

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

Treloar College

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Tel: 01420547400

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03 February 2014

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2014

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✗ Action needed
Staffing	✓ Met this standard

Details about this location

Registered Provider	Treloar Trust
Registered Managers	Ms. Marilyn Walker Ms. Mary Willmott Mrs. Jane Wood Miss Helen Goodenough
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 Domiciliary care service Doctors consultation service Specialist college service
Regulated activities	Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury

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'.

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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 3 February 2014 and 10 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider, were accompanied by a pharmacist and talked with other authorities. We were accompanied by a specialist advisor.

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

At the time of our visits there were 65 students attending college who lived in Wessex, Brewer and Gauvain houses. We talked with students and staff and spent time in each of the houses observing care and looking at care records. We also spent time in the health centre. We looked at policies and procedures particularly those relating to safeguarding and staffing.

We spoke with 14 students. They said they were happy with the service. They felt involved in how their care was planned and liked the way in which the college was helping them to prepare for the future. They understood what to do if they were unhappy about any aspects of their care or treatment. They felt safe at Treloar and described the staff as "respectful," "funny," "joyful", and said they made them feel "comfortable and confident".

Staff demonstrated a strong commitment to providing a good service, one said "we put students first in everything we do." These sentiments were echoed by all staff we spoke with.

We found that health and care staff worked effectively together to ensure that all aspects of students needs were met. Each student had an assessment of their needs and plans of care were detailed and up to date. The service responded quickly when student safety or wellbeing was compromised. There were sufficient skilled and experienced staff to meet students collective needs. Some improvements were needed in the management of medicines, particularly how some medicines were stored and how checks were made to ensure that they had not passed their expiry date.

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

What we have told the provider to do

We have asked the provider to send us a report by 02 April 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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

Our expert by experience met with students both individually and in groups and asked them what they felt about the way the college managed their care, treatment and welfare. Students were happy with the service, the way their care was planned and the way that staff helped them to prepare for the future. Students had a good understanding of who they should speak with if they wanted to change their plan of care.

Individual students had ideas on what could improve the service. This included more one to one meetings about their future, more training for staff about how to communicate with them and for more yoga and physical activity to be provided.

Staff we spoke with described the admission process for a prospective student. Staff spent considerable time talking with the student and their family about the aims of the service and about their expectation of the placement. Staff assessed what care, treatment and support the prospective student needed. Nurses, occupational therapists, physiotherapists and speech and language therapists were involved in the assessment process to ensure that all aspects of students care were considered. Staff said that at times the initial assessment took place some time before the student's placement started. Staff therefore always reassessed the prospective student before a date to move to the college was agreed to ensure that they had an accurate understanding of what care, treatment and support the student currently needed.

Each person had a Young Person's Plan. (YPP) Since our last visit in February 2013 the service had implemented an electronic care planning system. This enabled joint care planning for students care and health needs. Staff we spoke with felt that the electronic care planning system provided a more holistic view of students needs.

We looked at five Young Persons Plans (YPPs) during our visits. Care records and risk assessments were detailed, up to date and provided staff with clear guidance about how to assist students, for example there were pictures which illustrated how staff should move

students so they were safe and comfortable. This demonstrated that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

One member of staff said "We put the student first in everything we do." Another said "students would struggle to get a better all round package of care." We saw a number of examples of effective multi-disciplinary working in the planning of students' health and care needs. One student was having problems with their nutritional intake. Relevant health and care professionals worked together to address this. Records showed that as a result of this joint care planning and close monitoring, the student's health had improved. Regular nutrition support meetings were held. These were attended by dieticians, speech and language therapists, nurses and care staff. Any changes in a student's weight were discussed and monitored and care plans were developed to ensure that nutritional needs were met. We were told that a pain clinic was held regularly by the physiotherapists. These were attended by nursing and care staff. We saw that advice provided at the pain clinic was detailed within student's YPPs. This meant staff had appropriate guidance to help them to manage student's pain.

We observed that any changes to student's needs were discussed during staff handover to ensure that all staff were aware. There was also a handover book that staff said was very useful. We looked at the handover notes for one student and also looked at this person's YPP. We found that relevant information had been updated in the YPP to reflect changes in how the student was to be supported. This helped to ensure that all staff were aware of student's current needs.

Staff said " Treloar is a place that does very well at supporting people to become independent" and "At Treloar everyone is treated as an individual."

We saw examples of this in the way that the environment had been adapted. Communal areas included counters which could vary in height to enable as many students as possible to carry out tasks such as cooking and laundry. Areas of the homes were colour coordinated to help students who had impaired sight or who had difficulties in finding their way about. Students were also encouraged to maintain their own health, for example, students could make their own appointments with the GP in the health centre. Staff said that one student had been supported to manage their gastronomy feed. The nurses provided students with informal health education such as the importance of maintaining a healthy diet.

We observed lunchtime in a communal room in Brewer House. Some students had returned from college to receive personal care, relax or eat their lunch. Staff were attentive to students' needs and provided support in a respectful calm and unhurried manner. Staff were good at interpreting what student's gestures meant and responded accordingly. All staff we spoke with demonstrated a clear understanding of the need to deliver care so that students' privacy and dignity was respected. They said "we always knock on students' doors and wait to be invited in" and, "when delivering personal care we always try as much as possible to ensure the student is covered."

Treloar has a health centre which contained an inpatient area with four bedrooms. We were told that the bedrooms were not used much anymore as students were generally nursed in their own bedrooms if they were unwell. There was a clear protocol in place for when the health centre should be used. This included if a student needed oxygen therapy or if a school pupil who was sharing a room became unwell.

There were arrangements in place to deal with foreseeable emergencies. We saw that each student had a Personal Emergency Evacuation Plan. (PEEP) The PEEP gave clear and concise information as to how each student would be moved safely in the event of a fire or any other incident that required evacuation. This information was readily available.

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 spoke with 14 students who all said that they felt safe at the college. They felt all staff were very supportive. Students had a clear understanding of what to do and who to tell if they were unhappy about anything. All staff we spoke with were confident that they would know how to report any suspected abuse and that any concern would be listened to and responded to by managers.

All staff had the safeguarding contact number on a card which they carried around with them at all times. Staff confirmed that they had received training in safeguarding and all felt that this had ensured that they had a good understanding of their roles and responsibilities. One member of staff gave us an example of prompt action that managers had taken when they had raised a concern. All staff we spoke with said that they understood whistleblowing processes. One senior member of staff said that safeguarding issues were discussed at supervision sessions. This helped to ensure that safeguarding matters were considered regularly. We looked at the safeguarding policy and procedure. This had been reviewed and updated. The provider may wish to note that this policy did not make reference to how staff should have regard to the Multi-agency Safeguarding Adults Policy and Procedures and Guidance when making decisions about whether the circumstances of concerns meet the criteria for raising a safeguarding alert. This is important because the local authority has the lead responsibility to coordinate the response when an allegation of abuse has been made which relates to a vulnerable adult or child.

We looked at incidents and safeguarding alerts that had been notified to the head of safeguarding at the college. We saw that action had been taken where necessary to keep people safe. This demonstrated that students 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.

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Due to the complex needs of the people supported by the service a pharmacist inspector looked at the use and management of medicines within the service.

Appropriate arrangements were in place to obtain medicines. The medicines lead explained, people using the service were either registered with the GP practice linked to the service or the GP practice where they lived. The service obtained medicines for one residential unit per week. The staff would review the medicines held centrally and within the residential unit. If the resident was registered with their own GP the service would ask the family to obtain more medicines. If the resident was registered with the linked GP practice, the service would complete the repeat prescription requests and the visiting GPs would generate the prescriptions whilst on-site. The services preferred community pharmacy then collected the prescriptions and dispensed the medicines. These medicines and the new repeat prescription request forms were then delivered to the service. On receipt of the medicines the service staff checked the medicines received. Any discrepancies were then followed up with the GP or community pharmacy as required. Therefore we were assured that medicines were available to be administered to people.

Medicines were kept safely. On the residential units each person's room had a medicines cabinet and each unit had a medicines refrigerator. There was a central treatment room, which contained two locked medicines refrigerators, controlled drugs safe and a number of locked medicines cabinets. Medical gases were stored inside and outside the buildings in a safe and secure manner. Therefore, we were assured that access to medicines was restricted to appropriate staff and that people could only access their medicines if appropriate.

Appropriate arrangements were not in place for medicines to be stored at the correct temperature. Daily temperature records were kept for the five refrigerators reserved for medicines. Two sets of records were of the minimum and maximum temperatures of the refrigerators, whilst a third record was of the current temperature. These records were

within the recommended temperature range. The current temperature was recorded for the remaining two refrigerators. These records indicated that both refrigerators had been below the recommended temperature range for some time and actions were only documented for one refrigerator. Therefore, we were not assured that medicines were safe to administer to people.

Appropriate arrangements were not in place for the expiry date checking of medicines. We observed that two medicines that could be required in an emergency were past their expiry date. Another liquid medicine had exceeded the in-use expiry date. Therefore, we were not assured that these medicines were safe to administer to people. Immediate disposal of these medicines was witnessed using safe and correct procedures.

The service had an appropriate Controlled Drugs (CD) safe. CD storage is more secure than general medicines storage due to the increased risks. We undertook a balance check of the Controlled Drugs held in the CD safe against the register. Therefore, we were assured that the records could be relied on to ensure that medicines were available.

Appropriate arrangements were in place in relation to the recording of information to support the administration of medicine. During our visit we reviewed the Medicines Administration Records (MARs) for six people. Each MAR contained a section where the person's ability to swallow was recorded. If they had swallowing difficulties, additional information was recorded explaining how to administer their medicines. Supporting information was also available for emergency "if required" medicines. This included clear escalation plans, including when to dial 999. Allergies or if the person had "No Known Drug Allergy" were recorded. Therefore we were assured that records contained sufficient information to ensure the consistent administration of medicines to people.

Appropriate arrangements were in place to administer medicines. The lead nurse explained and showed us the Patient Group Directions (PGDs) that were used to administer childhood and flu vaccines within the service. The PGDs were written directions that allow the supply and / or administration of a specific medicine by a named authorised health professional to a well-defined group of patients for a specific condition. We were also shown two lists of "homely remedies". These were for either adults or children and small adults. "Homely remedies" were a written list of medicines anyone can buy to treat minor ailments and illnesses. Therefore we were assured that medicines were administered appropriately to people.

Appropriate arrangements were in place for the recording of medicines administration. Since most of the people attend college, medicine administration times were scheduled to minimise the need to administer medicines during the college day. Slightly different records were kept depending of the level of support required. People self-medicating without support would mark their MAR when they took their medicines. Staff would review the record and medicines on at least a weekly basis. If the person required prompting this would be documented and where the staff administered a medicine they would sign the MAR. MARs were checked for completeness on a daily basis. Therefore, we were assured from the records that people had taken or been administered their medicines as prescribed.

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at staffing levels for care and nursing staff. We also considered staff skill and competencies to provide appropriate support. Students were complimentary about the staff team. They described them as friendly and supportive. We also witnessed this during our visits.

We spoke with 18 staff and asked them whether they had sufficient time to do their job. Staff said "every day is different." One said, "It would be nice for us and the students to have some real quality time for example to facilitate pampering sessions". All care staff said that current staffing levels ensured student's care and support needs were being met consistently. Care staff who said that they would like staffing levels to increase expressed a desire to provide additional support to enhance students' experiences rather than a concern about their care or wellbeing.

We looked in detail at staffing levels in Brewer House. We saw daily records which recorded each student's support needs. Each student had been allocated one or two staff to support them. We saw that the correct number of staff had been assigned to each student. Some staff supported student's in the home and then continued to support them in the college. This helped to ensure that students received a continuity of care.

Where there were shortfalls in staff a number of options were available. Staff said that they could ask for additional support from other houses; there were bank staff to call upon and they could use agency workers. We saw that regular agency workers were employed who knew the needs of the students they were supporting. Staff told us that there were opportunities for agency staff to shadow more experienced staff before they were called upon to work a shift. This was good practice as it helped to ensure that agency workers would have some understanding of the needs of students before they were needed on a shift. Care staff told us that they were well supported by managers and confirmed that they undertook a wide range of training which was relevant to their role.

We looked at staffing levels for nurses. Nurses looked after the health needs of both college students and school pupils. There were four nurses and one health care assistant on an early shift and two nurses on a late shift. At night and at weekends one nurse was on duty. There was also a nurse on call overnight and at weekends who supported the

nurse on duty when this was required. During weekends some students went home and we were told that the number of students and pupils staying was usually around 50-65. We did not find any evidence that having one nurse on duty had any negative effect upon the health or welfare of students or pupils. We were told by managers that if the 'on call' nurse was called out in the night and they were due to be on duty the next day, their duties would be changed to ensure that they had the required compensatory break. Nursing staff told us that they generally felt well supported. They were provided with a range of training. Some told us that they did not receive clinical supervision. Although not a mandatory requirement for all nurses, The Nursing and Midwifery Council recognises clinical supervision as an important part of clinical governance and a means of maintaining and improving standards of patient care. Managers told us that nurses had 1-1 supervisions with the nursing manager, that nurses had group supervisions which included reflective practice and that external group supervisions were also attended by some of the nursing team. This demonstrated that nurses received support to carry out their role.

Nurses trained in learning disability, paediatric nurses and general nurses were employed at Treloar. This meant that the service employed staff who had a good range of relevant experience. There were enough qualified, skilled and experienced staff to meet student's needs.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation and nursing or personal care in the further education sector	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Treatment of disease, disorder or injury	How the regulation was not being met: Appropriate arrangements were not in place to protect the person against the risks associated with the unsafe use and management of medicine (Regulation 13)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 April 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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