

Derwen College

# Derwen College

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection was carried out on 9 and 12 October 2016 and was unannounced.

The college was last inspected on the 26 and 29 September 2014 where we gave it an overall rating of good. We had identified that the provider had failed to notify the Care Quality Commission (CQC) of an incident of alleged abuse to one person who used the service. This was an offence contrary to Regulation 18 CQC (Registration) Regulations 2009. The provider sent us an action plan telling us how they were going to address the concerns raised. At this inspection we found some improvements had been made.

Derwen College is registered to provide accommodation with nursing care in a specialist educational setting for a maximum of 252 people aged 16 or over who have learning disabilities and complex health needs. The provider was also registered to provide personal care to people in their own homes. This part of the service provided regulated activities to 23 people. 237 people were receiving support from the provider at the time of our inspection.

There were three registered managers in post who were present during the inspection. 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 2008 and associated Regulations about how the service is run.

People felt safe living at the college and with the support provided by staff. Relatives were confident that staff kept their family member's safe from harm. People were supported by staff who were knowledgeable about the different signs of abuse and how to report concerns. Staff knew the risks associated with people's needs and how to minimise these. Staff did not start working at the college until checks were made to ensure they were suitable to work with the people that lived there.

There were enough staff to safely meet people's needs. The provider had checks in place to ensure staffing was adapted to meet people's changing needs and to support their social opportunities.

People were supported to take their medicine as prescribed. Where assessed as safe to do so, people managed their own medicine. Medicines were managed safely and accurate records were kept. Staff competency to manage medicines was regularly assessed to ensure they continued to manage medicines safely. People had access to good health care and were supported to manage their own health conditions.

People were supported by staff who had the skills and knowledge to meet their individual needs. Staff felt well supported and could approach the management team for support at any time. Staff felt listened to and their contribution valued.

Staff used people's preferred method of communication to enable them to understand and be involved in

decisions about their care. Where people were unable to make certain decisions staff ensured that decisions made on their behalf were in their best interest.

People enjoyed their food and were supported to plan and prepare meals. People's nutritional and dietary needs were assessed and guidance was followed by staff. Where required staff supported people to eat their meals.

People were supported by staff who were kind and considerate. People were involved in planning their care and felt listened to. Staff treated people with dignity and respect and encouraged them to be as independent as possible.

People were encouraged and supported to keep in contact with family and friends. Relatives we spoke with told us they were always made to feel welcome when they visited.

People received personalised care that was tailored to their individual needs and preferences. People were actively encouraged to pursue their interests and aspirations.

People and their relatives felt confident and able to raise any concerns with management or staff. The provider had a clear complaints process that was available in different formats.

People and their relatives were aware who the management were and felt they were approachable. People and their relative's views about the quality of the service were sought and used to make improvement. Checks were carried out to monitor and develop the service.

There was an open and inclusive working culture where staff and management worked together to achieve positive outcomes for people.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe living at the college and with how staff supported them.

People were supported by staff who knew how to recognise and report signs of abuse.

Risks to people were identified and plans were put in place to minimise harm to people and staff.

There were enough staff to meet people's needs safely.

People received their medicines safely and accurate records were maintained.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to fulfil their role and who were highly motivated.

Staff used people's preferred method of communication to help people understand and make their own decisions. Where people were unable to make their own decisions these were made in their best interest.

People enjoyed the food and were given support to plan and prepare meals.

People had access to good healthcare and were supported to manage their health care needs

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and considerate.

People were actively involved in decision about their support and were given choice.

Staff treated people with dignity and respect.

Staff supported people to be as independent as possible.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised support that was tailored to their needs and wishes.

People were actively encouraged to pursue their wishes and aspirations.

People and their relatives were involved in planning and reviewing their care plans.

People and their relatives were aware of how to raise concerns or complaints and were confident that they would be acted upon.

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

**Good** ●

The service was not consistently well led.

Processes were not always known and followed.

There was an open and inclusive culture in the service where management and staff worked together to achieve positive outcomes for the people.

People and their relatives found the management team approachable and felt that the service had a homely atmosphere.

The provider had checks in place to monitor the quality of the service and to drive improvements in the service.

# Derwen College

## Detailed findings

### Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 12 October 2016 and was unannounced. The inspection was conducted by six inspectors and one 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events, which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke we met with 39 people who were residents at the college. We spoke with seven relatives during our visits and a further 19 by telephone following the inspection. We spoke with 41 staff, which included the chief executive: three registered managers: the human resource manager: the safeguarding manager: a finance manager: a student liaison manager; five residence managers: five clinical staff and 23 support staff. We viewed seven care records, which related to the assessment of needs and risk. We also viewed other records, which related to the management of the service such as medicine records, incident reports and recruitment records. We spent time observing how staff supported people and how they interacted with them.

## Is the service safe?

### Our findings

People felt safe living at the college and with the support provided by staff. One person told us, "It makes me feel safe because everything is secure." Another person highlighted they were less anxious, because of the reassurance provided by staff and other people at the college. A further person told us staff had supported them to feel as safe as possible when they walked round the college. They found this really helped them as they were anxious they would get lost. People were able to lock their individual rooms to keep themselves and their possessions safe.

Relatives we spoke with were confident their family members were kept safe and that staff supported their independence. One relative said, "Staff always know where [Person's name] is and we sign in, which gives us reassurance for his safety. Staff monitor quietly and effectively, they're not intrusive." Another relative told us at first they were anxious about the security of the campus and were relieved when the provider had taken action to close off one of the entrances. They were also reassured that staff discreetly kept a watch on people, but at the same time supported their freedom and independence. A further relative told us, "The care, support and safety are of paramount importance, which develops into freedom and independence in a framework that is safe."

One person told us if they had any concerns for their safety they would be happy to talk to staff. The person was confident staff would take action to help them if they had any concerns. Another person said, "They (staff) are there if you have any problems."

Staff had received training and were knowledgeable about the different forms and signs of abuse. They demonstrated how they would take appropriate action to protect people from harm. They knew how to report concerns of abuse and poor practice to the management team and were confident that they would escalate concerns to the relevant authorities. Staff also knew they could report concerns directly to external organisations such as the local authority safeguarding team and the Care Quality Commission (CQC). One staff member told us, "If I suspected any person was being abused I would report to the head of residence or to someone more senior. I'm aware I can report to external agencies like CQC." We saw that there were posters displayed in each residence we visited to encourage people to report any concerns of abuse. The registered managers' demonstrated they were aware when concerns of abuse or harm needed to be referred to the local authority safeguarding team. Where concerns had been raised, we saw that appropriate action had been taken to protect people.

Staff supported people to identify and manage risks to their safety and wellbeing. One person told us, "The staff are very good at teaching you to cross the road." Another person told us their aim was to use the train on their own. They understood that staff would need to provide support to enable them to become independent with this. A relative told us staff supported their family member identify the risks of making contact with people 'on line'. They explained that their family member had completed a course in college on how to keep safe 'on line'. Staff monitored how they managed this within their residencies and if they required further training to remain safe. One staff member said, "As a risk has been assessed, it would be recorded in the care file. This provides us with details of what action to take to reduce the risk." Another staff

member explained how people's safety needs were discussed at regular meetings, so all staff would know the best way to support people to stay as safe as possible. For example, one staff member told us how they supported one person so risks of them self-harming were reduced. This included making sure the person felt comfortable and safe in their environment.

We found that accidents and incidents were appropriately reported. The registered manager told us a meeting took place each morning to discuss any incidents that had occurred the previous day. The meetings were attended by key staff such as the student liaison officers, clinical staff and the safeguarding manager. They analysed the incident reports to establish what action was required to prevent reoccurrence and to monitor any trends.

People told us there were enough staff to keep them safe. This was confirmed by a relative who said, "[Person's name] knows who to contact and staff are always available to care for them, they always know they can find staff." All the staff we spoke with told us there were enough staff to meet both people's health and social needs. A registered manager told us that staffing levels were determined on people's individual needs and that some people required one to one support. They recognised that people were more dependent when they first moved to the college and staffing was increased to help them settle in. We saw that staff were readily available to support people on both days of our inspections. Staff were alert to incidents or strangers on campus and used 'walkie talkies' to communicate with each other to maintain people's safety.

Staff we spoke with told us the provider completed recruitment checks before they started work at the college. These included the provision of references from previous employers and Disclosure and Barring Service Checks (DBS). The DBS service allows employers to make safe recruitment decisions about potential new employees. The provider told us that they also reviewed DBS checks every three years. Records we looked at confirmed this. The provider demonstrated that had a clear process in place to ensure poor performance was managed. We saw that where improvements were not made disciplinary measures were enforced by the provider's human resources team.

People were supported to take their medicine as prescribed. One person told us staff always helped them if they needed medicines to relieve any pain they experienced. Another person told us staff explained what each of their medicines were for. A relative told us, "No concerns at all about medicines, they (staff) control [Person's name] epilepsy very well." People were supported to manage their own medicines where they were assessed as safe to do so. A staff member told us that one person lived with diabetes and was supported to monitor their blood sugar levels. Each person had a locked medicine cabinet in their bedroom to safely store their medicines. Only trained staff administered medicines.

Staff told us they received training on how to manage specific medicines such as those used to treat epilepsy. Where people were prescribed medicine to be taken only 'when needed' we saw that there were clear protocols in place. Staff told us that the nursing staff completed regular medicine competency assessments with them to ensure that medicines continued to be managed safely. This was confirmed by nursing staff we spoke with. Any medicine errors were reported to nursing staff who took immediate action to identify and address any risks to the person's health. They subsequently explored the reason for the error and took action to prevent reoccurrence.

## Is the service effective?

### Our findings

People and their relatives were confident in staff's knowledge and ability to meet people's individual needs. One person said, "They do know how to support me." Another person told us, "Staff are very good, exceptional." This was a view shared by relatives. One relative told us, "It amazes me how skilled the staff are." They felt staff used their skills to anticipate potential problems and took action to resolve concerns, before there was an impact on the person. Another relative was really impressed with the progress their family member had achieved and attributed this to the skills of the staff. They said, "It's an absolute testament to the staff." A further relative said, "Staff are trained and well qualified to do the jobs they do. I am happy, I send [Person's name] off, and I know they will be looked after. [Person's name] can contact us if they need to, and they have never needed to."

Staff we spoke with felt well supported by the management team. One staff member said, "Lots of people have speech and language problems and challenging behaviour. I definitely feel we are equipped to meet people's needs. The professional (clinical) support is always there if you need it." Another staff member said "I get regular supervision with my house manager, but to be fair they are always available to give guidance. I do feel valued and appreciated and I feel I make a difference." This was confirmed by a residence manager who said, "I have annual appraisals with staff and at least two formal supervisions, but I'm always available for staff."

People were supported by staff who had the skills and knowledge to care for them. All the staff we spoke with told us they had regular training which allowed them to meet the individual needs of people who used the service. This included training on how to communicate with people. One staff member said, "We have a very good speech and language unit and we have a number of aids to support communication." Another staff member said "Senior staff will put on extra training when needed. I get the type of training I need." The college was recognised for its effort in helping people to communicate effectively and was a centre of excellence for Makaton. Makaton is a form of sign language that people use to communicate. We saw that the provider had clear systems in place to ensure staff received the necessary training and guidance to enable them to fulfil their roles.

Staff received a structured induction to ensure they were competent and confident to work independently with people. One staff member said, "When I started I shadowed for a week before I was allowed to work unsupervised. I was also assigned a mentor and had training in First Aid, Makaton, challenging behaviour, safeguarding and food hygiene." Another staff member told us following their induction they started working towards the care certificate. This is a nationally recognised qualification, which trains staff about the standards in care required of them.

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

their own choices. One person said, "Some staff use sign language to help students understand." Another person told us they had Makaton on their iPad to help them to communicate.

Staff had received training on the MCA and the Deprivation of Liberty Safeguards (DoLS). They were able to demonstrate a good understanding of the principles of the Act. They assumed that people had capacity to make decisions for themselves unless there were reasons to believe otherwise. They told us everyone at the college had the capacity to make decisions with support. One staff member said, "All people have capacity, but some need more help to understand things." They went on to say, "With consent, I just talk and explain what I need to do. If they have communication difficulties, we will use communications aids or pictorial books. If I need any help I would also speak to other staff." Another staff member said, "I will always obtain people's consent for everything such as, medication. I use communication cards (attached to key ring) or iPads that some use, before I do anything." Staff understood that if people were unable to make decisions for themselves these would need to be made in their best interest. One staff member said, "If I had any concerns about a person's capacity, I would go to one of the registered managers, who would initiate a mental capacity assessment." During our inspection we observed that staff always sought people's consent before they supported them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. No one was subject to a DoLS authorisation. However, the registered manager demonstrated they were aware of their responsibility under this legislation.

The registered manager told us they strove to protect people's rights to make their own decisions where able. They were aware of their legal responsibility and worked with families to promote people's rights. They acknowledged that some parents had signed consent forms on people's behalf without them having the legal authority to do so. They were working hard to change the culture of the service and committed to eradicating this practice. For example, the student liaison manager told us they used to approach parents to consent to people going on trips. They had removed the requirement from the consent forms this term. Where people were unable to make certain decisions for themselves we were shown that decisions were made in their best interest. We saw that the provider had considered the person's communication needs and how best to support them to be involved in the decision making process.

People were supported to have enough to eat and drink so they remained well. When asked about the food provided one person said, "Yes I like the food." Another person told us they were a vegetarian and since moving to the college they had expanded the range of foods they would eat. A relative told us, "[Person's name] is very happy with the food, and they (staff) encourage him to drink plenty." Another relative explained that staff supported their family member to cook meals that respected their culture.

We saw pictorial menus were available to support people when making their choices and culturally sensitive options were offered. One staff member told us, "We always try to encourage healthy eating, but clearly we can only do so much." Staff explained how people were encouraged to be involved in choosing their meals and preparing some of these independently. The provider had recently made changes that enabled people to prepare and consume their breakfast in their own residence instead of the campus restaurant. One person showed us all the different cereals they had to choose from. Another person was busy independently preparing their own breakfast. We spoke with a group of people who had been out to the local shops to purchase ingredients to make their own meal. We saw people felt comfortable to help themselves to healthy snacks with fresh fruit being available for them to choose. People also enjoyed preparing their own drinks,

and offering drinks to visitors.

People's nutritional and dietary needs had been assessed. Staff demonstrated they were aware of people's individual requirements and the support they required to eat as safely as possible. Some people had problems with swallowing and benefitted from taking their meals in an environment where there were limited distractions. A social eating group was in place, which allowed people to take their meals at quieter times. Staff were available to provide support where required.

People told us staff supported them to manage their healthcare needs. One person told us staff had helped them to feel much better when they had recently been unwell. The relatives we spoke with felt staff were prompt to recognise and inform them of any changes in their family member's health. Where required staff sought healthcare advice in a timely manner. One relative said, "[Person's name] said something was not right, and staff arranged for him to see a GP quickly." Another relative gave us an example of how staff supported their family member to self-manage their contraception and associated health conditions. Staff had worked out with the person how they could self-record any concerns they had by using a code on their calendar, and encouraged the person to seek assistance from staff when they needed help. By doing this, the person was able to self-medicate for this area and their control and independence was developed. The relative told us, "[Person's name] is confident they will get help from staff." A further relative explained that when there had been a 'sickness bug' at the college, staff had moved their family member nearer to the staff room to allow them to monitor them closely. The relative was reassured by the staff's actions, and said, "I thought that was above and beyond."

Staff told us they monitored people's health care needs and reported any concerns to the relevant health care professionals located on campus. One staff member explained how they checked people's care plans so they could find out the best way to support people if they were ill. This included knowing how to support people in emergency situations. Staff demonstrated they had a clear understanding of people's healthcare needs. For example, where people were prone to ear infections they were able to tell us about the individualised support they provided. Another staff member told us how they supported a person who was living with diabetes. They had developed a diabetic care plan with the person. The person had a pictorial book, which showed portions sizes of different meals. The person used this to show staff what they had eaten so that staff could support them to follow a diabetic diet plan to promote good health. Health action plans had not been completed for everyone, and records we looked at showed us people were supported to see a health professionals as and when required. These included physiotherapists, audiologist and speech and language therapist.

## Is the service caring?

### Our findings

People were supported by staff who were caring and showed an interest in their lives. One person told us, "All the staff are good and kind." Another person told us they found staff to be friendly and kind. They enjoyed living at the college and said, "It's really good, 'cool' and it's really homely." A further person recalled they were homesick for the first two weeks at college and how staff were good at reassuring them. A relative told us "I have to say the staff have been amazing, they are compassionate and caring." Another relative said, "Staff are so caring, every staff member. We have not met one we have not been sure of. [Person's name] is always excited to see staff, we can tell by their reactions they are happy and they like the staff." A further relative explained that their family member had met with staff before they started to live at the college. The relative said this had reassured their family member, as they knew the staff who would be supporting them when they moved in.

People had positive working relationships with staff. All the people we spoke with told us they got on well with staff. When we asked one person about the staff who supported them they told us, "I am happy." Another person said, "They (staff member) are a good listener." One relative told us, "They (Staff) know [Person's name] well. They have got [Person's name] down to a 'T'. [Person's name] loves the staff, knows them by name, and is disappointed when they leave, or they change year." Another relative found the residence manager that supported their family member very approachable. They said, "Right from the outset they have been just what you want. They have a nice calm way of speaking with them. They go way and above." They explained this staff member was like a professional parent in the way they supported their family member while they were away from home. Staff told us it was important to get to know people and build up a relationship of trust. One staff member told us as well as reading the person's care plan that they needed to get to know people themselves. They said, "The best way of finding out what people want is by spending time with them."

While some people told us they enjoyed spending time with staff, some people told us they sometimes felt staff presence was intrusive. For example, sometimes when people wanted to watch a film with their friends, staff sat with them and did not offer them privacy. During our inspection we saw people liked to spend time with staff as they smiled and laughed when they were in the company. We heard people chatting to staff about day to day things such as, their favourite films and their plans about what costumes they were going to wear to celebrate Halloween. Relatives confirmed that their family members got on well with staff as although they enjoyed visiting their home they were always keen to return to college.

The provider operated a keyworker system where each person was allocated a keyworker. The keyworker's role was to build up an effective working relationship with the person they were keyworker for. This enabled them to establish people's wishes and how they wanted to be supported. The keyworker acted as a point of contact for relatives and ensured people were happy with the support they received.

People were involved in day to day decisions about their care and were offered choice. For example, people told us they were asked how they would like to decorate their rooms and if they would like to share a room with other people who lived at the college. Three people were enthusiastic to show us how they had made

decisions about how their rooms were decorated. One person explained how much this meant to them, as it reminded them of their home. A relative told us where their family member was able to make decisions for themselves they were encouraged to do so. They went on to say, "Where [Person's name] needs to do things, it's done in a way they feel they have choices." Staff we spoke with recognised everyone as an individual and in doing so acknowledged that they were all different. One staff member told us how they had learnt to communicate with one person, so they could talk to them about their football and holiday interests. The staff member said, "You get the connection with people, you get to know the person so much better." They went on to say, "I feel I am giving them (people) the chance to get their feeling across. This prevents them from becoming anxious." We saw some people had a pictorial time table to support them during the college week.

People were supported to keep in touch with friends and relatives who were important to them. One person told us the best thing about college was meeting old and new friends. Another person explained they were able to have private time with their family when they visited. This was confirmed by a relative who said staff respectfully reminded other people to give their family member personal space when they had visitors. Another relative told us their family member had previously followed adults around. They said, "[Person's name] is so much better around their own age group, and staff have encouraged friendships."

People had developed meaningful relationships with other people living at the college. One person told us they had a girlfriend and enjoyed spending time with them. We saw people were confident and relaxed when showing their affection for other people. Staff we spoke with understood people were exploring and learning to understand relationships. Relatives were positive about relationships their family members had developed. One relative told us their daughter had met a boyfriend at college. They were impressed how the college had supported their family member with this relationship.

Staff actively promoted people's independent life skills. One person said, "They (staff) help us along the way as they want us to have a future, our own house, our own job." Another person said, "They teach us how you can buy things on a budget." Relatives we spoke with were impressed how much their family members had progressed since moving to the college. One relative said, "My son went to college a young boy and came back a young man." They explained that they had become more confident and able to do more things for himself both at college and at home. This was echoed by another relative who said, "They (staff) have got the balance right in terms of independence, and it's positive to see how [Person's name] independence has grown." They went on to say, "It's things you would not expect to see, and when they do it, staff really praise and encourage them."

Staff told us they were motivated to help people to achieve their aspirations. One staff member said, "You get a buzz, because you've made a difference." Another staff member told us it was their job to educate people in order to prepare and protect themselves when they moved on to more independent living. Staff recognised that people had different levels of ability and broke down goals into achievable steps. For example, for people who wanted to travel independently staff assessed and provided guidance in road safety. As people's confidence grew they supported them to get taxis into town and then progressed to using public transport. Staff told us their efforts were acknowledged and appreciated by people and their relatives. For example, one staff member told us, "[Person's name] parents came in to see them, they saw their progress, and [Person's name] parent cried, because they saw [person's name] was now able to bake and do the washing up."

People were supported in ways which promoted their dignity and privacy and made them feel valued. This was confirmed by relatives we spoke with. One relative said, "I definitely feel [Person's name] rights are respected. They (staff) do not intrude, their attitude is, 'It's your room', and [person's name] is encouraged to

make their own choices." Another relative said, "[Person's name] gets dignity when bathing, and they must discuss privacy, because they tell me I can't go into other people's rooms. You have to knock their door and ask to go in. They (staff) talk to them about respecting themselves and other people." One staff member highlighted the need to support people's right to privacy by staff taking action to make sure people's information was securely stored. Another staff member said, "You knock bedroom doors, so you can be sure people are happy for you to come in." We saw that staff were discreet when assisting people with personal care.

## Is the service responsive?

### Our findings

People told us they were encouraged to tell staff about their needs and how they wanted to be supported. One person told us, "We have a care plan, they (staff) do check our care plans." This was confirmed by a relative who told us, "We are part of the care plan process. They (staff) always address [Person's name] and want their views, and there's a willingness to participate, with lots of discussion." A resident manager explained as part of the initial assessment process, they met with the person, their relatives and the nurse to gather information about the person's needs and expectations. During the first term they focussed on the person's specific needs and these were reviewed on an on-going basis. Staff told us that people were involved in developing their own care plans. One staff member said, "These are based on people's preferences and abilities, and people sign their own care plans. It's (the care choices) up to them."

People's care plans were kept under review to ensure relevance and continuity of support. Relatives told us that staff actively encouraged and enabled their family members to take part in their care plan reviews. One relative said, "I can't praise them (staff) enough." They described how staff had set up their family member's iPad, so they would be able to communicate with everyone during their care plan reviews. The relative went on to say, "[Person's name] always comes to transition reviews. They've never been involved anywhere else, and this has been the first time they have been able to be involved in the conversations. They (staff) see if someone may struggle and overcome any problems." Relatives told us they were also invited to attend care reviews and kept up to date about any changes in their family member's needs or support. One relative said, "We attend the annual review of the care plan, and we have input. We don't have to wait until reviews, we can contact the staff at any time." This was confirmed by another relative who told us, "Staff always email us to discuss any changes, and always keep us in the loop."

People told us they received personalised support. One person explained that some days they needed help to do things while on other days they did not, the staff recognised this and provided support when required. Another person said, "I go shopping on my own to gain independence." We found people's care had been planned in ways, which reflected their individual preferences, life histories and their needs. People's care plans reflected their goals, and where these had been achieved this was acknowledged. For example, we saw one person's care plan reflected they were now more independent when making hot drinks.

People and their relatives were impressed with the responsiveness of the service. One person showed us their mobile telephone. They clearly enjoyed using this and were visibly happy as they laughed whilst using it. They became little concerned when their mobile did not work properly, but staff pointed them in the right direction. The person followed staff advice and came back and showed us their mobile was now working and their facial expression told us they were happy. One relative told us, "It's a fantastic service, they (staff) have been brilliant at encouraging [Person's name], encouraged them more than we could imagine." Another relative told us, "The support is phenomenal. They (staff) are open to new ideas." They went on to explain that staff showed initiative and did not "shy away" from challenges. A further relative said, "They have exceeded our expectations, it's been life changing for our [Person's name], they can't wait to go back."

Staff demonstrated they knew people well and recognised the support they required to maintain their

emotional wellbeing. For example, one person had been upset when they first moved into the college. A staff member explained that staff had found that person was keen to continue to keep fit and eat healthy food. They instigated action to allow them to do this with positive effect as the person settled quickly. The staff member told us, "[Person's name] just needed reassurance they could still make these choices."

Staff told us they were kept up to date about and shared any changes in people's needs during staff handover. This ensured changes were quickly responded to and that people received consistent support. Staff were involved in the planning and review of people's care plans. They were encouraged to put forward suggestions to improve people's support. For example, one staff member suggested that the speech and language therapist was contacted to provide advice on how best to support a person to eat. They said they were listened to and action was taken to promote the person's safety and wellbeing.

We spoke with the registered managers about how they interacted with the teaching staff to ensure people received consistent support across the residential and college facilities. A multidisciplinary meeting took place each morning and was attended by key staff from curriculum and residential services. This provided them with the opportunity to discuss and share information such as, incidents that had occurred or changes in people's support needs. Both the curriculum and residential staff also had access to a shared computer system. This enabled them to share relevant information such as, changes in people's needs.

People told us they were supported to do things they enjoyed doing and were provided with opportunities to broaden their life experiences. We heard one person tell a staff member they wanted to learn to drive. The staff member reacted positively and agreed to help them obtain the driving theory test in preparation. Another person told us "I work in the kitchen in the afternoon and enjoy it." A further person said, "I like it here, there are lots of things to do. Enjoy going out to Oswestry on the bus. I go to the disco as well on a Wednesday." A relative we spoke said, "There is no way we could give [Persons' name] the social life and experience they have. It's a proper college student life." Another relative told us, "There's fabulous things for [Person's name] to do after class time. For example, going to the cinema, skiing. It's breaking my bank, but it's lovely. [Person's name] absolutely loves it." A staff member highlighted how much some people enjoyed spending their free time to develop their independence further. They explained that they were going to use photographs to remind and celebrate people's achievements in these areas. Another staff member described how some people were supported to take part in training for the 'Special Olympics'.

Staff were proud of people's achievements. One staff member told us how one person used to spend a lot of time in their room. With support and encouragement they now took a shower every morning and made their breakfast. Another staff member explained about how a person had moved on to full time paid employment after completing work experience with a national company. They said, "That's what it is all about, the students are no different to anyone else."

People and their relatives were encouraged to provide feedback on the service. We saw that the provider had received numerous compliments. These included relative's appreciation that staff spent time talking with their family members and encouraged them to take part in activities. The provider sent out surveys at the end of the year to gather people's thoughts on the service. The registered managers told us they used the feedback to make improvements.

People we spoke with had not had cause to complain. They were confident should the need arise their concerns would be dealt with effectively. One person told us they were happy to speak to staff if they had any concerns. They said, "Things get sorted straight away." A relative confirmed they had been given information on how to make a complaint, but said they had not needed to as "There is nothing I could fault. There's never been a question I have asked or situation not dealt with appropriately." Another relative told

us they had not needed to make any complaints as they felt listened to. "Feel they (staff) would listen, I don't know why everywhere cannot be like there, it's fantastic." The provider had a clear complaints system in place. Where complaints had been made we saw that these were investigated and actions taken to resolve the situation.

## Is the service well-led?

### Our findings

At our last inspection we found that the provider had failed to notify the Care Quality Commission (CQC) of an incident of alleged abuse to one person who used the service. This was an offence contrary to Regulation 18 CQC (Registration) Regulations 2009. The provider sent us an action plan telling us how they were going to address the concerns raised.

At this inspection we found the provider had made some improvements, they had reported allegations of abuse and harm to the local authority safeguarding team in line with local protocols. These allegations had also been referred to us. However, we found the provider had not notified us of allegations that did not meet the local authority safeguarding threshold for intervention. This had not impacted on people's health and wellbeing as allegations had been investigated and action taken to prevent incidents happening again. One of the registered manager felt there was a lack of clarity about what should be reported as the local authority threshold differed to CQC's. They acknowledged that these incidents should have been reported to us and ensured that they would be going forward.

The college had a range of residencies across the campus. Each residence was gender specific with limited mixed gender accommodation offered. More mixed gender accommodation was planned for the future. We found that there was a lack of clarity and staff understanding around people visiting their friends of the opposite gender in their residencies. As a result staff approach was inconsistent and some people did not enjoy the same experience as their peers. The registered managers acknowledged the discrepancies in staff practice and committed to take action to address the concerns raised.

The registered managers told us the aim of the service was to support people to become as independent as possible. This was a vision shared by staff who took pride in helping people to achieve their goals. Staff described an open and inclusive working culture. They were confident to speak out and felt listened to. One staff member said, "I do feel supported by management at all levels. The culture is open and we are encouraged to speak our minds. Management are also open to new ideas and do listen." Another staff member told us, "Management are really responsive and take on board what you say." A further staff member gave us an example of a suggestion they had made about breakfast arrangements, which had been adopted. This had enabled people to have more enjoyable breakfast experience. The staff member said, "I felt supported to do this." There was an 'On Call' in place where staff were able to speak with a senior member of outside office hours at any time should they require guidance or support.

People told us and we saw that they were comfortable to speak with management and staff. One person told us, "I get on well with [Registered manager's] name." Another person said, "Staff make you feel you are at home." Relatives we spoke with were positive about the management of the service. One relative said, "Communication is good. We battled hard to get them in. It's so much better for [Person's name] in terms of their needs, and their growth is not stunted. We are very pleased, staff are approachable, and we can discuss any concerns." Another relative said, "I have actually spoken to staff during the middle of the night and I have so much admiration for the staff here as they create a really homely atmosphere whilst still meeting people's educational needs. As far as I am concerned we have made the right choice sending [Person's

name] here."

People and their relatives told us they enjoyed a positive sense of community at the college. People told us there was a warm and welcoming feel to the college. This was confirmed by their relatives. One relative told us, "Every time I go there, there is a sense of calmness and a wonderful atmosphere." Another relative said the college was like a "village within a village" they went on to say, "There should be a Derwen in every town."

People were encouraged to voice their opinions on their experience of the service. One person excitedly told us they had been voted on to the student council. The student council met on a regular basis and represented the views of their peers. The registered managers told us that points were clarified, discussed and actioned. Progress made was reviewed at subsequent meetings to ensure that the agreed actions had been completed. Records we looked at confirmed this.

People and their relatives praised the efforts of staff and management. One relative told us, "This place is very well run and managed, it comes from a very strong position in that they don't want to be an institution and have the interests of my (Family member) at the heart of what they do." Another relative said, "It absolutely blew us away, Derwen College is absolutely fantastic, our relative is much more confident and independent and their communication skills have improved and they have made friends there." Relatives felt that good communication had helped the provider achieve success. One relative described fluent communication between themselves and staff. They explained if they had any queries they emailed or spoke to staff and would receive a response within a day.

There was a clear management structure in place. Since our last inspection the provider had appointed two further registered managers to collectively run the service. The registered managers found that this carried many benefits and allowed to make progress. For example, together with the education curriculum they had supported people to gain the skills and knowledge required to increase their prospects of paid employment. In doing so they had achieved The Fair Train Gold Award for the second time running.. The Fair Train Gold Awards captured and celebrated the best and most innovative practice among further education colleges in the country.

Staff we spoke with reflected on changes made following our previous inspection. They felt the changes had led to positive outcome for people they supported. One staff member said, "Medicines are much better now and there are more single rooms." Another staff member said, "I find I can get to know people much better. We are encouraged to have a good rapport with families and communication is much better." They felt that relatives liked that they could go straight to their family members keyworker.

The provider was keen to maintain and build on links in the local community. The college operated a restaurant and farm shop on campus, which was open to the general public. People were given the opportunity to work in and visit both establishments. This enabled them to engage with the larger community and broaden their social skills. People also helped run the local library and the café in the local train station. The provider held a number of events such as fetes and sponsored walks, which relatives and the wider community were invited to attend. Relatives confirmed they received letters telling them about events. Some relatives told us they found the provider website a useful a source of reference to keep up to date with happenings or events.

The provider had a range of checks in place to monitor the quality and safety of the service. One of the registered managers explained that this was an evolving process where they looked at better and more effective ways of managing the service. There was a tiered system of audits where different levels of

management completed their own checks. They used the information gathered to drive improvements in the service.