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

Dorton College of Further Education

Seal Drive, Seal, Sevenoaks, TN15 0AH
Tel: 01732592500

Date of Inspection: 18 March 2013
Date of Publication: April 2013

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✔</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✔</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>✔</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✔</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✔</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✔</td>
</tr>
<tr>
<td>Registered Provider</td>
<td>Royal London Society for the Blind</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Registered Manager</td>
<td>Ms. Zena Williams</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Dorton college of further education provides residential accommodation to students aged 16-25 attending the Dorton college on the same campus and also a college within Bromley. The accommodation is provided within two units containing single bedrooms and shared living facilities. The college is relocating from the Dorton site at the end of the academic year and students are in the process being supported to move to community based housing.</td>
</tr>
<tr>
<td><strong>Type of service</strong></td>
<td>Specialist college service</td>
</tr>
<tr>
<td><strong>Regulated activity</strong></td>
<td>Accommodation and nursing or personal care in the further education sector</td>
</tr>
</tbody>
</table>
Contents

When you read this report, you may find it useful to read the sections towards the back called ‘About CQC inspections’ and ‘How we define our judgements’.

Summary of this inspection:

Why we carried out this inspection 4
How we carried out this inspection 4
What people told us and what we found 4
More information about the provider 5

Our judgements for each standard inspected:

Respecting and involving people who use services 6
Care and welfare of people who use services 8
Cooperating with other providers 10
Safeguarding people who use services from abuse 11
Supporting workers 12
Assessing and monitoring the quality of service provision 13

About CQC Inspections 14
How we define our judgements 15
Glossary of terms we use in this report 17
Contact us 19
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 18 March 2013, checked how people were cared for at each stage of their treatment and care and talked with staff. We reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

There were 14 people living at the service at the time of our inspection. They were referred to as students and therefore we have used this term in our report. We were unable to speak with students during this visit as they were out at college. We were able to gather feedback about their experiences through records of meetings they had held with their keyworker. Students had also completed their own reflective diary each day about their wellbeing and their support, which provided feedback about their views of their care.

Students were encouraged to be involved in writing their own care plan. There were a range of communication tools available to help them do this including computers, Braille and pictures. Students had regular opportunities to have a say about how the service was run through weekly meetings.

Students received the care they needed and were given support to develop their independence and learn new skills. There was an effective system in place for helping people to plan the support they would need once they left college. Students were protected against the risks of harm and abuse in the service. They were supported to lead healthy lifestyles.

The staff that supported the students were supported in their roles and received training to help them to care for students in a safe way. There were effective systems in place for checking the quality and safety of the service and where things needed to be improved these were put right quickly.

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.

Students' privacy, dignity and independence were respected.

Students' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The students who used the service understood the care and treatment choices available to them. They had expressed their views and were involved in making decisions about their care and treatment. We saw that some students had written their own plans and others had signed to say they had read and agreed with the plan. The service used a wide range of communication aids to help students understand their care options and to express their views. This included Braille, large print, Makaton sign language and symbols. Some students had their own communication books to help them explain to people what they are trying to express.

The lead nurse for the service showed us work that had recently been undertaken to assess the capacity of students to make everyday decisions and to identify what support they needed to help them to do this independently. Records showed that staff had recently completed training in the Mental capacity Act and the staff we spoke with understood how to support students who were not able to make decisions for themselves.

We saw that students' likes and dislikes and their preferences around their care had been included in their care plan, for example one student's plan showed that they preferred to get up later at the weekend and their daily reflective diary showed that they had been able to do so. The TV programmes and activities students enjoyed and the meals they liked had been recorded. We saw that the students had been asked about their hopes and dreams for the future and these had been recorded, for example wanting to live in their own flat. There were plans in place to help the person work toward their dream.

Staff told us about the weekly meeting held for students in each one of the units. These provided an opportunity for students to have a say in things that may affect them, for example planning the menu, agreeing household chores and identifying if there were any maintenance issues within the service. One student had been allocated the role of taking the minutes using their speech recognition computer. Staff said that they gave the
students the chance to talk without staff present for part of the meeting to encourage them to take more control of their meeting. We saw that students' reflective diaries showed they had enjoyed taking part in the meetings.

The students were supported in promoting their independence. When they had moved to the service and each time their care was reviewed each student had been asked what they would like to learn. One had said they wanted to be able to get out of bed independently. We saw that there was a physiotherapy plan in place to help them increase their strength and an occupational therapy plan to help them learn to use equipment to increase their independence. We saw that people had the use of equipment to enable them to do things for themselves. This included a talking microwave, chopping boards that could be used one handed and audio alarms to tell people when their cup is full when pouring tea. Students had their own keys to their bedroom doors and an identification badge, which also acted as an access card for the main entrance of the building. This meant they could come in and out of the unit without having to get staff to open the door. One student had equipment and a plan to help them change their bed and fold their clothing with one hand.

Students were supported in promoting their community involvement. Records showed that they were supported to use community facilities including the local library, shops, restaurants and cafes, and the cinema. Those that were moving to their new home soon had been involved in choosing the décor of the rooms and had been supported to visit the local area to find out about the facilities and services available in the town.

We saw that students had plans to support them to stay in contact with their family in the way they preferred. Records showed that some students went home to stay with their families and were able to speak with them when they wished using the telephone, email or Skype.

Students diversity, values and human rights were respected. The religious needs and preferences of individuals had been recorded and included in their plan. This included the times of day they liked to pray and their specific cultural needs in relation to their diet, dress and personal care. We saw that one student had commented in their reflective diary that they had the opportunity to practice their religion each day. Staff had completed training in equality and diversity.
Care and welfare of people who use services  ✔  Met this standard

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

The student's needs were assessed and their care was planned and delivered in line with their individual care plan. The care plans were clear for staff to follow and reflected the assessed needs of the student. There was a clear description of the specific nature of each student's visual impairment and the support they needed as a result of this. The care plans addressed students' needs in relation to their health, personal care, diet, social life, education and developing their independent living skills. We saw that care plans had been reviewed and updated within the last six months. Staff told us that they were responsible for reviewing and updating the plans for the person for whom they were the keyworker. They said they were informed about changes to other students' plans through the handover system on each shift.

Care and treatment was planned and delivered in a way that was intended to ensure the safety and welfare of students. The student's were encouraged to write their own daily reflective diaries about their wellbeing and the support they had received that day. The records showed that they had received the support their plan said they needed. Each student had a one to one session with their keyworker (the person allocated to oversee their care) each week. This was an opportunity for them to undertake a new activity or to develop a skill with support. The goal set for each session was based on what the person said they wanted to do. We saw that it was clearly recorded what had been achieved. Photos were used to show people undertaking activities their plan said they wanted to do and learning new skills.

There was evidence of the involvement of a range of health professionals in the care of students. The service employed the services of an occupational therapist, physiotherapist, speech and language therapist, two nurses, a transition worker and a music therapist. This meant that students had specialist input regarding their needs. We saw that where a specialist plan had been put in place, for example an exercise plan by a physiotherapist, this had been followed by staff and records were kept to show the person's progress.

Risk assessments had been completed for each student. This included risks within the physical environment in addition to risks in relation to people's visual impairment and their emotional wellbeing.
Students were encouraged and supported to lead healthy lifestyles. The nurses on site had provided education sessions for students including wellbeing and exercise, healthy eating and personal relationships. Students were also able to access one to one counselling sessions with a nurse if they wanted to. Each student was registered with a doctor at the local surgery for access to health services during term time. They were supported to continue to access their own ophthalmology services to ensure continuity of their specialist care. The service provided a gym and a swimming pool on the campus for use by students to promote their physical wellbeing.

Students were supported to take part in a range of leisure activities to meet their social needs. Records showed that they had recently enjoyed a Mexican theme night, sensory sessions, movie nights, gardening, arts and crafts, swimming, reading with Braille, computers and internet use and visits to a cafe. There was a system in place for monitoring students' leisure activities to ensure that everyone had equal opportunities for accessing these.

There were arrangements in place to deal with foreseeable emergencies. Each student had a personal evacuation plan, which instructed staff how they should be supported to evacuate the building in the event of a fire or other emergency. There were also plans in place for dealing with personal emergencies such as epileptic seizures that lasted longer than was usual for a person.
Cooperating with other providers

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People’s health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

There was a system in place for ensuring that each student's support was consistent across their residential service and their education provision. Individual’s care plans identified areas where their education plans needed to be continued when at residential service and where their residential plan needed to be followed whilst at college. There was a handover of information about each student’s care each day between the residential staff and the college staff. The college followed the Jigsaw skills for independent living curriculum and we saw records that showed that work was being completed on this during the evenings and weekends in the residential service.

The transition worker supported people to access other services including further education, employment and supported housing. They helped them to plan for their move from the college once they had completed their last term. We saw that two people were in meetings to review their care package and this involved their residential staff, education staff, the transition worker and their care manager.
Safeguarding people who use services from abuse  
Met this standard

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

Our judgement

The provider was meeting this standard.

The students who used 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

The students who used 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. There was a clear policy in place for the prevention of abuse and staff we spoke with understood their responsibilities in this area. Staff were able to describe the action they would take to correctly report any concerns about abuse. Staff told us there was a dedicated adult and child safeguarding officer based on the campus. Staff had recently attended refresher training courses in safeguarding adults from abuse.

The provider responded appropriately to any allegation of abuse. We saw records that showed they had reported concerns to the local authority responsible for investigating allegations of abuse and had cooperated with investigations. Safeguarding board meetings were held to monitor the implementation of the adult abuse policy in the service and to identify any learning points from investigations.

Discussion groups were held for students during an evening each week. We saw records of these meetings and saw that they had recently included discussion about internet safety. A learner safety booklet provided had been provided to each student to advise them of their rights and how to protect themselves from abuse.
Supporting workers

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

Met this standard

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received appropriate professional development. We saw that the service had a training programme in place for the year. Records showed that staff had been provided with training in a wide range of topics that reflected the needs of the students using the service. Recent training courses included the Mental capacity Act 2005, personal care, incident reporting and goal setting. Staff had completed training courses relevant to the specific needs of students including sighted guide, epilepsy, artificial feeding and the implications of visual impairments. Training in supporting students with their emotional wellbeing had been scheduled with the lead nurse.

Staff were able, from time to time, to obtain further relevant qualifications. Records confirmed that all the staff working in the service held a recognised and relevant qualification in health and social care. Two of the managers of the service were in the process of completing a level 5 qualification in the management of care services.

Staff told us that they felt supported in their roles. They said that they had a weekly team meeting on each unit to discuss the care plans in place for each student. Records showed that staff had a formal supervision meeting with their line manager every two months and they told us this was used to support them in their roles and identify their learning needs.
Assessing and monitoring the quality of service provision

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 service that students receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of students who used the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. There were a number of systems in place to seek feedback from students and their relatives. This included six monthly review meetings, weekly discussion groups, weekly students meetings on each unit and keyworker sessions.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Monthly board meetings were held to review incidents and to identify learning points. There was a quality improvement plan in place. We saw the plan for the previous year, which evidenced that the service had achieved the goals set. A new plan for 2013/14 was in the process of being drafted.

The nurse manager told us they visited the service each morning to help people with their medication and used this as a way to identify any issues or concerns students had. They also used these visits to monitor staff practice in supporting and caring for students. A member of the board visited the service each month to carry out a quality audit. Where actions were set following these visits we saw that the provider had addressed them, for example risk assessments were identified as needed to be reviewed and these had been done that week.
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.
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:

<table>
<thead>
<tr>
<th>Outcome and Description</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>17</td>
</tr>
<tr>
<td>Consent to care and treatment</td>
<td>18</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs</td>
<td>14</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>11</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>12</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>13</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment</td>
<td>16</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>21</td>
</tr>
<tr>
<td>Staffing</td>
<td>13</td>
</tr>
<tr>
<td>Supporting Staff</td>
<td>23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>16</td>
</tr>
<tr>
<td>Complaints</td>
<td>19</td>
</tr>
<tr>
<td>Records</td>
<td>21</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th><strong>(Registered) Provider</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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’.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Regulations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Responsive inspection</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This is carried out at any time in relation to identified concerns.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routine inspection</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Themed inspection</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This is targeted to look at specific standards, sectors or types of care.</td>
</tr>
</tbody>
</table>
### Contact us

<table>
<thead>
<tr>
<th>Phone:</th>
<th>03000 616161</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
</tbody>
</table>
| Write to us at: | Care Quality Commission  
                  | Citygate  
                  | Gallowgate  
                  | Newcastle upon Tyne  
                  | NE1 4PA |
| Website:        | www.cqc.org.uk |

Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.