

Review of compliance

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| <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>May 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 residential houses and flats on the campus and these are registered to provide personal and nursing care,</p> |

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| | <p>treatment of disease, disorder and injury and diagnostic and screening procedures, twenty four hours a day. The campus is large with varied facilities and is a short distance from the market town of Alton.</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 04 - Care and welfare of people who use services

Outcome 07 - Safeguarding people who use services from abuse

Outcome 09 - Management of medicines

Outcome 16 - Assessing and monitoring the quality of service provision

Outcome 20 - Notification of other incidents

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 January 2012, carried out a visit on 13 January 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

The students were very positive about the care and support they receive at college. The students told us, that staff were very good at explaining the care to them and asked their opinions about their care.

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

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The students are protected from the risks of receiving inappropriate care because the provider is assessing the needs of each student and planning and delivering care that meets those needs.

Overall we found that Treloar College was meeting this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The students are being protected from the risk of harm or abuse because staff are using an effective system to identify and respond to allegations of abuse.

Overall we found that Treloar College was meeting this essential standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The students are protected from the risk of unsafe management of medicines, because appropriate arrangements are in place for the storage, safe keeping, handling and administration of medicines.

Overall we found that Treloar College was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The students are protected from the risk of inappropriate care because the provider is operating an effective quality monitoring system which takes account of their views. The provider is identifying risks and taking action to manage those risks.

Overall we found that Treloar College was meeting this essential standard.

Outcome 20: The service must tell us about important events that affect people's wellbeing, health and safety

The provider notifies us of any incidents , as they are required to do.

Overall we found that Treloar College was meeting this essential standard.

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 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

During our visit, we spoke with seven students. They all told us they knew about their young person plans and the staff explained their care to them. The students said they liked the staff and received the care they required in a way that suited their needs.

Other evidence

Since our last review visit in September 2011 the provider had continued to send us updated quality improvement plans to demonstrate their progress towards compliance.

The quality improvement plan stated that all the young person plans had been audited and action had been taken to address any inconsistencies, or omissions in the written information the college used to plan and deliver care.

During our visit we reviewed 10 young person plans in three different residential houses.

These plans had improved since our last visit.

All 10 plans contained a detailed record of the young persons' needs and these were consistent and up to date. They were personalised and signatures demonstrated they had been explained to the students.

They included regular health checks that had been completed by the staff, and detailed daily notes that described the care that had been given to each student.

Since our last review in September the staff had been issued with new guidance about how to complete and maintain the young person plans plans. The staff said they were

getting used to the new plans and they found them easy to use when they needed to find out how to care for different students.

The young person plans included a range of risk assessments. These identified risks and gave the staff guidance about supporting the students to minimise risk, whilst allowing them as much independence as possible.

The staff told us about the care that individual students needed. They demonstrated a good understanding of students' needs and this was consistent with the information in the young person plans.

The staff told us that when they updated the young persons' plans they sat with the student to ask them if they wanted any care or support given differently or at different times.

Our judgement

The students are protected from the risks of receiving inappropriate care because the provider is assessing the needs of each student and planning and delivering care that meets those needs.

Overall we found that Treloar College was meeting this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The students told us they felt safe at the college and they could speak to any of the staff at any time. The students said they had been told about safeguarding and how to raise any concerns. They said they knew who dealt with safeguarding matters at the college and how to contact them during the day or night.

Other evidence

Since our last review in September 2011 the provider had continued to make improvements to the way safeguarding was managed at the college. Although the provider had not yet recruited a safeguarding manager, a consultant was continuing to work with senior staff to ensure any safeguarding concerns were dealt with effectively. The provider has continued to update the relevant authorities when safeguarding issues occurred and to notify ourselves as they are required to do.

The staff told us they were continuing to attend any relevant safeguarding training and they were able to describe to us how they would identify and respond appropriately to any safeguarding concerns. The staff told us they used staff meetings to discuss the management of any allegations of abuse and this allowed them to learn about best practice. Staff also said they had guidance about how to deal with any allegations printed on their identification badges.

The nominated individual for the provider described a number of recent safeguarding issues that had been managed appropriately and referred to the relevant authorities. There was a new electronic reporting system in place and we saw how this was being

used to ensure all safeguarding concerns were dealt with and responded to in a reasonable time.

The staff told us that each student attended a six week e-safety course which gave them the information they needed to safely use the internet.

The young person plans also contained a mental capacity assessment which was used if decisions needed to be made in a student's best interests.

Our judgement

The students are being protected from the risk of harm or abuse because staff are using an effective system to identify and respond to allegations of abuse.

Overall we found that Treloar College was meeting this essential standard.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

The students told us they were really 'happy' with the new way medication was being administered. They said they no longer needed to queue up at the health centre and their medication was given in a separate room in their houses.

Other evidence

Since the last review in September 2011 the provider had continued to make improvements to the way medication was managed and administered at the college. Students who need medication whilst away from the college, had either been risk assessed and deemed able to manage their own medication, or staff who had been trained, accompanied students and carried the necessary medication. There was a new policy in place to manage medication when students were away from college and the staff were able to describe this policy to us.

The college had improved the way they stored medication and how they held stocks of 'prescription only' medication. The college was now complying with the law, regarding the correct storage of medication, and an application was being made to the home office to store medication that had not been individually prescribed.

We saw that the nursing staff had clear guidance about when and how to administer the stock of non prescribed medication that could be bought over the counter.

The majority of students had started to receive their medication in their houses, in a separate room to protect their privacy and dignity. Students no longer received

medication in a public area and the health centre staff used a separate treatment room. The new system for administering medication was being introduced to all the houses, and during our visit only 12 students still needed to attend the health centre for regular medication.

During the previous review in September 2011 we noticed that the cupboard for the storage of drugs liable to abuse, known as controlled drugs was not secured to a wall as required by law. During this review we saw that action had been taken to ensure the storage of these medicines complied with the law.

Our judgement

The students are protected from the risk of unsafe management of medicines, because appropriate arrangements are in place for the storage, safe keeping, handling and administration of medicines.

Overall we found that Treloar College was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The students told us they always had opportunities to contribute their views about their own care and the service in general. They said they met regularly with their key workers and with other students during corridor and house meetings. There was a student council which could take the views of students to senior staff

Students could individually ask to speak to senior staff by using the card system, to inform people they needed to see a member of staff.

Other evidence

Since the previous review in September 2011 the provider had continued to provide us with the quality improvement plan. This plan details the actions the provider was taking to achieve compliance and how the actions were being monitored.

During this review we saw that the provider had taken action to improve the service. This included the monitoring of the electronic safeguarding referrals to identify any patterns or trends and taking appropriate action to protect the students involved.

The provider had issued all staff with new guidance about their responsibilities regarding quality monitoring in all areas of the college. The staff were aware of the new guidance, they had read, and understood this and they could explain this document to us.

The provider had introduced a robust quality monitoring system to ensure all the young person plans reflected the students' up to date care and nursing needs and they had allocated a residential manager to lead a programme of ongoing quality assurance. We

saw a sample of the audits and where inconsistencies or omissions in the young person plans had been identified, these had been corrected and improved.

The provider had audited the risk assessments that were included in the young person plans, as part of the overall monitoring of the plans quality and consistency. This means that risk assessments were reviewed and we saw that action had been taken to improve the guidance for the staff about managing risks.

The provider had employed a senior member of staff who was responsible for co-ordinating the quality monitoring system at the college. This had resulted in a more robust system for reviewing quality, identifying failings and taking action to improve the service.

The acting principal informed us that the college was increasing the amount of external advice and expertise to improve the way student care was delivered. The college was in discussion with the primary care trust to contract clinical psychology services, so that students would have improved access to this service.

Our judgement

The students are protected from the risk of inappropriate care because the provider is operating an effective quality monitoring system which takes account of their views. The provider is identifying risks and taking action to manage those risks.

Overall we found that Treloar College was meeting this essential standard.

Outcome 20: Notification of other incidents

What the outcome says

This is what people who use services should expect.

People who use services:

* Can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken.

What we found

Our judgement

The provider is compliant with Outcome 20: Notification of other incidents

Our findings

What people who use the service experienced and told us

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

Other evidence

We reviewed the evidence we had received from the service about notifiable events, since the previous review in September 2011. We compared this information to the list of events and incidents that the staff showed to us during our visit.

We found that all incidents had been notified to us and the provider had kept us informed about incidents.

The provider was still in the process of fully implementing a new electronic system for notifiable events. However, they had successfully used the previous system for informing us of incidents, without delay.

Staff were aware of the system for notifying us and for recording events and incidents. We were told that all incidents are collated and analysed to identify any patterns or failures that require action.

We saw that senior staff maintained a list, which identified where a series of events had required further investigation.

Our judgement

The provider notifies us of any incidents, as they are required to do.

Overall we found that Treloar College was meeting this essential standard.

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

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