

# Treloar Trust







# Treloar 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	

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. We last inspected the college in February 2014 and at that time we identified one breach in legal requirements which related to the management of medicines. This has now been addressed.

Treloar Trust is both a registered charity and a limited company. Treloar school and Treloar college are part of the Treloar Trust. Treloar School and the educational side of Treloar College is inspected by Ofsted. CQC inspects: Accommodation and nursing or personal care in the further education sector; Treatment of disease disorder or injury; Diagnostic and screening procedures and personal care. This means CQC is responsible for inspecting and regulating the residential accommodation of the college as well as inspecting the health care provision at the health centre. Treloar College is registered to provide treatment care and accommodation for up to 163 students aged between 16 and 25. At the time of this inspection three houses accommodated a

# Summary of findings

total of 61 students. These were Wessex House , Brewer House and Gauvain House. The health centre could, where necessary accommodate up to four students or children from the Treloar school in the event that they became unwell.

The service had four registered managers in post. 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 and associated Regulations about how the service is run.

Students living at Treloar College had a broad range of needs. We spoke with students who had complex medical conditions and who needed intensive staff support as well as students who were more independent and who needed encouragement or prompting from the staff. We spoke with students who were new to the college and to students who had been at the college for some time. This helped us to form a view of what college life was like for all.

All students said they would recommend the college to others. One student said "I really like Treloar. If there is one thing I could change it would be to make it a forever place or stay as long as I can because it is one of the best places in the country for disabled people." Students told us about a good staff team who were kind, professional and who built up their confidence. Several described how they had been supported to become more independent. They liked the fact they were not treated differently and said they enjoyed their social life.

Staff spoke very enthusiastically about their roles and clearly described the aims and objectives of the service. They all said they would recommend the college as a good place to study and live. Staff received a good range of training and were well supported by managers. There were enough staff employed to ensure students received effective and safe support. There was a range of staff employed and they worked closely together to assess, plan, and deliver the care, treatment and support to students. Therapy staff included speech and language therapists, dieticians, physiotherapists and councillors. This meant students had prompt access to specialist

support and any aids and adaptations they required. Therapists and nurses also provided specialist training to support staff to ensure care provided was effective and safe.

Students felt safe and said there was no bullying at the college. The risk of abuse was reduced because they knew how to report any concerns and were encouraged to do this. Staff were trained to recognise the signs of abuse.

Staff understood the principles of The Mental Capacity Act 2005 and the Deprivation of liberty Safeguards. This helped to protect student's legal rights.

Students said the college met their care treatment and support needs and they felt involved in the planning and delivery of this. There was detailed written guidance in the form of a 'Young Persons Plan' (YPP) for each student. These were updated regularly in consultation with the student concerned to ensure they were accurate. The detailed information within the YPPs helped to ensure staff provided effective and consistent support . This helped to ensure students' medical care and nutritional needs were met.

The college had detailed transition arrangements in place which helped to ensure they could meet the needs of prospective students and monitor how effective they had been in helping students as they moved on from the college. There were a number of different educational, social and work experiences available to students whilst they were at college and students told us they valued and enjoyed these opportunities.

The culture of the college was open warm and inclusive. Students were at the heart of the service and were encouraged to take part and contribute towards all aspects of the running of the service. Staff took part in research and national interest groups which related to their specialism and used this information to enhance the care and treatment of students at Treloar. There were clearly defined and robust quality assurance and clinical governance arrangements in place which meant the service was continually striving to improve. An example of this was the redesign of some of the residential accommodation to increase student's opportunities to develop their independence.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Students said they felt safe and said there was no bullying at the college. There were appropriate arrangements in place to promote students' safety and to reduce the risk of abuse.

Staff understood and followed the principles of the Mental Capacity Act 2005 and the college was meeting the requirements of the Deprivation of Liberty safeguards (DoLS).

Risk to students health and wellbeing was regularly assessed and there were comprehensive policies and procedures in place to manage risk to individuals and the service.

Students were supported by sufficient staff with an appropriate range of skills and staff recruitment processes were robust.

Improvements had been made in the management of medicines so students received them safely.

Good



### Is the service effective?

The service was effective.

Students said staff were effective in meeting their needs. A multidisciplinary approach to assessment and care planning helped to ensure all aspects of students' health and care needs were understood.

Students were encouraged to make healthy meal choices and staff provided appropriate support where necessary to ensure students nutritional and health care needs were met.

Students were supported by staff who received suitable training and regular support through supervision and team meetings.

Good



### Is the service caring?

The service was caring.

Students said staff were kind and treated them with respect and we observed sensitive and discrete care.

Students were actively involved in planning and making decisions about their care and treatment.

Staff worked hard to ensure students views about their care and support were known and acted upon.

Students privacy was respected and they were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Students care was based around their individual needs and aspirations and staff took positive action to help students to be as independent as possible.

Good multidisciplinary working helped to ensure students had easy access to specialist advice and support and equipment.

Good



# Summary of findings

There was a wide range of social, educational and work experience opportunities available.

Students and staff said they knew how to raise any concerns and felt confident these would be dealt with appropriately.

There was a very detailed transition process in place to ensure the college was appropriate for prospective students and to help monitor how effective the college had been in helping students to prepare for their future lives.

## **Is the service well-led?**

The service was well led.

The culture of Treloar was open, inclusive and warm and the college encouraged participation and praised students and staff for their achievements.

Detailed governance arrangements and robust quality assurance processes ensured the service continued to meet its aims and objectives.

Staff participated in national specialist groups and took part in meetings and research and used this learning to ensure students received a high quality service.

**Good**



# Treloar College

## Detailed findings

### Background to this inspection

The inspection team included two inspectors, a specialist pharmacy inspector and a senior manager from The Care Quality Commission (CQC). The senior manager was taking part in the inspection to evaluate the methods of inspecting and the reporting processes within CQC to ensure they remained robust.

The inspection team also included a specialist nurse who had experience in working with children and younger adults and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We visited on 26 September, 30 September and 7 October 2014. We spoke with 22 students who had a variety of treatment, care and support needs.

We spoke with 27 staff who fulfilled a broad range of roles. This included residential and support staff from each of the

three residential homes currently operating, registered managers and other senior staff. We also spoke with specialist health care professionals. These were nurses, dieticians, speech and language therapists, physiotherapists, and counsellors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notification of significant events submitted by the service which provided details, where necessary of what action had been taken to reduce the risk of reoccurrence of adverse events. We looked at the care and treatment records of 17 students and observed support being provided in Wessex, Brewer and Gauvain Houses. We also looked at four staff recruitment records, staff training records and quality assurance documents

# Is the service safe?

## Our findings

Students said they felt safe at Treloar and said there was no bullying at the college. These views corresponded with the most recent survey where students said they felt safe and were being fairly treated. Parents surveyed agreed Treloar kept their young person safe.

There was a lot of written information around the college about how to keep safe and the head of safeguarding went to the residential homes and to classes to talk with groups of students about what action they should take if they were worried about anything. Students were encouraged to discuss any concerns with any member of staff they felt comfortable with and all agreed they were able to do this.

There were clear processes to help to ensure students were safe and protected from abuse. Staff confirmed they received training in safeguarding adults and children and knew what to do when any safeguarding concerns were raised. Protecting students from bullying, harassment, avoidable harm and abuse was discussed as part of the staff recruitment procedure and regularly raised during staff supervision and team meetings.

Staff followed the principles of the Mental Capacity Act 2005 to ensure student's human rights were respected. Staff provided a number of examples where students were supported to make their own decisions and described how they had ensured students were enabled to effectively communicate their needs and wishes. This involved support from healthcare specialists such as speech and language therapists and by ensuring students who were unable to verbally express their wishes had the most appropriate communication aids. When it had been assessed that a student lacked capacity to make certain decisions staff ensured they acted in their best interests. They ensured students were involved in the decision making process as much as possible and asked people they knew, such as family members for their involvement.

The provider was meeting the requirements of the deprivation of liberty safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Staff had a good understanding of DoLS and were aware of a recent supreme court judgement which widened and

clarified the definition of a deprivation of liberty. The head of safeguarding was in the process of submitting application to a supervisory body, which in this instance was the local authority to authorise a DoLS for those students who needed one.

There were comprehensive policies and procedures in place to manage risk to individuals and the service. Staff gathered information about student's health care and support needs before they started at the college and so any associated risks were assessed and plans were put in place to minimise them. Students had further comprehensive assessments of their needs in the first few weeks of starting at Treloar and assessments of risks were reviewed regularly to ensure they were proportionate and centred on the needs of the student. There were a number of examples where staff had worked effectively as a multidisciplinary team to minimise risks to students.

A health care professional who regularly attended Treloar said in their opinion the service was operating safely and said a high degree of professionalism and skills were demonstrated by nursing and therapy staff. All staff we spoke with also felt the students were protected from abuse and avoidable harm. Care and support staff all knew what action to take in the event of a medical emergency and there was a separate emergency telephone line to the medical centre. Nurses had access to a medical emergency pack the contents of which were checked every night to ensure all necessary equipment was in place. All medical equipment had clear records of when it had been last serviced and a date when the next service was due.

There was evidence of open and prompt incident reporting. For example medication errors had been recorded and one to one reflective sessions took place with all care staff who had made a mistake when administering medicines. Any learning from mistakes was shared during staff handovers and staff meetings.

There were sufficient numbers of suitable staff to keep students safe and meet their needs. Each student had a detailed assessment which took into account the amount of time staff needed to provide care and support, for example one student's night time care plan said they needed two staff to help them to change their position in bed an average of three times a night. This, and the assessment of what support other students required was taken into account in determining the number of staff needed for each shift. Extra posts were created when the

## Is the service safe?

need to do so had been identified, for example the college was actively recruiting an additional deputy nurse manager because of the complexity of needs amongst the current students. There was an electronic scheduling tool which was used to ensure there were always sufficient numbers of staff on duty with the appropriate range of skills. There was a clear staff structure which meant there were lines of accountability for each student. Each residential house had its own dedicated team of staff with its own management arrangements and dedicated leader was in charge on each shift. There was a named link nurse for each house and named therapists were responsible for the specialist care of each student.

We asked staff if they had enough time to do their jobs. Nurses said they had, although they told us they sometimes had to compromise between managing their clinical duties and providing teaching and evaluating care staff on clinical competences such as administering medicines. The service was taking action to address this by recruiting an additional deputy nurse manager. Care and support staff said they had enough time to support students properly and described big, happy teams. They said some support staff were based both within the residential homes and in the college to provide a continuity of support. Therapy staff said they had sufficient numbers of staff to support student's specialist needs and one senior therapist described how they had been able to recruit quickly to post which was becoming vacant to enable a thorough handover and so enhance the continuity of care for students.

Students said there were enough staff to support them and most said when they requested assistance by pressing their call bell staff responded promptly. Students said "September can be difficult because it can take a while for them (staff) to get to know people. After that it calms down." "I think there are enough, they all have training and seem to have common sense" and "I think there are enough, lunchtime is always really busy but I never have to wait a long time for help. They are really good at what they do".

Staff recruitment processes were robust. There was a thorough process in place to help ensure the right staff were recruited to keep students' safe. Prospective staff had for example, to provide details of previous employers and

references were taken up. They also provided evidence of previous relevant training and the college completed a DBS check (A DBS check is a Disclosure and Barring Service check previously known as CRB checks)

At our last inspection in February 2014 we found that medicines which needed to be stored in the fridge were not always being kept at suitable temperatures. We also said there needed to be more rigorous checks to ensure medicines were disposed of once they had exceeded their expiry date. At this inspection we found that the necessary improvements had been made.

Medicines requiring refrigeration were kept in locked refrigerators in the accommodation areas or medical centre. Records were kept of the minimum, maximum and current refrigerator temperatures. Staff had identified that one refrigerator was outside of the recommended temperature range and appropriate actions had been taken to address this. Medicines were stored within a locked safe within each student's bedroom. Access was via key or digital combination lock according to the needs of the student. Staff informed us that during the summer the temperature within some student safes were monitored and frozen 'cool' packs used to reduce the temperature within the safe so that the medicines were maintained within the recommended temperature ranges to ensure they remained fit for use. If the safe was too small "back up storage" was available within the health centre consisting of locked cupboards within a locked room.

The service had recently introduced a coloured label system to identify medicines with a limited shelf life and staff told us this had made the identification and monitoring of short dated medicines easier.

Following risk assessments students when safe to do so were encouraged to manage the ordering of their own medicines. Further risk assessments were carried out to assess the student's ability to self-medicate both in terms of understanding their medicines and physically accessing them. Where appropriate a phased approach to self-medication was encouraged.

Medicines Administration Records (MARs) were completed by staff who had administered or who had supported a student to self-administer. Computer generated MAR charts were being rolled out for students using the local GP and preferred community pharmacy, whilst a hand written MAR was used for other students. Supporting information for



## Is the service safe?

example for the management of epileptic fits was available in the computerised records and paper copies in the medical centre. This meant staff had readily available information to guide them should a student experience an epileptic seizure.

The lead nurse explained and showed us the Patient Group Directions (PGDs) that were used to administer childhood and flu vaccines within the service. The PGDs were written

directions that allow the supply and / or administration of a specific medicine by a named authorised health professional to a well-defined group of patients for a specific condition. We were also shown two lists of “homely remedies”. These were for either adults or children and small adults. “Homely remedies” were a written list of medicines anyone can buy to treat minor ailments and illnesses.



# Is the service effective?

## Our findings

Staff had the necessary skills and knowledge to meet the student's assessed needs, preferences and choices. Students said for example "they understand my particular needs," "I feel safe when they hoist me" and "Staff are competent, they all meet my needs".

Treloar college supported students with a broad range of abilities, needs and physical conditions.

Staff described the admission process for a prospective student. They spent considerable time talking with the student and their family about the aims of the service and about their expectation of the placement. Staff assessed what care, treatment and support the prospective student needed. Nurses, occupational therapists, physiotherapists and speech and language therapists were involved in the assessment process to ensure all aspects of the students care were considered and to ensure the service was appropriate to meet their needs.

Each student had an electronic Young Person's Plan. (YPP) which included their history, personal preferences and information about their goals along with detailed information about their care and health support needs. These were updated regularly by health and care staff. Care staff said support plans were clear and they had detailed guidance about how to assist students in the most effective way, for example there were pictures which illustrated how staff should move students to make sure they were safe and comfortable. Daily notes showed students were receiving support in line with their YPP.

We asked student's what they thought about the food and whether they received appropriate support to maintain a balanced diet. Students all said they had enough to eat and drink and received the support they needed, although views on the quality of the food was variable. A particular favourite was the regular take away which was provided two times a week. Students said although they had at times to wait to be assisted to eat, this did not cause any difficulty and they understood as a lot of students needed to have their meals prepared in a particular way and this could take time.

Students had an eating and drinking profile which was drawn up in consultation with therapy staff. This was reviewed regularly and contained information about appropriate textures of food and drinks and what specialist

or adapted cutlery they might need to enable them to eat and drink as safely and independently as possible. The eating and drinking profile accompanied students during trips out and also went with them in the event of a hospital admission so there was always accurate information about how to support them.

Any risk identified with assisting students to eat and drink was reflected in the level of training provided to staff. Students assessed as being at high risk, for example, those who had swallowing difficulties were only assisted by staff with the highest level of training. This helped to ensure students with different levels of support needs were provided with effective support. We observed mealtimes were calm and unhurried with students receiving support which was in line with their eating and drinking profile. Where necessary staff gently encouraged students who were reluctant to eat. Staff said they were confident in providing the support as their training had enabled them to do this effectively.

There was information on display about healthy eating choices with symbols to represent meal ingredients to help to encourage students to be involved in decisions about their nutrition and hydration. Dieticians also ran nutrition weeks with different themes to raise the profile about healthy eating. Some students in flats had their own kitchen facilities and were supported to choose their own food and to prepare meals with staff support where necessary.

Student's praised the quality of the health care support. All said staff attended to them quickly when they felt ill and felt the support they received from the nurses and other health care professionals was very good. One student said for example "The healthcare support has been fantastic. I came to Treloar in a bit of a state. I made use of physiotherapy, occupational therapy and counselling. I got back on my feet because of physiotherapy".

Students were actively encouraged to be involved in maintaining good health, and there were various health promotion initiatives running at the college. There was a health centre on site where a local GP held a clinic four mornings a week during term time. Some students also maintained their registration with their previous GP. The health centre contained an inpatient area with four bedrooms. These could be used for both students at the college and pupils of Treloar school. Staff said these bedrooms were not used much anymore as students were

## Is the service effective?

generally nursed in their own rooms if they were unwell. Specialist health care professionals also held clinics on site and often visited students in their residential units or in the college. Students could access support from physiotherapists, speech and language therapists, dietician's occupational therapists and counsellors. These specialists were also involved in the assessing student's care to ensure their diverse needs were met before, during and after their placement at Treloar.

The service had a very effective system for flagging up when required health checks such as for diabetes, depression, epilepsy and asthma were due. Other routine health checks, such as eye tests were carried out regularly. We saw an eye test had been carried out on one student who had not previously had any issues identified with their vision. They required spectacles and with support of staff, got used to wearing them. Staff said this had made a lot of difference to how they managed everyday tasks and increased their independence. The system was equally effective for health checks which were needed as a result of specific physical conditions for example students with Duchenne Muscular Dystrophy had an annual cardiac echo and cardiology follow up and wheelchair dependent students had osteoporosis and vitamin D checks. This helped to ensure students maintained optimum health. The health centre had a direct IT link to Basingstoke Hospital so staff could access any laboratory test results quickly and start treatment quickly if needed.

All new staff undertook a detailed induction programme which covered essential health and safety courses. Staff

said they had regular training which helped them to have a good knowledge and understanding of students' needs and how to meet them. Staff were also provided with training which enabled them to work effectively with specific individuals. For example, staff received training on how a student's specific communication equipment worked. Some students had rare syndromes for example Lesch Nyham syndrome, and staff received information and training in this.

Staff said there were "lots of opportunities to learn things" and said they could ask for additional training if they needed it and this was always provided. Once trained, staff competencies were regularly assessed by nurses and therapists. The training programme each member of staff was required to complete was comprehensive and time specific. This meant certain mandatory training needed to be completed within the first three months of employment, within six months of employment and within the first year. A training course calendar showed courses were run regularly to ensure all who needed training was able to access it.

As well as formal training staff had regular supervision sessions for support and to identify any additional training needs. Weekly team meetings also sometimes included case studies to assist with team leaning. There is also a personal development website which staff said they had access to which also helped them to keep up to date with their knowledge and skills.

# Is the service caring?

## Our findings

All students we asked said staff were kind and they treated them with respect. One said for example. "I think they are brilliant they really are. They settled me in really well." Students said staff provided dignified care and support. One said for example "They use towels when showering to protect my privacy". We observed privacy curtains were in place around student's doors as well as around their beds. Entrance to residential homes was restricted with access gained by using an electronic card which was only supplied to staff who worked in them and to students who lived in them.

We observed care and support being provided in a sensitive and discrete way with staff consulting students about how they wished their support to be delivered. For example during one mealtime in Brewer we observed staff checking with each student where they wished to sit, ensuring they were comfortable and providing discrete support whilst they were eating by gently wiping their face during a mealtime to preserve their dignity. We saw similar sensitive and caring interactions in Wessex and Gauvain.

Students said the staff were fun. We observed a lot of friendly and respectful interactions with much laughter between students and staff. Parents surveyed in 2014 all agreed their young person's privacy and dignity was respected by staff and most felt their privacy and dignity was respected by other students.

Students care records known as Young Persons Plans were very detailed and contained information to make sure the quality of students' lives was fully considered. Parents were included in the assessment and planning of student's needs, for example some parents provided a video explaining their young person's behaviours and how staff should respond to them. Staff watched this before they started to work with the person and said they had found

this very useful in assisting them to respond to the young person's needs in a sensitive and appropriate way. Staff and parents worked together to help one student who was initially homesick, to settle at the college. Students who did not have family members to provide additional support had access to advocates to help them to plan their aims and objectives where this was needed. Students were supported by a multidisciplinary team which included counsellors and a SAFE team (Sexuality and Further Education) to support them with personal relationship and sexuality issues. Religious needs were taken into account as part of the care planning process and students said they were able to worship in their preferred way. Christian students could make use of the chapel within the college grounds.

Students were involved in developing their care plans, identifying what support they needed and what they could do for themselves on an ongoing basis. A lot of attention was given to ensure students with complex communication needs were provided with equipment and support to enable them to express their views in the most effective way possible. There were adaptations to the environment, for example, adapted kitchen and dining areas to support students who had mobility difficulties to be as independent as possible. The college had a range of accommodation provision from group supported living to independent flats to encourage and promote independence

Staff demonstrated a strong commitment to respecting differences and treating students as equal. They said this was embedded in all of the training they completed and was also discussed regularly during supervision sessions and during staff meetings. The system of recorded care and health notes protected student's privacy as staff said they had different levels of access to notes depending on their need to know the information.

# Is the service responsive?

## Our findings

Students were satisfied the college met their needs and they were involved in the planning of their care treatment and support. One said for example “I get to say what I want.” They said their relatives were involved where appropriate but one said “I get the final say.” Another said “I am as independent as I can be” and another “Treloar has enabled me to be my own person.” Students said they could not choose which staff supported them, “we get who we get” Students did not identify this as a problem and said they liked being supported by a variety of care and support staff. All agreed staff respected their wishes about how care and support was provided. One student said for example “when you need something done a certain way they will do it”. Staff echoed this saying “we work by the students directing us.”

Each student had a young person’s plan which was developed from their pre-admission assessment. These were very detailed and contained information about student’s health, care and social support needs. As they were electronic they could be accessed and easily updated by relevant staff such as therapists, support staff and nurses and information could be shared with the student concerned via a laptop. Staff said they regularly looked at students YPPs to ensure they were aware of any changes. They said they discussed any changes, such as if a student needed different support during a mealtime, during staff handover. Staff also received e mails about any changes to the needs of students they were supporting. This helped to ensure students’ received personalised care which was responsive to their needs.

There was clear evidence of close multidisciplinary working which also extended to education staff so that students received consistent support. Staff said the multi-disciplinary team approach was very tailored. Each student’s goals were different and helping students to achieve as much independence as possible started from day one of their attendance at college. The range of professionals employed by the college helped to ensure students had access to specialist advice support and equipment and ensured other staff received any specialist training needed.

There was provision for students to stay at college for up to 50 weeks a year if they needed this support and there was a range of accommodation provided at the college to suit students’ needs and preferences.

Students were supported to follow their interests and to take part in social activities, although some students said there were occasional times at weekends when this support was limited. Students all said they had opportunities to spend time with people they wanted to. Staff had a good understanding of student’s particular interests and had facilitated outings to reflect these, for example some students had visited the Wizarding World of Harry Potter another, who was interested in politics had visited the Houses of Parliament. Some students completing the Duke of Edinburgh bronze award told us how much they were enjoying this.

Most students residing at Treloar attended the educational facilities provided at Treloar college but some also attended Alton College - a local further education college -or a combination of the two. Students attending Alton College could have breakfast there if they preferred to do this. This was funded by Treloar. There was also an opportunity for students to attend Farnham university. This showed the service was able to facilitate a range of educational opportunities.

Students described the opportunities they had been given for work experience. One said they had been offered a job with their employer once they had finished college. Students were also

encouraged to pursue other business interests, for example, one student said they ran a business at Treloar selling sweets and cosmetic products.

Staff described a number of ways in which they promoted students independence. For example they broke tasks such as charging a mobile phone down into manageable steps so students could see their progress and this could be regularly evaluated. There were different ways of charting progress. Some students had visual representations of their achievements for example some students had trees with leaves put on every time they made progress others had bar charts. Staff said the way progress was marked was different and depended on what was appropriate for the student.

When students moved from one residential unit to another, this was done in a planned and sensitive manner. We spoke

## Is the service responsive?

with one student who had done this. They said they were invited over several times before they moved to help them to get to know staff and others who lived there. They also said one staff member who they liked and knew well also transferred over with them. They said this had made all the difference and helped them to feel positive about the move.

Students moved to Treloar from all over the country. The transition process of students first moving to the college, usually from a school, was very comprehensive and the staff team had a multi-disciplinary approach to ensure students wishes needs and choices were recognised and met at all stages. Students could learn about and experience college life as there were open days, brochures and opportunities to attend some college classes and spend the night. Students said the process of moving to Treloar had been really smooth. There were admissions meetings every week which were multidisciplinary and staff said they did not accept potential students if they did not believe, following a full assessment of the prospective student's needs, they could offer the right educational health and support.

Each student had a dedicated transition worker and staff worked as hard at the end of the student's placement as they did at the beginning to ensure any move from the college was carefully considered and planned. This meant staff worked with students to set aims and objectives so each student had a clear individual learning plan to help them reach their goals. One student described how staff were supporting them by accompanying them to look at future placements and by ensuring they had all the necessary information to help them to make an informed

choice about what was appropriate for them. Students left Treloar with a comprehensive record of what they had achieved during their time at college as well as information about their current health care and support needs. After leaving Treloar students moved to a variety of settings. Some went to university, or other further education settings. Some returned home whilst others went to independent living placements or residential placements. Treloar collected data on the destination of students to evaluate how effective they had been in assisting them to achieve their expected plan. In this way they monitored how effective they had been in helping students to prepare for their future lives. The evaluations concluded the majority of students achieved the aim of their placement. The college had made changes to some current educational courses provided as a result of this feedback.

There was a complaints procedure and students had access to it. Students knew who they would talk with if they were worried about anything. Most said this would be their team leaders. Students said they all had cards in their bedrooms which they could pass to staff as an indication they wanted to discuss something. Students all said they felt confident to discuss any concerns they had and felt staff listened to them. We asked students if anything could be better at Treloar and they mainly said no – a few said there could be a few more staff during the evenings and a few said the food could be better. Students had the opportunity to voice any views via a number of student's forums and students we spoke with were aware or were participating in these. This helped to ensure that students were able to debate and share their views about living at the college.



# Is the service well-led?

## Our findings

The service requested and acted on the views of people involved in the service and strove to make the college a good role model for others. The service had a clear aims and objectives. These were to prepare young people for an adult life giving them the confidence and skills to achieve their full potential. We saw a lot of systems in place which facilitated this and staff worked enthusiastically towards achieving this aim.

Students were encouraged to participate in developing the service. One said “there is a committee for everything.” Most did not wish to be part of these committees but we spoke with some who were student ambassadors and some who were representatives on the student’s council. They said improvements had been made as a result of their involvement, for example the amount of money provided for students who wished to have a meal at Alton college had increased, a play station had been installed in one house and sky TV had been installed in another.

There was a clear management structure which comprised governors, trustees, a leadership team and medical consultants. Regular governance meetings took place to ensure the service was continuing to meet its aims and objectives. Staff described the culture of Treloar as being open, inclusive and warm. The college encouraged participation and praised students and staff for their achievements. All staff we spoke with demonstrated an enthusiasm and a commitment about working in their respective roles and felt they were making a positive difference to student’s lives.

There were a number of initiatives to involve staff in the running of the service, for example, there was a staff consultation group which met regularly. This ensured the views of staff informed practice and drove improvements. Staff were clear their contribution would be valued and acted upon where possible. Staff said Treloar was a good organisation to work for. Most had been employed for a number of years and so they knew and understood the needs of a lot of students, and had a clear appreciation of the college’s aims and objectives. This was reflected in the 2014 staff survey where 88% of staff said they understood how what they did helped to meet organisational aims and objectives and 84 % said their opinions and ideas were valued.

The college had achieved an ‘Investors in People’ Award. The Investors in People award is a nationally recognised standard of good practice in developing staff. The college had also achieved the ‘Investors in Diversity Award’ demonstrating that the college effectively promoted equality, diversity and inclusion within the college.

There were a number of building works taking place to improve facilities. Students and staff said they had been consulted about these and said they had the opportunity to make suggestions to see if anything could be improved in the proposed design.

There were four registered managers in post and a number of other senior staff had clearly defined roles and responsibilities. Staff said they knew which senior staff was on duty so they knew who they needed to report to when there was a need to do so. The college is required to notify CQC of any notifications of significant events and it has done so in a timely way.

Detailed governance arrangements were in place and robust quality assurance processes ensured the service continued to meet its aims and objectives. Any improvement actions identified as a result of quality monitoring were recorded in a quality improvement plan and this was regularly reviewed and updated. Monitoring of quality and performance took place at all levels and included students, staff, managers and governors.

Staff had used the headings contained in the PIR to complete a more detailed self-assessment which considered areas for development or further enhancement. This fed in to the quality monitoring procedures and showed how the service was using new systems to drive improvement.

Senior staff were aware of future legislation requirements, for example, The Education Health Care Plan. This is part of the Children and Families Act and requires providers of education and health care to combine education, health and social care needs into a single, legal document. Senior staff had a plan in place about how they were going to implement this.

Therapists belonged to nationally recognised groups which enhanced and developed practice in specialist areas. For example, dieticians belonged to a DISC group which is a national group of dieticians interested in children with special needs. Dieticians said they used these meetings for support and to clarify specialist issues. This information

## Is the service well-led?

was used enhance practice at Treloar. An example of improvements made was the re-assessment of students having pureed food through gastronomy tubes which had been reviewed to reflect most recent good practice. Speech and language therapists were part of special interest group. They had taken part in research with consenting students which had resulted in improvements to the healthcare of one student.

This showed the service measured and reviewed the quality of care treatment and support against the most recent guidance.