

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

Treloar College

London Road, Holybourne, Alton, GU34 4GL

Tel: 01420547400

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05 February 2013

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2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Treloar Trust
Registered Managers	Mrs. Sarah Austin Mr. Trevor Liddiard Mrs. Alison Mahon Ms. Marilyn Walker Mrs. Mary Willmott Mrs. Jane Wood
Overview of the service	<p>Treloar College is a residential further education establishment for up to 163 students with physical and, or learning disabilities.</p> <p>There are residential houses and flats on the campus and these are registered to provide personal and nursing care, treatment of disease, disorder and injury and diagnostic and screening procedures, twenty four hours a day.</p>
Type of services	Care home service with nursing Doctors consultation service Specialist college service
Regulated activities	Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 February 2013 and 7 February 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Students we spoke with were very positive about the college. One student said, "Coming to Treloar was a life changing decision for me. I feel happy and contented here. My confidence is now much better in dealing with life and the staff are the people that have made it happen". Another said "It caters for a wide range of students and I feel very lucky to be here. It's changed my life" Students in the flats described how they had been helped to improve their independent living skills.

Staff were well trained and supported and they were positive about their role. One said "We all work together to help students achieve"

We found that students privacy and dignity was respected and that students were encouraged to express their opinions. Staff had a good understanding of students health and care needs and these had been accurately recorded. Students felt safe and there were robust processes in place to ensure that their wellbeing was protected.

Good systems were in place to ensure that standards of quality and safety were monitored effectively. There was evidence that a number of improvements had taken place since our last inspection, for example student admission procedures had been enhanced and a number of policies and procedures had been reviewed and updated.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected

Reasons for our judgement

Students understood the care and treatment choices available to them. Since we last visited a lot of work had been undertaken to improve admission processes. All prospective students were interviewed and encouraged to stay overnight at the college. Staff from the service also visited students in their own home where practicable. During this time an assessment of their needs would commence which included assessments from specialist health care professionals such as speech and language therapists and physiotherapists. This more detailed process helped to ensure that the service had a very good understanding of the needs of the potential students and helped to ensure that potential students were clear about what the college could offer them.

We spoke with 23 students. We asked them "Is your privacy respected by staff?" All students said that it was. For example, they said that staff always knocked on their bedroom doors and waited for them to invite them in. They also said that staff never started to provide personal care without speaking to them first and that staff ensured that their dignity was respected whilst they were assisting them.

People expressed their views and were involved in making decisions about their care and treatment. We asked students "do staff ask your opinion about things that happen in your house"? Students said that they did. They said that if anything that was bothering them or making them feel upset they would tell a member of staff and it would be sorted out quickly.

All students agreed that they were involved in decision making and said that this made them feel happy at the college. They said they were involved in decision making not only regarding their care but in how the unit was run, for example, at Christmas the unit was decorated how the students wanted it to be. One student said "being able to have input into how the unit is run has boosted my confidence because I am allowed to express myself and people actually listen to me". One student said that communication with the health clinic could improve as nurses tended to communicate with other staff rather than directly with them.

Some students needed extra assistance with their decision making. We met with two students who were unable to express their views verbally. They had communication devices that staff encouraged them to use. This facilitated their communication and helped staff to know how they were feeling and to understand their wishes and preferences. Students said that they were able to practice their religious beliefs as facilities had been put in place to enable them to do so.

We spoke with 15 staff. It was clear that they were motivated to promote student's choices and independence. They said, for example: "I am always asking, offering choices and taking time for them to respond." Another said "I always think how I would like to be treated" and another commented "I always get students to try before I step in"

Staff said that as much consideration as possible was given to students preferences about who they wished to support them. We saw that one student said that she wanted a female member of staff to attend to her. Records showed that this had been consistently done. Students knew which staff were going to support them each day. Although students were always aware which staff would provide them with personal care support one student told us that they sometimes found it difficult trying to remember all staff because of the amount of staff that they came into contact with at Treloar. We were told that generally students can interact with up to 100 staff on any given day. Staff said that to clarify these were not all staff who would provide personal care, many would be classroom staff, therapists or support staff, such as dining room assistants.

We looked around the students' accommodation. The environment had been adapted to promote independence, for example students could open windows with touch sensors and the laundry had raised washing machines to enable students using wheelchairs to use them with less staff support. Bedrooms had been personalised to reflect student's needs and interests. There were four rooms in the health centre which were used for students when they were unwell. These were very clinical and the environment was not adapted to make young people feel at ease.

We looked at six students records. Each student had a YPP (Young Persons Plan) which had been written in consultation with the student and contained information about how they wanted their care and support to be provided. Students told us that staff often came to ask them if what is in their YPP was accurate and whether there should be any changes. There were clear instructions for staff about how to promote people's independence when providing support.

Student's records contained a 'This is me' section which explained to staff all aspects of the students needs wishes and preferences. People's capacity to make decisions had been assessed. Where people had been assessed as having capacity to make particular decision their views had been respected for example, for one person who did not like particular medical treatment this had been changed in line with their needs and wishes.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Student's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at 6 students YPP's (Young Persons Plan), and saw they were very detailed. They had been reviewed and updated where necessary. Reviews had often included people's family and involved health and care professionals. Students also had a health care plan which had been devised by nursing staff. Health care plans were kept at the clinic. Relevant information regarding student's health had been shared with residential staff and had been included in the YPP. Staff said that multidisciplinary working and communication was good. Records we saw supported this for example one record we saw showed that liaison had taken place between education and residential staff to ensure that a student had a consistent approach from staff to support their positive behaviours.

The management team told us that the service was developing an electronic care planning system so that all records would be in one place and there would be no duplication. This system was coming into effect in September 2013.

We spoke with 23 students. They were happy with the care and support provided. One student said for example "They (staff) allow me to be me, but staff are here to support me when I need it." All students knew about their YPP and what was included within it.

We spoke with 15 staff. Staff said that they always followed the guidance in the YPP. One said for example, "It doesn't matter how long it takes" (to carry out an activity or to complete personal care). Another said "The care plans are good and contain so much information"

Staff said that every student's needs were discussed at staff meetings each fortnight. All staff who did not attend were expected to read the minutes of these meetings. In this way the service ensured that staff had up to date information about students changing needs and preferences. Any changes to health or care needs were also shared with staff in other departments within Treloar where they needed to know.

Students said that if they were unwell they could easily see a doctor or nurse. They said that there was a clinic on site. One student said for example "If you don't feel well there is a health centre. I was in the centre with a chest infection I didn't have to go to hospital.

That was good". When residential staff contacted the health centre because a student was unwell, responses from the health centre were prompt. Records we saw showed that nurses generally responded within five minutes.

Students confirmed that they had access to physiotherapists and other specialist health care professionals. They said that they could call in on them when they wanted. They said that they enjoyed time with the therapists and found it helpful. One person said for example, "I use the hydro pool. I like that" Another said "The physiotherapist has shown the staff how to give me my exercises". Speech and Language therapists were involved to help staff understand how some students communicated pain, for example we saw that a pain chart had been devised to help a student to communicate the site and intensity of their pain.

Where a risk to people's health or wellbeing had been identified, risk assessments had been completed with clear guidance to staff about how these should be minimised. These were being followed. Records contained photographs so that staff could see clearly how a person should be positioned in their wheelchair or in their bed to maximise their comfort and safety. Specialist equipment had been provided where necessary and this was regularly reviewed to ensure that it continued to meet people's needs.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We talked with 23 students and asked them whether they felt safe at Treloar. They said that they did. Two students said that an incident had occurred a few months ago when they had not felt safe but said that staff had addressed and resolved the situation. All students said that staff listened to them and that they felt very comfortable talking with them.

The views of students that we talked with were echoed in the student survey of 2012. In this 93% of students said that they felt safe at Treloar (7% said that they didn't know) All students said that they would know who to go to if they felt that they were being bullied and all said that that they were happy with the way that they were treated at Treloar

We spoke with 15 staff. They demonstrated a good understanding of safeguarding issues and a commitment to following policies and procedures. They described "an open culture" at the college. They said for example "Safeguarding is very important here. We've done training and updated training." Another staff said "Staff confidence in safeguarding has improved I have no doubt I would whistleblow." One staff member who had raised some safeguarding concerns said that they had been acted on immediately.

Safeguarding matters were given a high profile at the college. For example, there was a safeguarding manager. Staff said that the safeguarding manager often sat in the dining room and talked with students. There were posters on display throughout the college to provide information about safeguarding processes. Staff carried around written information to remind them of safeguarding and whistleblowing procedures. Staff and students said that safeguarding matters were also regularly discussed at staff and student meetings.

The safeguarding manager was responsible for updating policies and procedures and for training all nurses and senior managers. We saw that policies had been reviewed and updated regarding the use of restraint and in safeguarding children and vulnerable adults in December 2012. Training records we saw confirmed that staff received regular training in this subject.

The provider responded appropriately to any allegation of abuse. The provider was required to notify CQC of any abuse or allegation of abuse relating to a student. The

service had done this. The information provided showed that they had followed agreed procedures and that they had taken prompt action where required, to ensure that students were kept safe.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with 23 students. All said that staff were very helpful and that they were very good at caring for them. One student said for example "The staff that work here are here because they want to help me. It's not just a job to them, they really do care for me".

New staff said that they were provided with a three day induction. They then worked in the house with a "buddy". This allowed them time to see how the house was run and to read policies and procedures. Initial training for support workers included key health and safety subjects as well as equality and diversity issues and training about the role. Records showed that after induction staff completed mandatory training within 12 months in all aspects of health and safety, mental capacity, confidentiality, record keeping, dignity, anti discriminatory practice and challenging behaviour.

We spoke with 15 staff. Staff received appropriate professional development. Staff were satisfied with the training provided and said that it enabled them to carry out their role effectively. Staff could request specific training. One staff member said, "I asked for more training in signing and specific epilepsy training as I felt I needed more support and training. Both were put in place".

Training was provided to staff in a variety of ways. Some training was accessed on line. Some was delivered by senior manager and some was interactive - the service had purchased a "Super Chloe." Super Chloe is a patient care simulator to help to train staff in care and nursing procedures. Staff understanding of the training that they had undertaken was reinforced by them completing workbooks to test their knowledge. The service had recently provided training in the management of medicines to support staff to enable them to administer medication to students. This training was voluntary but 85 % of support staff had attended the course. Staff who had completed this training and who had had been deemed competent were assisting students with their medication. This meant that students could receive most of their medication within their houses rather than going to the medical centre. Staff also felt more valued. One staff said for example "Support workers have taken a lot more responsibility recently. We feel appreciated."

Staff also had access to and received ongoing training and support from specialist health care professionals who were employed at Treloar, for example Speech and Language therapists, Physiotherapist and Dieticians.

Training was discussed during supervision and staff we spoke with confirmed that they took part in regular supervision sessions. Staff also had annual appraisals. Staff said managers were "great" and said that "their door is always open". Staff could also access support from senior managers if they needed to. Senior managers were readily accessible on a rota basis 24 hours a day.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. We spoke with 23 students and asked them if their opinions were taken into account. Students said that staff took their opinions into consideration. Student said that there were lots of meetings. We saw minutes of these meetings which showed that they took place about every 6 weeks. They said that they could express their views via the students voice (which empowered students to be engaged and involved in the college) and comment card for complaints and suggestions were available to them should they wish to use them. Students said that things changed as a result of their feedback. We saw minutes of the student's voices conference which showed that actions had been taken to improve aspects of the college such as how to improve communication with non verbal students and how to enhance student activities.

Student's views were surveyed July 2012. They were asked their opinion about all aspects of the service. Parents completed a survey in December 2012. Parents also had the opportunity to discuss their views at an annual parent's conference. We saw an action plan for 2012 -2013 which had been put into place to address comments made by people surveyed.

We saw that records such as YPPs and medication administration records were regularly audited to ensure that they had been accurately completed. Other quality standards, for example infection control measures, were checked by other managers from different homes. Staff said "That is a good process to ensure we are all working to the same standard- it gives continuity and enables staff, if required, to work in other homes."

The service employed a staff member who was 'head of quality'. They said that there was a culture of continuous quality improvement. We saw various documents to support that quality monitoring and improvement was considered and reviewed at all levels. All departments assessed their performance against the CQC Essential standards of quality and safety. We asked for, and saw evidence of completed self assessments for all essential standards. The evidence for these assessments had been gathered from spring 2012 to summer 2012. These evaluations concluded that the service was compliant. The evidence we gathered during our visits was consistent with these findings.

We saw the quality and planning calendar for 2012-2013 which showed that various audits had been undertaken to ensure that student care and welfare continued to be properly monitored.

The provider took account of complaints and comments to improve the service. We saw that students were supported to make a complaint if they needed to. Staff we spoke with gave examples of when they had supported students to do this. Records we saw showed that complaints had been responded to appropriately

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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