never had any problems to complain about but if I did I would tell the registered manager and they would deal with it." A relative told us, "I would talk to the registered manager if I needed to complain. However, I have never had any worries or concerns."
- We saw a complaints file that included a copy of the college's complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately, and where necessary, discussions were held with the complainant to resolve their concerns.
- The registered manager told us they and staff knew people using the service well and would know if any person was not happy. They told us they would use the student's preferred method of communication [for example pictures or symbols or communication aids] to establish why they were unhappy. They would also involve social or health care professionals if they felt there was a serious concern.

End of life care and support

- The registered manager told us no one currently using the service required support with end of life care. They said they would work with students, their family members and health professionals to make sure they were supported to have a dignified death. They told us a care plan for end of life would be developed when it was required.
- Although student's care records referred to their cultural and religious and diverse backgrounds there was no detail about their individual wishes at the end of their lives. During the inspection the registered manager introduced a section in students' care records that included their wishes for their end of life care [should they wish to complete it]. This section included their cultural, religious and spiritual needs and any funeral preferences. The registered manager told us they had arranged to meet with family members to discuss student's wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of the students' needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating, which we saw was displayed at the college reception and on the provider's website.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- Staff were positive about how the service was run and the support they received from the registered manager. One member of staff said, "We have really good teamwork. The registered manager is fantastic, she holds the team together well." Another member of staff commented, "The registered manager is very supportive. She has helped me to progress in my career."
- A relative commented, "The service is well run and managed. I think they are outstanding."
- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong.

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

- The registered manager told us the ethos of the service was, 'At Orpheus we use arts as a vehicle to promote learning and personal development. We teach a diverse curriculum that covers arts, independence and employment skills.'
- We saw staff applying this ethos in the way they worked. Throughout the inspection we observed students being encouraged with their independence and empowered to make decisions about their wishes and preferences. For example, some people managed their own medicines, and we saw student's returning from a shopping trip with the foods they wanted for their planned meals throughout the week.
- One student invited us to their room. They showed us meal and activity plans and told us, "I have everything I need here. I get support with learning to cook so I can become independent. I might have my own place one day."
- A relative told us, "My son has changed hugely since he's been there. He's much more confident and independent."
- A social care professional told us, "We have had a number of young people advance through this setting. We have found the team to be innovative, modern thinking, engaging and enabling young people who live

with day to day challenges, who have a wish to further their theatre, media and acting careers. Personally, I think they are an inspiring and a good service with a lot of opportunities and experiences to offer."

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

- The provider sought students and support staff views about the service through surveys. We saw action plans from surveys completed with students and staff. These indicated where students or staff made comments where improvements could be made that action was taken by the registered manager. For example, when a student suggested they would like to have different support staff the support staff rota was altered so they had different staff members. When a staff member said they had not received any shadowing shifts the registered manager made sure all support staff were offered the opportunity to shadow experienced staff before they worked on their own at the service.
- Regular students' meetings took place. Issues discussed at the last students meeting in November 2019 included the cold weather, personal hygiene, oral care and evening activities. One student told us, "We have student meetings every month, so we can give the support staff feedback on how the service is running. I really like going to the meetings because they listen to what the students have to say."
- Records showed that regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting included additional training for staff, respecting each other, teamwork and the new organisational strategy.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. The registered manager undertook regular monitoring checks. These covered areas such as health and safety, infection control, incidents and accidents, support plans, medicines and complaints. The checks were up to date and showed actions were taken when shortfalls were identified.
- The provider used a quality self-assessment tool based on CQC's key lines of enquiry (KLOE) to assess their regulatory compliance. The KLOEs provide a set of standards by which services can evidence what they do well. We saw a report from April 2019. The report identified that the service did not make safeguarding information available for students. We saw during this inspection that students had access to information on safeguarding. This confirmed that the service was complying with the regulations.
- The provider held regular three-monthly care committee meetings to monitor assess the services performance. Areas discussed at the most recent meeting included safeguarding, medicines, student care, complaints and the service development plan. The minutes of the meeting recorded for example, that family feedback forms are positive, complaints received had been resolved within appropriate timescales and student's health action plans had been reviewed and streamlined to include a medication profile.

Working in partnership with others

- The registered manager told us they attended regular meetings as an expert by experience with Care Quality Commissions co-production group. The group talked about topics relevant to the students for example relationships and sexuality. They told us they used what they learned at the meetings to train support staff and improve the student's experience at the college.
- The registered manager also attended a local authority care association meeting where they learned about and shared good practice. For example, they said they received 'amazing' training for managers on safeguarding and they had used this to further develop the colleges safeguarding and reporting procedures.