

Derwen College

Derwen College

Inspection report

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Date of inspection visit:
16 May 2019
21 May 2019

Date of publication:
14 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Derwen College is a further education college for adults with learning disabilities, physical disabilities and/or autism. It is registered to provide accommodation with personal care and nursing for up to 150 people. At the time of inspection there were 114 people receiving a service.

People lived in a range of different properties from individual bungalows to small group homes and dormitory style accommodation. The majority of people live at the college during term time and return to families/carers over holiday periods. A small group of previous students live at the college all year around. There were various enterprises on the site which people attended as part of their college placement including a restaurant, garden centre and mini hotel.

People's experience of using this service

People receive a service that is in line with the principles of Registering the Right Support. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People were supported by staff who understood safeguarding however protection plans did not always reflect the severity of an allegation. Risks to people safety were not always considered and staff did not always have the guidance to support people with high risk behaviours. People were exposed to infection control risks in certain areas while properties awaited refurbishment.

Governance systems were in place however they had not highlighted a number of areas of concern.

People felt that they were well treated but that some staff could improve how they spoke to them. People's dignity was respected but people's privacy was potentially compromised due to missing locks on some bathroom doors. People received their medicine on time by trained staff however medicine errors were not always followed up.

People were supported by sufficient staff to meet their needs. People were supported by staff who had received the necessary training and supervision. Staff felt well supported and understood the values of the service.

People received care that was personalised to their needs and in line with their educational goals. People were involved in decisions about their care and had access to a range of communication tools to support engagement. People were supported to access healthcare. People were supported with independent living skills.

People had access to a complaints procedure and complaints were investigated. Lessons were learnt when

things went wrong. Buildings were adapted to people's needs and further work was planned.

The service was focused on continuous improvement and working with others.

Derwen college does not provide end of life care

Rating at last inspection

At the last inspection the service was rated as good (Report published 23 November 2016)

Why we inspected

This inspection was carried out in line with our inspection methodology and the date of the last inspection. We found evidence that the provider needs to make improvements. Please see the safe section of this report.

Enforcement

We identified a breach in relation to the management of risk at this inspection. Please see what action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Derwen College

Detailed findings

Background to this inspection

The inspection

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

The inspection was carried out in line with our current methodology and was a comprehensive inspection.

Inspection team

The inspection team consisted of three inspectors and two assistant inspectors.

Service and service type

Derwen College is registered as a specialist college and supported living service. It provides accommodation for persons who require nursing or personal care. The service supports adults with learning disabilities, physical disabilities and/or autism

The service had two managers 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

The inspection was unannounced.

What we did

Before the inspection we reviewed the information that we held on the service. This included the Provider Information Return (PIR) which providers are required to send us and includes key information about their service, what they do well, and improvements they plan to make. Providers are also required to notify us of specific events which include, safeguarding concerns, serious incidents and events that stop a service. We reviewed all the notifications we had received since the last inspection.

As part of the inspection process we spoke with 16 people who use the service. We also reviewed six care

plans and 11 people's medicine administration records. We spoke in depth with six staff members as well as several members of the management team including both registered managers, cluster managers, the safeguarding lead and the estates manager.

We walked around the site and reviewed the environment and facilities available. We looked at five staff files, the training matrix for the service, and various other records held in service such as; health and safety records, meeting minutes, complaints and quality audits.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and not all regulations had been met.

Systems and processes to safeguard people from the risk of abuse

- All safeguarding concerns involving the people living at Derwen College were overseen by the management team and reviewed on a regular basis. If a significant concern was raised, we saw that the college worked with other agencies and protection plans were developed. However, we found that not all protection plans reflected the seriousness of an allegation and the potential risks to both the person accused and those they spent time with. We reviewed one incident and discussed with the provider the need to consider the potential risks to people during the investigative stage and ensure that risks were mitigated until the investigation had been concluded.
- People we spoke with were aware of the safeguarding process and we saw information around the site explaining to people how to report a concern. People were represented at the safeguarding committee meaning that people could contribute to discussions about safeguarding and how it affected people.
- All staff had received safeguarding training and told us they felt confident in raising a concern.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed however, we identified a number of areas where more robust risk management was required. We discussed with the provider our observations that changes were being made to people's care and support however, the risk assessment element of the change was not always being completed in advance of the change starting. For example, one person wanted more independence on site and was being enabled to reduce their one to one to achieve this. However, the risk assessment had not been completed to highlight the actions the staff needed to take to support the person through this process.
- Staff did not always have access to clear guidance on how to support people who engaged in high risk behaviours, such as self-harm. One person told us, "Some staff know how to calm me down, but others don't seem to know what to do." Staff were told of the risk and we saw evidence that members of the management team had completed in-depth analysis of an individual's behaviour however, information had not been converted in to step by step guidance for staff to use. This meant that people may not be supported in a consistent way which sought to minimise risk and prevent situations from escalating.
- Although a refurbishment plan was in place for the bungalows we did not see evidence that the area's awaiting refurbishment had been adequately risk assessed to ensure people's safety in the interim period. For example, we saw people had unrestricted and open access to the mains electricity fuse box and wiring in one building putting people at risk of electrocution. We saw hot water pipes were exposed in bathrooms and communal areas putting people at risk of burns.

Preventing and controlling infection

- People were not always protected from the risk of infection as the provider's systems and processes did not identify or rectify issues. For example, we saw work surfaces which were worn, had missing edges and

missing sealants. These areas were used in the preparation of people's food. Bathroom, shower areas and toilets with missing and eroding sealant around sink bathing areas. Several radiators had covers with extensive rusting which prevented effective cleaning. These issues put people at risk of communicable illnesses.

- Each separate unit on site completed an infection control audit and staff had access to personal protective equipment (PPE) which they used when carrying out specific tasks. We observed people being supported to wear PPE when helping staff prepare the lunch time meal.

We found that while no one was harmed, people were exposed to risk that had not been mitigated by the provider. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the provider did take on board the feedback and commenced action to address the areas of risk we identified.

Using medicines safely

- People received their medicine on time, by staff that had received training and had been deemed competent. The oversight of people's medicine was maintained by nurses who were employed by the college.
- People had access to homely remedies and there were protocols in place for medicine given on an 'as required basis'. This ensured people could access medicine to help them when they needed it. We identified some conflicting information in one person's protocol for pain relief which, appeared to go against the provider's own medicine management policy. We showed this to the registered managers who contacted the nurses and the relevant manager, and they reviewed and amended the guidance in place.
- A process was in place for the management of medicine errors however we found that this was not always used and there were some instances of missed medication counts and errors not being highlighted for investigation.

Staffing and recruitment

- People were supported by sufficient numbers of staff members who had been recruited following safe recruitment procedures. Staff members' education, experience and suitability to work with vulnerable adults was formally assessed before they were offered a position within the organisation.
- People were supported by sufficient staff to meet their needs. One staff member told us, 'There is always enough staff to look after people'. Another staff member said, "Recently the rotas were reviewed with the staff team to ensure we were working at the most appropriate times. It's much better since that has happened as we have more time with people."

Learning lessons when things go wrong

- Accident and incident reports were completed by the staff members who were present at the time of the event. Information was recorded in a person's daily records and shared with the management team for review. We saw an example where a piece of equipment had ceased working during a power failure. The team reviewed what happened and additional measures were put in place to mitigate the risk for the future.
- Staff who held a management role had completed accident investigation training to ensure that they had the necessary skills to complete a detailed analysis of what happened.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed prior to them being offered a place at Derwen College by their funding authority. At the end of the assessment people were given an Education Health Care Plan which contained specific goals for them to achieve. The college arranged people's timetables to ensure people had the opportunity to achieve these goals.
- The college carried out further assessments of people's care needs throughout the duration of their stay which were overseen by clinical leads. For example, moving and handling, self-medication, and communication style. This meant any changes in someone's needs were identified and the care provided was amended appropriately.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had received compulsory training in key subjects relevant to their role. Staff were also encouraged to complete courses linked to best practice in learning disability care for example Positive Behaviour Support, and Makaton. Makaton is a form of communication using signing. We saw that the provider also arranged bespoke training for people with specific needs and equipment, for example how to support someone who may require use of an Epi-pen following an allergic reaction.
- Staff told us, "We get specific training around people's needs and how to support them safely for example, supporting people who need oxygen or have a rare diagnosis."
- New staff were supported to undertake the Care Certificate as part of their induction programme. The Care Certificate is a nationally recognised standard used to ensure care staff have a minimum level of skill and competency in their role.

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

- People were supported to eat and drink enough to maintain a balanced diet. Each person had access to kitchen facilities and staff were available to support with meal preparation.
- People who were identified as needing a monitored or altered diet such as a soft diet, had specific plans in place to support them.
- People had the option of shopping for food locally or using the internet to shop on line, as well as choosing meals daily or following a weekly menu plan. One person told us, "I plan my own meals and choose what I want."
- People were encouraged to be sociable at meal times and we observed one person telling staff, "Tomorrow I am cooking for my girlfriend. I invited her for tea and she said yes."

Staff working with other agencies to provide consistent, effective, timely care

- The team at Derwen College worked with a multitude of different agencies and local authorities from across

the country. People's transition to and from college required planning on behalf of each student to ensure the process was smooth and that people had the correct support in place.

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

- People lived in accommodation that had been adapted to meet people's needs although we were made aware further work was being carried out over the next 12 months.
- People were able to tell us the plans for the site and changes that were being made. One person told us, "It's been annoying that the bungalows are not wheelchair accessible, but we know they are working on it." Another person told us, "I would like to move to the bungalows once they have done the work as it would be good for me."
- Staff told us that they work with people as soon as they know they are coming to Derwen College to identify the correct accommodation. People told us they may change their accommodation as part of their stay, especially as independent living skills increased.

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

- People had access to healthcare services within the college setting. The college had a dedicated wellness centre and employed nurses and dedicated therapists such as physiotherapists and speech and language therapists. The nurses and various therapists supported the management team with the set up and development of care and support plans for people with complex needs. We reviewed a plan belonging to one person and could see that as a result of the plan being followed that admissions to hospital had reduced.
- People were supported to access wider healthcare services such as the GP and dentist when required.
- The provider had invested in activities connected to promoting people's health and wellbeing. Several people told us there was a gym on site that they used and we were advised that a hydrotherapy pool was opening shortly.

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. The website for the college contained detailed information to help people and their parents understand the MCA and how it will be applied while people are on placement at the college
- People living at Derwen College were supported to make their own decisions and communication systems were in place to support people access relevant information.
- Capacity assessments were completed when a specific decision presented itself and if necessary a best interest meeting was held.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection there was no one subject to a DoLS. All the restrictions we identified had been consented to by people who understood the benefit, for example using a lap belt.

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

People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect however we found that staff were not always aware when people's privacy was compromised. For example, in two properties bathroom locks were out of order and no action had been taken to remedy the situation.
- People told us that they had goals to help them be more independent and were supported to learn new skills. In between college sessions we saw people being encouraged to join in cooking and participate in shopping and domestic tasks. We observed two people being supported to prepare lunch for people who shared their house. People were given set tasks however, we noted the instructions being given by staff were confusing to one person and despite the person questioning the staff member, they did not receive an explanation that made sense to them.
- People had access to activities outside of the college timetable such as the gym and IT suite. However, some people told us they could not always do what they wanted. One person told us, "I am probably more independent at home than I am here, but it's because the staff always worry about what I am getting up to." Another person told us, "I like hanging out with my friends, but we can't all hang out together as we are only allowed one visitor at a time and not all my friends like going to the student union because it's noisy." We discussed this with a manager who told us, "It is difficult, as it is a college environment and we have certain rules in place."
- We found that there needed to be a clearer understanding between people and staff around how people can achieve the level of independence they wanted, whilst still respecting the college's need for certain rules to be in place.

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

- People had access to a range of tools that enabled effective communication. We saw examples of signs and symbols, assistive technology and Makaton being used. Staff worked alongside people using the tools to help people to engage in conversation and express their views.
- People told us that they knew about their care plan and worked with their assigned keyworker to ensure it was correct. People also told us how their care had been changed in line with what they wanted. One person told us, "I wanted to move to the bungalows and this was sorted out for me." Another person told us, "I asked to go out on my own more and staff are helping me do that."
- People were encouraged to participate in student union activities and have an active voice in decisions made by the organisation.

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

- People told us it was "good", "fun", and "exciting" living at Derwen College.
- People told us that they were well treated by staff and there was always someone around to support them.

However, some people did suggest there were some improvements needed in to how people were spoken to. We met with a group of people and one person told us, "I would like to be spoken to like an adult. I don't like it if staff speak to me like a child." Several other people in the room told us that they agreed with what was said.

- People's equality characteristics such as their race, culture, sexuality and gender were recorded clearly in their support plan. Staff told us they would tailor support to individuals as needed. For example, by supporting a welsh speaking student with a welsh speaking staff member.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had a college time table based on their agreed Educational Health Care Plan. People were set learning objectives and supported to meet those objectives via the college experience. One staff member told us, "The college strives to promote best practice. We have been through a huge period of change in the past year but we all think it will be positive in the end and people who come here will get better outcomes."
- People had the opportunity to engage in various employment-based activities which would help prepare them for the future such as, working in the restaurant, garden centre or mini hotel the college had opened on site.
- People were able to personalise their room and bring their own possessions to college. People had access to activities in evenings and at weekends which included social events, day trips, and spending time in the local community.
- People's families were involved in reviews of people's care and able to share their views on progress being made.
- People had access to information in a range of formats to ensure they were able to engage and drive conversations about their needs and what they wanted for the future.

Improving care quality in response to complaints or concerns

- People told us they had access to a complaints procedure and were able to raise a concern or complaint if necessary.
- People could choose who they spoke to if they were upset. Some people told us they would speak with student services and other people said they would speak to the care staff.
- People were supported by an active student union who united people when there was a shared issue. People told us about some of the changes they had requested which included the re-opening of a coffee shop. One person said, "We worked as a democracy and the coffee shop is now open again."
- We saw that complaints received were investigated and responses were sent out including any action taken.

End of life care and support

- At the time of inspection Derwen College did not provide end of life care. The majority of people attended the college during term time only and if they become seriously unwell they would be supported to return to their main home address.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had governance systems in place that were used to review the quality of the service on a consistent basis. However, the issues we identified throughout the inspection had not been addressed before our visit. For example, the environmental concerns, the need for more robust risk assessments and additional guidance for staff around high-risk behaviours. We discussed these areas with the management team who advised that the systems in place would be reviewed to ensure in future these would be picked up and actioned.
- One staff member told us, "It feels like things are improving and there are systems in place and being implemented to drive improvements. There are a few problems as staff get used to the changes such as medicine chart audits."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us that Derwen college was a positive place to work and that they enjoyed coming to work. One staff member said, "There have been lots of improvements in the past 12 months. [manager name] has made a real difference at engaging with staff and challenging some of our old ways." Another staff member told us, "I feel very supported by my team and love coming to work."
- Staff understood the values of the college and the drive to ensure people achieved real outcomes and developed as individuals. Staff spoke highly of the support people were getting around understanding and developing relationships.
- One manager told us, "The teams have been through a lot of change as part of transforming how the college operates but staff have really pulled together and we're excited for the future."

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

- People were consistently engaged by the provider and contributed to the development of the service. There was an active student union who were regularly consulted on what was happening across the college and were able to put forward suggestions.
- Feedback was sourced on a regular basis from various stakeholders via events, questionnaires and newsletters. We saw evidence that any feedback received was analysed, shared with the relevant persons and any actions were clearly defined. The majority of the feedback viewed was positive.
- Staff told us that they received regular supervision, attended team meetings and participated in daily handovers. One staff member said, "Management are great, and they will listen to our ideas."

- People were encouraged to engage with the local community and build up networks that supported their development.

Continuous learning and improving care

- People were supported by a management team who were committed to improving and working alongside organisations such as the British Institute for Learning Disabilities and local provider forums. A review of the training matrix demonstrated that staff and managers were accessing a wide range of courses to enable them to develop people further.

- Staff were able to describe many ways in which the service had improved and the positive impact that has been observed. For example, since the last inspection the college had moved from same sex accommodation to mixed accommodation. The feedback was that this had made a positive impact on people's experience of being at the college and enhanced the social opportunities for many people.

Working in partnership with others

- The provider has worked with several national organisations to increase the opportunities open to people. This included engaging with national businesses to support employment outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	Risks to people's safety were not always assessed and strategies to mitigate risk were not always considered.