

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Derwen College

Gobowen, Oswestry, SY11 3JA

Tel: 01691661234

Date of Inspection: 19 February 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Derwen College
Overview of the service	Derwen College provides residential further education for people with a learning disability. It is situated in the village of Gobowen near the Shropshire town of Oswestry.
Type of service	Specialist college service
Regulated activity	Accommodation and nursing or personal care in the further education sector

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Supporting workers	8
Assessing and monitoring the quality of service provision	9
<hr/>	
<b>About CQC Inspections</b>	11
<hr/>	
<b>How we define our judgements</b>	12
<hr/>	
<b>Glossary of terms we use in this report</b>	14
<hr/>	
<b>Contact us</b>	16

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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People who attended this college said that they were well looked after. They told us that the staff always talked with them about how their support and care should be provided and always respected their privacy and treated them with respect.

People told us that staff were always available when they needed help. We found that they had received a range of training to help them assist and support people who attended the college. Staff told us about the training that had been arranged for them to attend so that they would recognise abuse and how to report it.

People told us that staff were always available when they needed help. The relatives that we talked to told us that staff were around and available to talk to when they visited. They said that the staff were friendly and always acted professionally.

People we talked with said their comments were listened to. Many people said that they would not hesitate to talk to staff if something was wrong. The college had a student council that helped to gather the views of the people who attend the college and represented their views to the senior staff.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

The people who attended this college had varying abilities in communicating. However, most were able to make their views known to us.

We talked with a number of people and their relatives about the care they received. We looked at the records the college maintained. We saw that the records reflected what people had told us. All had been recently reviewed so that staff had up to date information about meeting people's needs.

Staff were recording information about people's medical conditions. There were detailed records of contact with medical professionals. Actions taken as a result of those contacts were also recorded in a way which showed what progress had been made in meeting a particular medical need.

We saw assessments for each person such as traffic awareness, mobility and their ability to communicate. Those records also described what action should be taken as a result of the assessments and there were records of the actions that had been taken.

We saw that the college had an admissions process that identified people's social and medical needs. We saw that those assessments were carried out as soon as possible after an admission had been agreed. We saw the care plans for somebody who had recently been admitted. All of the documents that identified areas of risk and gave guidance to the staff on how to meet the person's needs had been completed.

During the visit we talked to the care staff. They were all aware of the contents of the care plans of the people who lived in the residential area in which they worked.

Staff also talked about how they had learned, over time, the preferences of the people who had difficulty saying what their favourites were.

People told us that staff looked after them well and that their care and support needs were met. People said such things as, "They're great" and "They're nice".

People told us about the learning opportunities that were arranged for them. They also told us about their evening and weekend activities such as ceramics, badminton, car club, karaoke and trips to museums, shows and football matches. One person said, "I like it in the social" and another said "We can go loads of places at the weekend".

Throughout our visit we saw and heard a lot of positive interaction between the people who lived in the college and the staff.

People told us how they enjoyed the meals that were served. They also told us that they chose what they wanted to eat. We saw the choice that was offered to them at meal-times. People made comments such as, "There's loads to choose", "It's yummy" and "I get lots that I like". We talked with the catering staff and we saw that they had access to information about which people were on special diets. It was clear that they knew any special requirements without looking at their records. During the meal times we saw that staff discreetly provided help to those people that needed it.

Staff told us meals were provided to meet the needs of people with a variety of medical conditions such as diabetes.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Throughout our visit the people who attended the college were very positive about the staff and the way that they delivered their care. They made comments like, "They take care of me" and "The staff are very helpful".

We watched and listened to the staff as they worked with the people who lived in the college. For example we saw staff who helped people at mealtimes. We saw them talking and helping in a sensitive and professional manner.

Throughout the visit we saw that staff asked questions clearly and watched and listened to each person's response.

Staff told us that they had been able to regularly talk with their line manager about their role or about the people they provided with care, treatment and support.

The senior staff told us that staff had received a variety of training in such things as food hygiene, infection control, the handling and administration of medication and manual handling. We talked with the staff and they confirmed this.



## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We talked with some of the people who attended the college and some of their relatives. They told us that they felt able to approach the managers and the staff team to discuss any issues should they need to.

People told us that they met with the college's staff on a one to one basis. This was so they could discuss any concerns or issues that they felt were important in private.

We saw records that showed that the college had identified risks that may be involved when meeting people's needs. We saw that ways of reducing those risks had been considered and included in the directions on how care and support should be delivered.

The provider took account of complaints and comments to improve the service. People we talked with also told us their views had been asked by members of the student council. They had talked about such things as evening or weekend social and sporting activities as well as the range of meals available in the dining halls. The president of the student council told us that the student council then meet with the senior staff of the college to raise any issues and put the students' point of view.

We talked with the staff and it was clear that they understood their own and other people's functions within the staff team. During the visit we saw how staff who held different positions talked with each other so that they could resolve issues as they arose. They also told us that staff meetings were held regularly to discuss ways in which care could be improved. We saw the minutes of meetings that confirmed this.

We were told the college's governors regularly met with people to discuss ways in which the college could be improved. We saw records which confirmed this.

We looked at our records of notifications made by the college to us. We saw that these were made appropriately enabling us to monitor issues that arose within the college.

We saw that there was a copy of the college's complaints procedure available to the

people who lived there and those who may represent them. This contained the information necessary if they wanted to raise an issue.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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