

Review of compliance

<p>Treloar Trust Treloar College</p>	
<p>Region:</p>	<p>South East</p>
<p>Location address:</p>	<p>London Road Holybourne Alton Hampshire GU34 4EN</p>
<p>Type of service:</p>	<p>Doctors consultation service Care home service with nursing Specialist college service</p>
<p>Date of Publication:</p>	<p>March 2012</p>
<p>Overview of the service:</p>	<p>Treloar College is a term time residential further education establishment for up to 163 students with physical and, or learning disabilities. There are five residential houses and independent living flats on the campus and these are registered to provide</p>

	<p>personal care and/or nursing for the students 24 hours a day. The service is also registered to provide treatment of disease, disorder and injury and diagnostic and screening procedures.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Treloar College was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Treloar College had made improvements in relation to:

- Outcome 08 - Cleanliness and infection control
- Outcome 10 - Safety and suitability of premises
- Outcome 12 - Requirements relating to workers
- Outcome 13 - Staffing

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 September 2011, carried out a visit on 29 September 2011, carried out a visit on 30 September 2011, observed how people were being cared for and talked to staff.

What people told us

This review is a follow up to the review carried out on the 13, 29 and 30 September 2011. This review only concerns outcomes 8, 10, 12 and 13 the other outcomes we reviewed are available in the report dated January 24 2012.

This review did not include an additional visit to the college as the evidence was gathered during the September 2011 visits.

What we found about the standards we reviewed and how well Treloar College was meeting them

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

We found improvements have been made and the wheelchairs were clean. On the basis of the evidence provided, we found the college to be compliant with this outcome.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The college environment has improved since our last inspection. The college is suitable for the students and adequately maintained.

On the basis of the evidence provided, we found the college to be compliant with this outcome.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

We found the college have taken action to ensure all staff working at the college, including agency staff, have undergone the correct recruitment checks.

On the basis of the evidence provided, we found the college to be compliant with this outcome.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The students are supported by trained staff in adequate numbers to meet their care and welfare needs.

On the basis of the evidence provided, we found the college to be compliant with this outcome.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We did not, on this occasion speak to people about this outcome area, so cannot report what people using the service said.

Other evidence

During the previous inspection in May 2011, we found that the college was not assisting and supporting people to keep their wheelchairs clean. This meant the wheelchairs were unclean and unpleasant for the students to use.

During the inspections on the 13, 29 and 30 September, we found improvements had been made. The college had implemented their own action plan to improve how they supported people with their wheelchairs. The college had contracted a service to regularly deep clean the chairs and staff were responsible for monitoring the chairs and cleaning them daily. In the 'young persons plans', we saw the checking and cleaning of wheelchairs had been recorded as part of the staff's daily routine. We saw the wheelchairs were cleaner than they had been previously.

Our judgement

We found improvements have been made and the wheelchairs were clean. On the basis of the evidence provided, we found the college to be compliant with this outcome.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

The students we spoke with told us they liked their houses and the communal areas of the college. They said their rooms were cleaned and they liked the decoration.

Other evidence

The college had sent us an action plan which described how they maintained the environment.

During the last inspection, we found areas of the older houses that needed decoration and there were some damaged areas due to wheelchair use.

During our inspection on the 29 September 2011, we found these areas had been redecorated and repaired.

The staff told us, there was an effective system for ensuring repairs were completed and an ongoing decoration programme.

Our judgement

The college environment has improved since our last inspection. The college is suitable for the students and adequately maintained.

On the basis of the evidence provided, we found the college to be compliant with this outcome.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not, on this occasion speak to people about this outcome area, so cannot report what people using the service said.

Other evidence

During our last inspection in May 2011, we found the college was failing to ensure that the staffing agency they used had carried out the correct recruitment checks. Following that inspection, the college sent us a letter stating the action they had taken to become compliant.

During this latest inspection, the senior staff told us they had met with the agency and ensured the staff had the correct training and the required recruitment checks before any staff worked at the college.

Staff told us, that when agency staff arrived for work they checked their identification and the sheet of information they carried with them. This information included a list of the recruitment checks the agency had carried out.

Our judgement

We found the college have taken action to ensure all staff working at the college, including agency staff, have undergone the correct recruitment checks.

On the basis of the evidence provided, we found the college to be compliant with this outcome.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

All of the students we spoke with told us there were enough staff to meet their needs. They said they never had to wait long for help and the staff had time to talk to them and support them to go out.

Other evidence

The college sent us an action plan in July 2011 stating how they would become compliant with the regulations. This action plan indicated that they would continue to recruit staff and also to assess staff skills and train staff.

Staff told us they had all taken part in training over the summer holidays. This training had included safeguarding, communication and new systems and policies. We saw records that demonstrated staff were involved in a variety of appropriate training courses.

We saw a sample of the staff rotas, and these demonstrated that the managers of each house monitored the number of staff on duty at any time and ensured there were enough staff in each area.

The staff told us they tried to ensure each student's key worker had time to spend with them. The managers explained how they made sure there were enough staff to accompany students to go out. They added that the students were encouraged to plan ahead and request staff support for trips out, as part of their independence learning. Senior staff gave an example of when a spontaneous weekend trip to the cinema had been arranged recently.

The college did use agency staff but the managers told us they preferred to use permanent employed staff first because they knew the students and could offer

consistency.

We did not find any evidence that there were inadequate staff numbers to meet the students' needs.

Our judgement

The students are supported by trained staff in adequate numbers to meet their care and welfare needs.

On the basis of the evidence provided, we found the college to be compliant with this outcome.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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