Cambian Whinfell School Limited

Cambian Lufton Manor College

Inspection report

Lufton
Yeovil
Somerset
BA22 8ST

Tel: 01935403120

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

Cambian Lufton Manor college is a specialist residential college, providing educational services, accommodation and personal care and support for young people aged 16 to 25 with moderate to severe learning disabilities. The primary aim of the service is to prepare people for greater independence over a three year period, with a view to moving into their own supported living accommodation in the community when they leave. This meant the emphasis was on learning practical living skills rather than gaining academic qualifications. People attended the college on a residential or daily basis, and came from more than 20 different local authority areas nationally. This is the first inspection of this service since 'Cambian Whinfell School Limited' registered as the provider on 6 June 2014.

The residential accommodation is provided in a number of self-contained units across two sites, Lufton Manor and Lufton Manor Farm. People stayed in the residential accommodation for their first two years at the college, developing their independent living skills and building confidence, aiming to move into a supported living placement in the nearby town for their final year. In a supported living service, people's accommodation is provided by separate housing providers or landlords, usually on a rental or lease arrangement. In this situation the care people receive is regulated by CQC, but the accommodation is not. At the time of the inspection there were 53 people receiving support with personal care in residential accommodation at the Lufton Manor and Lufton Manor Farm sites. Personal care was being provided to 31 people in five supported living houses in Yeovil. An additional 23 people attended the college on a daily basis.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a very high level of confidence in the leadership and management of the service expressed by people, relatives and staff. Managers had a 'hands on' approach, and were always available to offer support and guidance. One person told us, "[Manager's name] is amazing!" A senior member of staff said, "This is one of the best places I've worked. [Manager's name] is so effective and supportive. They are always available even on this multi-site facility. They are so approachable". The provider had comprehensive and effective quality assurance systems in place to monitor safety and the quality of care. Managers actively sought feedback from people using the service, staff and their families, and we saw this information was used to improve the quality and safety of the support provided.

The registered manager worked holistically with the principal of the college and staff team, supporting people to increase their level of independence and confidence. This required a highly personalised and responsive approach, so that people could progress and attain their individual goals. People's individual goals were reviewed frequently, including an annual review with the person, their family and key members of their staff team, where a new action plan was developed to support them as they moved forward. This

approach allowed people to develop confidence and skills, making a dramatic difference to their lives. For example, a person living in the residential accommodation, who did not interact at all with others when they first came to the college were now happy and confident enough to attend all day group lessons and to socialise with other people. Other people had learned new independent-living skills, being able to cook, do their laundry or travel by public transport. People enjoyed participating in a wide range of activities and were pursuing their vocational interests, like washing cars or working in a hospital. One person, who lived in a supported living house, said, "I love doing this, being independent from staff".

The service placed a strong emphasis on a 'person centred approach', and ensured people, and their advocates where appropriate, were fully consulted and involved in all decisions about their lives and support. This meant people's legal rights were protected. People's individual communication needs were understood and all information provided in a format appropriate for them, which meant they could participate fully. People told us the staff were kind and caring and treated them with dignity and respect. Staff spoke passionately and positively about people and their achievements. One member of staff told us, "I enjoy seeing students' progress and seeing how far people have come. What amazing young people they have developed into. So much more confident and able".

The service was extremely proactive in ensuring support was planned in partnership with people and their families. This began before the person moved to the service which allowed time for staff to be appropriately trained and the residential placements to be planned. A social care professional told us how people placed together and sharing a flat had a similar kind of temperament. They told us, "They are skilful the way they link people. It enables living arrangements to be really beneficial. It's really huge for people with autism and autistic spectrum disorder to have peers and a social network". Care and support plans were in 'easy read' format so they were accessible to people. They were comprehensive and contained the guidance staff needed to provide effective and safe care. Each person was involved in reviewing their support plan regularly and we were satisfied people had given their consent to the support being provided as set out in their support plan.

People were kept safe and free from harm. They were encouraged to become more aware of safety issues and to learn strategies to protect themselves, for example the people living in the supported living accommodation opened their front doors with a chain and asked for ID when we visited them during the inspection. Comprehensive risk assessments identified individual risks to people's health and safety and there was information in each person's support plan showing how they should be supported to manage these risks. Risk assessments also supported people to take positive risks. This enabled staff to promote their independence and meant people could do what they wanted to do in a safe way, for example enabling a person with a history of self-harm to safely use a needle and scissors for sewing. Systems were in place to ensure people received their prescribed medicines safely as they moved towards greater independence in managing their own medicines.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Four staff 'leads', with responsibility for safeguarding, covered the campus sites and community houses. Staff told us they had regular safeguarding training, and they were confident they knew how to recognise and report potential abuse. Staff were recruited carefully and appropriate checks had been completed to ensure they were safe to work with vulnerable people.

There had been a lot of staff turnover in the last 12 months, but a successful recruitment campaign meant all posts would be filled in the next few weeks. Staffing levels had been maintained in the meantime with regular agency staff who were supervised by permanent staff, and had an understanding of people's needs and could provide consistency.

A comprehensive induction and regular training meant staff were knowledgeable about their roles and responsibilities, and people's individual needs. Annual 'refresher training', maintained their knowledge and skills in key areas like safeguarding and infection prevention. 'Bespoke' training was arranged as required on topics like diabetes, and administering emergency medication. In addition, training days and workshops organised during the college holidays, supported staff to better understand their role and the needs of the people supported by the service. Good staff practice was recognised and valued, which improved the quality of care provided to people. The majority of staff told us they felt really well supported through supervision, appraisal, and team meetings. One member of staff said, "I genuinely love my job. It's fantastic…I feel the most valued I have done in years".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's needs were assessed to ensure risks were identified and the risks were safely managed. Risk assessments also supported people to take positive risks.

People were protected from the risk of abuse because they were well informed about how to stay safe. The service protected people from the risk of abuse through the provision of policies, procedures and staff training.

There were appropriate staffing levels to safely meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People received effective support from motivated, well trained staff who were knowledgeable about their needs and preferences.

People's rights were respected because the service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People were supported to develop their skills and confidence around meal planning and preparation.

Is the service caring?

Good

The service was caring.

Staff were passionate about their roles and committed to providing person centred care.

People were treated with kindness, dignity and respect and were supported to achieve their individual goals, whatever their starting point.

Staff had a detailed understanding of each person's preferred

communication methods and how they expressed their individual needs and preferences.

The service was proactive in ensuring people were fully informed and involved in decisions about their care.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People were able to progress and achieve their goals because the support provided was highly personalised and highly responsive to their individual needs whatever their starting point.

People were fully involved in the development and review of their care plans, because the service was proactive in ensuring they were able to contribute using communication methods appropriate for their individual communication needs.

People living in both the residential accommodation and supported living houses participated in a wide range of activities to suit their interests which also helped to develop their confidence, fitness and social skills.

Is the service well-led?

Outstanding ☆

The service was very well led.

People using the service and staff were well supported by the management team who were 'hands on' and very accessible.

Good staff practice was recognised and valued, which improved the quality of care provided to people.

The service was creative in finding ways to ensure people using the service, and their relatives, had the opportunity to give meaningful and informed feedback about the quality of the support they received.

The provider was committed to continual improvement, and had a range of effective monitoring systems in place to assess the quality and safety of the service.

Cambian Lufton Manor College

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 January 2017 and was announced. The provider was given notice because we needed to make sure the registered manager was available to meet us, and the young people the service supports are often out during the day and in the evenings. We asked the registered manager to make arrangements for us to visit people living in residential accommodation on campus and in supported living accommodation in the community. The inspection was carried out by three inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

As part of our inspection we spoke with 19 young people and observed staff supporting six other people who could not communicate verbally with us, to help us to understand their experience of the service. We contacted five relatives, speaking with two; and spoke with 22 members of staff including the registered manager, college principal, house managers, care managers, support staff and the Head of Care and Support. We spoke with two health and social care professionals by telephone.

We looked at a range of records the provider is required to maintain. These records were located in the office, in the accommodation and sent via email. These included nine service user support plans, computerised staff recruitment files, staff training records, safeguarding and quality monitoring records. We also looked at records of accidents, incidents, compliments and complaints and the minutes of meetings

held by staff and the young people using the service.

Good

Is the service safe?

Our findings

People living in the residential accommodation and in the supported living houses told us they felt safe using the service. Comments included; "I'm happy here. No one treats me badly", "Staff keep me safe in case there's a fire", and "The staff are kind and trustworthy. I feel safe with them". This was confirmed in written feedback by relatives; "I feel staff are very aware of the need to protect my [family member] from danger. Especially stranger danger". We observed people were well treated and appeared relaxed and at ease with the staff supporting them and with the other students.

The provider had recognised the risks people faced due to their learning disability, and had taken a number of proactive measures to support people to protect themselves from abuse or harm. The provider information return (PIR) stated, "Students are encouraged to develop a greater self-awareness of safety issues and given strategies to protect themselves. For example, the tutorial system focuses on issues such as recognition of bullying and abuse, stranger danger and 'e safety' (keeping safe on-line)". We saw there were posters displayed on notice boards in the supported living accommodation reminding people how to deal with bullying or what to do if they were being abused. Police Community Support Officers visited to talk about health and safety. When we visited the people living there, they opened their front doors with a chain and asked for ID. One person told us, "I do feel safe as I know the people that come to my house. If we don't know them we don't let them in".

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. There were four staff 'leads', with responsibility for safeguarding, who covered both the residential accommodation and the supported living houses. On arrival, visitors to the campus were given the contact details of the safeguarding leads, in case they needed to report a concern. Staff told us they had regular safeguarding training. They knew about the different forms of abuse, how to recognise the signs of abuse, how to support people to communicate any concerns and how to report them. They were familiar with the whistleblowing policy and told us they would feel confident in using it. Records showed safeguarding concerns had been managed appropriately, and the agency had worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Two recently appointed members of staff confirmed they were not allowed to start work until satisfactory checks and employment references had been obtained.

The registered manager told us potential risks related to living in the residential accommodation on an 'open' campus were minimised because they were considered during the admissions process. For example, it might not be a safe environment for a person who had previously been living in a secure setting if they were likely to abscond.It might not be an appropriate environment for people with significant mobility

difficulties because of the nature of the site, and the fact that it was a designated historical area, with restrictions on development and the adjustments that could be made to make it more accessible to them.

Staff we spoke to had a good understanding of people's individual risks and how to minimise them. We saw that care plans for people living in the residential accommodation contained risk assessments with measures to ensure people received safe care and support. There were risk assessments and control measures for anxiety and aggression, epileptic seizures, medicines, independent living skills, road safety, transport, and people's finances. For example, there were behaviour support plans for supporting people when they became anxious or distressed. The circumstances that may trigger anxiety were identified with control measures to avoid or reduce the likelihood of these incidents. Staff received training in the management of anxiety and aggression and how to use non-physical interventions, such as distraction techniques, to de-escalate situations and keep people and themselves safe from harm. Risk assessments also supported people to take positive risks, enabling staff to promote their independence and do what they wanted to do in a safe way. For example, trampolining for a person with a health condition, or using a needle and scissors for sewing for a person with a history of self-harm. The service recognised when people's behaviour was putting them and others at significant risk, and acted appropriately to safeguard them. We were given an example of a person in the residential accommodation moving to a more suitable placement where they would receive the support they needed to keep them and others safe.

Staff knew what to do in emergency situations. For example, there was a protocol for responding when a person experienced an epileptic seizure. Staff received training in providing the required medicines and knew when and who to notify if the seizures were prolonged. There was a personal emergency evacuation plan for each person in the event of a major incident such as fire or flood. Staff had received training in fire safety and the fire brigade visited the supported living accommodation twice a year to teach fire safety to the people using the service. New firemen did a tour of the residential accommodation to get an idea of the layout and the needs of the people there.

Staff told us there were always sufficient staff numbers for each shift. Managers said there had been a lot of staff turnover in the residential accommodation in last 12 months, but a successful recruitment campaign meant all posts would be filled in the next few weeks. In the meantime the service had covered any shortfall with regular agency staff who had an understanding of people's needs and could provide consistency. They were supported by an established staff member who could supervise their practice.

The staffing levels varied considerably depending on the diverse needs of people and their scheduled daily activities. For example, less staff were needed in the residential accommodation on days when people were attending day time classes and more were needed when people were learning individual practical life skills in their own flats. Some people with more challenging needs received continuous one to one staff support, and two to one support when they went outside of the college. More staff were needed in the supported living accommodation at the weekends to support people with weekend activities. Night time support was flexible and varied according to people's needs, comprising waking night staff, sleep in staff and accommodation where no night time support was required. There was always at least one additional 'walking' waking night staff member who completed half hourly patrols around the residential accommodation to monitor people's safety, and was available to provide support to the supported living houses in case of an emergency during the night.

Systems were in place to ensure people received their medicines safely. Medicines were kept in secure and suitable storage facilities within both the residential and supported living accommodation. The service ensured staff were trained and competent before allowing them to administer medication, and their competency was reassessed annually. The medicine administration records (MAR) we checked were

accurate and up to date. Regular medication audits were carried out and any medication errors investigated, with action taken to minimise the risk of recurrence and keep people safe. During their time at Cambian Lufton Manor, people could work towards managing their medicines independently. We spoke with one person living in the supported living accommodation who was learning to manage their own medicines, what their medicines were for, what the side effects were and how to obtain them.

Staff had a good understanding of the policy and procedures related to accident and incident reporting. Records were clear and showed appropriate actions had been taken. The information was collated and analysed in order to identify any causes and wider preventative actions that might be needed to keep people safe.

Staff carried out regular environmental risk assessments and checks to ensure the residential and supported living accommodation remained safe for the people living there. All staff received training in infection prevention. PPE (personal protective equipment), including disposable gloves and aprons, was kept in the accommodation for use by staff and the people living there. A quarterly audit ensured the measures taken to prevent the spread of infection remained effective.

Good

Is the service effective?

Our findings

Staff were knowledgeable about each person's needs and preferences and provided support in line with people's agreed plans of care. This meant the service was effective in meeting their care and support needs. . One person who lived in the residential accommodation said, "Staff are nice. They help me to get ready and help me use my [handheld computer]. I'm happy here". In the supported living accommodation all the staff we spoke to had worked for the service for at least three years and knew the people they were supporting well. A social care professional described how staff had effectively supported a person experiencing emotional distress in a particular situation. They had understood their anxiety, and managed the situation in a way that helped the person feel less anxious and more in control.

Staff received training to ensure they had the necessary knowledge and skills to provide effective care and support. New staff completed a six month probationary period, commencing with a two week induction programme. The PIR stated the programme was, "led by Head of Care and senior managers that alongside skills training embeds the college values of Choice, Opportunity and Respect". In addition, staff who were new to care were enrolled on the national 'skills for care' programme, a more detailed national training programme and qualification for newly recruited staff. We spoke to two recently appointed members of staff who told us their induction had been thorough and included a full week of classroom training covering topics such as safeguarding, privacy and dignity, and the 'management of actual or potential aggression' (MAPA) which taught techniques for de-escalating situations and safely managing aggression . New staff also spent a week shadowing experienced staff members and completed a range of online training modules. Care managers visited the agencies who provided agency staff to give an induction prior to them working at Cambian Lufton Manor. This gave the agency staff an understanding of their role and people's needs before they worked with them.

Staff, including the senior management team, received on-going training, both 'on-line' and face to face to ensure their skills and knowledge were maintained and updated in case of any changes. They were required to complete annual 'refresher training in key areas such as infection prevention, medicines administration, safeguarding and health and safety. Training days were organised during the college holidays, which supported staff to better understand their role and the needs of the people supported by the service. Topics included autism, hearing loss awareness, the role of the key worker and communication. A staff meeting for all staff on the campus was held at the start of each term to brief staff about any new developments, care practices or other issues.

One of the managers told us they aimed to provide structured one to one staff supervision sessions four times per year and an end of year appraisal meeting. Supervisions were an opportunity to discuss on-going training needs, talk about safeguarding issues and whether the member of staff was happy with their work role. One member of staff told us changes in their immediate management meant they had not had supervision as scheduled, however, the majority of staff told us they were well supported. They confirmed the managers were very approachable and accessible and they saw them frequently. Comments included, "We get supervision. It's great to work here. I love it!" and, "I feel well supported. Managers are sympathetic and flexible". An action plan for the year 2016/17 highlighted supervision as an area for improvement, to

ensure supervision was held regularly, well recorded and of a high standard.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Mental capacity assessments were carried out with college tutors and the college's communications team as part of the initial assessment and care planning process, and as required throughout the person's time at Cambian Lufton Manor. If a young person lacked the mental capacity to make certain decisions, a best interest decision making process was followed. Staff had received training and demonstrated an understanding of the requirements of the MCA. They told us they worked on the principle that people had the capacity to make their own choices and decisions unless otherwise stated. One member of staff told us, "I start with their choices first, and make sure they are at their full capacity [to make the decision]. It's very individual". The registered manager said the issue of capacity and consent could be complex and lead to some 'difficult discussions', with parents who have had parental responsibility for a young person who is now older and more confident in their own decision making. They told us, "Teenagers do make unwise decisions, for example wanting to buy an expensive magazine. It's about explaining to parents and working with the young person and their families. Good communication is essential, using a variety of methods like signing or talking mats, then the person can show this is their choice".

People can only be deprived of their liberty to receive care and treatment which is in their best interests, and legally authorised, under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).The DoLS authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. The registered manager was knowledgeable about DoLS. They were clear that nobody living in the residential or supported living accommodation was deprived of their liberty, and told us it was very unlikely they would accept a young person at the college who was subject to a DoLS authorisation. Many of the young people's parents were appointees for their finances and some parents also had lasting power of attorney from the Court of Protection for care and welfare decisions.

Staff were knowledgeable about people's individual dietary needs and preferences, and care plans contained clear information and guidance. For example, "I prefer a quiet environment to eat and I may choose to eat once others have finished". Lunchtime meals were provided at the college. People in both the residential and supported living accommodation were supported to plan their menus and prepare other meals according to their individual needs. For example, four people who lived together in the residential accommodation had verbal communication difficulties. Staff invited them to choose from a range of menu cards with pictures and easy to read symbols showing the various meal courses. Based on these choices the staff then planned the weekly menu to reflect people's preferences as part of a balanced and healthy diet. Another person, who lived alone in the residential accommodation, told us, "We do a menu and follow the menu". They liked cooking, with support, and said their speciality was mussels and sea food. People in the supported living accommodation told us they took it in turns to do the cooking during the week and did their own cooking at weekends with the occasional take away. They were encouraged to try different menus, and planned the shopping list, which was in a pictorial format. One person commented, "I like the food. We can choose what we eat and help with the washing up."

People were supported to access appropriate health care services to maintain their physical and emotional

health. They worked towards being able to make their appointments independently by their final year in the supported living accommodation. A GP from a surgery linked with the service told us they had had an "extremely close and good relationship with staff over many years" They told us staff were always engaged in the well-being of the people they were supporting and liaised appropriately and well with the surgery. People could access a range of services at the college. This included a multi-disciplinary team consisting of specialists in speech and language, communication, music therapy, occupational therapy, behaviour support and a relationship tutor. Information about the team was provided in an accessible 'easy read' format, introducing each therapist and explaining what they could help with.

Good

Is the service caring?

Our findings

The people we spoke with in both the residential and supported living accommodation said they were looked after well and they thought the staff were very friendly and supportive. One person said, "I'm happy here and everyone's nice to me. [Keyworkers name] is gorgeous, they help me clean my bedroom and take photos of me to show my mum and dad". Another person told us, "They are good staff, friendly staff. I always have a giggle with them". We observed staff supporting people who did not communicate verbally with us. Staff spoke to them in a patient and kind manner and offered people options to choose from. They took time to assist people with their understanding and then respected and acted on people's choices.

Staff spoke passionately about their roles and commitment to person centred care. Comments included, "Students are definitely looked after well. You only do this job if you have a passion for it", "I enjoy seeing students' progress and seeing how far people have come. What amazing young people they have developed into. So much more confident and able", and, "Even when we have the handover you can tell it's a person centred service. How we all work together as part of a team to support the person."

There was a commitment to ensure people were fully involved and consulted in all aspects of their lives. Each person, in both residential and the supported living settings, had a personalised communication profile. This gave staff advice on the best way to promote effective communication so that the person could express their views. For example, communication profiles guided staff to use a range of communication methods according to the individual needs of the person. This included a talking mat, which helped people to share their views using pictures and symbols; a visual emotions board, to support people to express how they were feeling using pictures; a visual timeline using pictures, so that the person would know what was happening and when; and a picture exchange communication system (PECS) which is a communication system developed for use by people with autism. Staff encouraged people to make their own decisions, as far as they were able to, and people told us staff listened to them and what they said. One person commented, "They always ask me if I'm happy to do something. If I'm not happy they listen". We heard staff in the residential accommodation consulting people about their daily routines and activities and no one was made to do anything they did not want to. Each person had a designated key worker who had particular responsibility for ensuring the person's current needs and preferences were known and acted on. If people wished to have an independent advocate to assist them with any decisions, the college supported them to access independent external advice and support.

The college principal said their primary aim was to prepare people for greater independence with a view to moving into their own supported living accommodation in the community when they left the service. This meant the emphasis was on learning practical living skills rather than gaining academic qualifications. Care plans promoted people's developing independence. For example the care plan of a person living in a residential setting stated, "I can wash myself with reminders/pictorial; schedule, I like to dry myself if I can, I like to get dressed in the bedroom by myself". "I can do simple chores to help, like pour drinks, wipe the table". Another person, who lived in supported living accommodation, was working towards supported employment. Their care plan promoted this goal stating, "For unfamiliar and new tasks, [person's name] would benefit from having step by step visual information to identify and remind them what their tasks and

responsibilities are at work and for these to be consistent (i.e. the same each working day). Any changes would need to be discussed with them and linked to visual and verbal information". During their time in the residential accommodation staff encouraged and supported people to become more and more independent, progressing to more independent living environments, ending with their final year in the supported living accommodation. A relative told us, "It's done [my family member] the world of good. I'm their parent, I do everything for them. They needed to move into a more independent way of life. Staff looked at areas where they had a few skills, and they've brought new skills in. [Family member] brings the skills home. They make their own bed now and do the whole process of the laundry". The registered manager said a parent had commented, "My [family member] arrived as a child and is leaving as an adult".

Staff respected people's privacy and dignity. They understood the need to respect people's confidentiality and were careful not to make any comments about people of a personal or confidential nature in front of others. Written feedback from a family member stated, "Staff are extremely caring and clearly want the best for [person's name]. Over the last term we have been aware of the dignified way [person's name] is treated, with respect and understanding, which is very reassuring. They are treated as an adult and their opinions, likes and dislikes are taken seriously".

In the residential accommodation we saw that staff knocked on people's doors and waited to be invited in before entering. In the supported living houses people had bedrooms they could lock if they wanted to. Comments included, "I could lock my door but don't need to", "Staff always knock before they come in and ask first" and "I can do what I want. They knock on my door". Personal care was only provided in the privacy of people's own bedrooms or in the bathrooms. Wherever possible, staff encouraged people to carry out as much of their own personal care as they were able to. Staff in the residential accommodation ensured doors were closed and curtains or blinds drawn when personal care was in progress.

The PIR stated, "The college is an environment that prides itself on inclusivity so that all individuals regardless of their age, disability, gender, race and religion have the opportunity to participate and contribute". There was a 'faith and cultural club' at the college, which the registered manager told us aimed to "help people to understand different faiths and to understand what's appropriate". People attended a place of worship if they wished. For example, they might be supported to get to know a local church community, and be able to develop the confidence and relationships to go on their own.

People were supported to maintain contact with their families. One person told us, "My family can see me when they want to". Another person's care plan stated, "I facetime my family in the privacy of my own room". The college arranged regular review meetings to discuss progress with people's parents and, if appropriate, sent regular emails to parents to inform them of the person's progress and activities. One relative told us, "They always keep me informed. They're always on the phone to me". They appreciated the fact that staff were happy to contact them if there was a problem, and that they could work 'in partnership' with them to 'unpick' what had happened, for example if their family member had become agitated. The registered manager told us some parents had raised concerns about communication with the service in the feedback survey of 2015/16. Action was being taken to address this, for example emphasising the importance of good quality communication with families during the staff induction, and promoting the use of emails as an alternative to telephone calls. The provider also audited the number of contacts with families as part of its quality assurance process.

Outstanding ☆

Is the service responsive?

Our findings

The support provided by the service was highly personalised and highly responsive to people's individual needs, which meant that whatever goals people had they were able to progress and achieve, whatever their starting point. The college principal told us, "The aim is for a meaningful life. To do something they want to do, that they can be proud of and to contribute back into society as well". We visited people in the residential accommodation who staff said did not interact at all with others when they first came to the college. Now they were happy and confident enough to attend all day group lessons and to socialise with other people at meal times. For example, a member of staff said a person with very complex needs had "progressed tremendously from not going out to socialising and interacting more. They were only in their room for 15 minutes on Sunday, it used to be all day". Another person who lived in the supported living accommodation had previously got lost when walking into town. They were now able to independently catch the bus to the supermarket and the train to another town. They told us, "I love doing this, being independent from staff!"

People living in both the residential accommodation and supported living houses participated in a wide range of activities to suit their interests which also helped to develop their confidence, fitness and social skills. We saw that each person in the residential accommodation had their own daily personal care routine, and an activity planner for the week, displayed in their room or kept in a separate personal file if they preferred. This detailed the person's morning, afternoon and evening activities, with pictures or symbols to aid their understanding, and included daily tasks like tidying their room. Staff said people generally liked to stick to their planned routine but they could refuse, or choose a different activity, if they decided they didn't want to do something. The activities took place on the campus site and in the community. They included zumba, a weekly film club, a fortnightly disco, horse riding, gardening, sign choirs (where the choir performs in sign language to music), trips to the pub, to the gym, swimming, judo and The Duke of Edinburgh awards. One person told us they had recently completed the 'Ten Tors' cross country walk. People spoke very positively about their involvement in the Wizard of Oz Christmas show and the roles they had played. One person commented, "I loved it. I had two parts!" A member of staff told us, "Friends and family came and the people that support us in the community. We wanted to do it almost as a thank you for providing the work experience placements. It showcases what we do".

Support throughout each person's three years at Cambian Lufton Manor was planned proactively in partnership with them and their families. A comprehensive assessment process began in the year prior to the person moving to the service. This was completed in liaison with the person, their family, local authority and any previous provider. This meant the person would receive the support they needed during the transition into the service and allow time for their placement to be carefully planned. A social care professional told us how people placed together and sharing a flat had a similar kind of temperament, "which showed the placement had been thought about carefully". They told us, "They are skilful the way they link people. It enables living arrangements to be really beneficial. It's really huge for people with autism and autistic spectrum disorder to have peers and a social network." This forward planning also allowed the provider to identify any specific training, equipment or staffing needs in advance. The PIR stated, "An increase in individuals with epilepsy would result in more buccal training (emergency medication for

seizures), bed monitoring devices and the appointment of night waking staff".

Each person using the service had an individual care plan and learning programme which included social engagement, leisure time and non-curriculum time. They were recorded centrally with paper copies available in the accommodation and were reviewed and audited regularly to ensure they were up to date and accurate. Daily records and updates were made by staff using a hand held computer. This meant detailed information about the person's support could be accessed immediately on the central system. Any changes in people's immediate needs were discussed at the staff handover which took place at the end of every shift in both the residential and supported living accommodation. The care plans provided clear guidance for staff on how to support people, including detailed information about managing risks, communication needs, behaviour support, personal care, nutrition, physical health needs, medication and daily routines. People were fully involved in the development and review of their care plans. They were in an accessible 'easy read' format and signed by the person and by staff to say they had explained it to the person. One person said they had told staff what they wanted in their care plan, saying "Mum said I liked a shower. I said no I prefer a bath, so I had the bath written in the care plan".

The registered manager told us the service was "All about preparing students for transition and 'moving on' in their final year". Within six weeks of moving into the service each person had a 'personal learner meeting' to complete a baseline assessment and establish what was important to them; their likes and dislikes, what they were doing well and areas to work on. Two 'transition goals' were established relating to where they wanted to live when they left the service and what they wanted to do during the day. This information was reviewed annually. The reviews were attended by the person's family, keyworker and other members of the person's support team. The person was supported to prepare a presentation for the meeting describing what was important to them in a range of areas including where and how they lived, their work/active life, staying healthy and safe, and family, friends and relationships. One person told us, "I do my own presentation beforehand with writing and pictures. Plan it first and then do the review". Following the review an action plan was developed, which the registered manager told us contained 'small transition steps', aiming to gradually increase confidence and independence. This was in preparation for the third and final year in supported living accommodation in the community. The registered manager told us most people using the service would have this experience of living in the community. One person said that two of their friends had "gone to the community", and they were hoping they would too, "Fingers crossed!"

People living in the supported living accommodation followed a 'moving on' programme designed to prepare them as fully as possible for leaving the service and, most often, into supported living in their local community. The programme aimed to embed the independence skills they had developed in the residential accommodation, with lower levels of support than they had previously had. People concentrated on voluntary or work experience, using community transport and facilities, and developing the skills they would need to lead a full and active life. For example, one person with an interest in motor vehicles had worked in a bus station washing buses, in preparation for a possible job in a garage after they left college; another person was doing voluntary work in a hospital. People contributed to the running of their household, taking part in a rota covering tasks such as shopping, cleaning, cooking and recycling. When people were coming to the end of their final year, the service worked alongside local authorities to find supported living accommodation for groups of friends in their local area. This meant they could have shared support and a support network would already be in place when they moved on. The action plan of a person due to leave the service showed that the registered manager, alongside the person's family, was proactively researching supported living and day opportunities for the person in their home area and looking at how they could best be supported through the transition process.

The service had an effective complaints process. People and staff told us they could go to the registered

manager and other managers at any time and they were confident any issues would be resolved appropriately and quickly. One person said, "They talk to me about my care and work. I see [manager's name] all the time. They are kind and nice. If I was upset I would tell the staff or police. I have been upset before and told someone and they sorted it out". The service had "Dear Rob" cards, (Rob is the registered manager's first name) in an accessible easy read format which people could complete, anonymously if they wished, to make a complaint or raise a concern. People told us that they had used the cards and their concerns had been addressed and resolved.
We saw that appropriate action had been taken in response to complaints from relatives, and written feedback confirmed this, "Thank you for a very constructive meeting today. We were very happy with the way you listened to our concerns and gave us reassurance….We feel all our points have been addressed". Concerns and complaints were collated and analysed as part of the quality assurance process to ensure appropriate action had been taken.

Outstanding ☆

Is the service well-led?

Our findings

The service was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. They told us their ethos, in line with Cambian's statement of purpose, was about offering people choice, opportunity and respect and enabling them to achieve their personal best. We observed the registered manager demonstrating these values consistently during the inspection. They interacted warmly with people, who clearly recognised them and were at ease engaging with them on first name terms. One person told us, "[Manager's name] is amazing!" A senior member of staff said, "This is one of the best places I've worked. [Manager's name] is so effective and supportive. They are always available even on this multi-site facility. They are so approachable". Another member of staff commented "[Manager's name] is a good manager. They always look at the best for the student. They know what they are doing". The provider told us, "[Manager's name] is very transparent. They are very, very good with communication, and will go the extra mile to see individual communication needs are met. They will prioritise the student who comes in for support over other things. They are very good with staff. People will come and talk to them".

The registered manager worked holistically with the provider, the principal of the college and the staff team to support people to increase their level of confidence and independence. The PIR stated, "An experienced leadership team provides continuity of management of the service that links care, education and therapeutic provision to enable all students to achieve their goals". The registered manager believed it was a well led service, and told us, "It's the students and staff you've got to be proudest of. It's not always easy. The students and staff work fantastically well together. The achievement of the young people is the biggest thing we want to shout about".

The service was creative and proactive in ensuring that people and their relatives, had the opportunity to give meaningful feedback about the quality of the support they received. People could request a personal meeting with the registered manager whenever they wished, and were supported to do this using a "Dear Rob" card, (Rob is the registered managers first name) written in an 'easy read' format, to help them clarify the issue. The 'key lines of enquiry' which underpin the CQC inspection process informed the questions in the service's annual feedback survey sent to people, their relatives and people who had left . The 'key lines of enquiry' were also presented in an accessible easy read format in folders placed in reception for people to look at. This gave people an understanding of the role of the CQC, allowing them to comment on how well the provider was doing in meeting the minimum standards for quality and safety set out in law. People were encouraged to give their views on the service through individual care plan review meetings and weekly house meetings. A representative Students Council met each term to discuss matters of interest and raise any issues on behalf of students.

Staff told us they felt well supported by the registered manager and management team. A member of staff told us, "I genuinely love my job. It's fantastic…I feel the most valued I have done in years". Staff team meetings, led by the house manager, were held within the accommodation every half term. This was an opportunity for staff to discuss working practice and any concerns, as well as share information and updates about significant changes or events in the lives of the people they were supporting. Additional meetings

were called if there were specific concerns, for example about a safeguarding or safety issue. Good staff practice was recognised. A house manager told us they made sure positive feedback was shared with staff, as well as anything negative. The PIR stated, "The care staff nominate their colleagues for the key worker of the year award as part of the National Learning Disability Awards which the leadership endorse. A college key worker (nominated by her peer group) was a finalist in the National Learning Disabilities and Autism Awards Support Worker of the year". The registered manager told us that staff needed to have 'gone the extra mile' to be nominated for this award, for example providing exceptionally person-centred care when supporting people leaving the service, going with them on home visits to ensure they would settle in to their new environment. The nomination benefitted the people using the service because the keyworker acted as a role model for other staff, improving the quality of support overall. In addition people using the service were motivated by seeing someone receiving recognition for their hard work.

A staffing structure, with clear roles and responsibilities, provided effective monitoring and accountability. Care staff were supervised and supported by the house manager for the accommodation they were working in. The house manager role included carrying out supervisions, observations of staff practice and competency checks, reviewing care plans and risk assessments, completing health and safety checks and audits of medication and recording. The house managers were supported and supervised by a care manager, who in turn reported to the registered manager. A care manager told us they had 'lots of daily contact' with the registered manager, and they met weekly to share information and updates. We saw that all staff, including the registered manager' were very 'hands on'. For example, we observed the house manager going to clean one of the premises themselves after a person had been sick. One of the house managers said, "We help out on the floor as needed. Staff can see what we do and know we are there to support them". The registered manager and senior staff did a 'walk around' each week, to talk to people and check the quality of the service.

The provider had a range of effective monitoring systems in place to assess the quality and safety of the service. An annual 'self-assessment' was completed where the provider gathered feedback from staff, students, families and external stakeholders to determine what the service was doing well and where it needed to improve. Regular audits were carried out, looking at areas such as accidents and incidents, safeguarding, complaints, the administration of medicines and the safety of the environment. People were 'tracked' after they had left to find out how effective the service had been for them. The Head of Care and Support visited regularly to carry out audits and review safeguarding cases, to ensure appropriate action had been taken. The provider was kept informed about the service in a weekly report which included medication errors, assessments under the mental capacity act (MCA) notifications to the Care Quality Commission and safeguarding concerns. Findings from the audits were analysed by the quality action group who met twice per month, and we saw records of actions planned to improve the quality of the service where appropriate.

The service had fostered positive links with the community, and the registered manager told us how these links provided an opportunity to 'debunk some of the myths about learning disability'. For example, the police visits to the community houses to talk about health and safety were also an 'education session' for the police, as it gave them a better understanding of the needs of the people living there. Dental students visited the college which the registered manager said was, "good for the students and good for the dental students". It improved the dental students understanding of the needs of people with a learning disability which they could share with colleagues, and helped people to allay their fears of the dentist, which would benefit them when they left the service and visited dentists in the community. The service had been involved in several community initiatives, including a recycling scheme and the 'safe places' scheme in the nearby town, which meant people could enter any location displaying the sticker on their window if they felt vulnerable .

The provider was committed to continual improvement. The registered manager told us the service had improved considerably since being taken over by Cambian in 2014. As well, as a 'tightening up' of policies and procedures, a programme was underway to renovate the residential accommodation and communal areas on the campus site. The layout and standard of accommodation in two of the flats awaiting refurbishment was quite basic, and the registered manager told us this work would take place in July 2017. The accommodation that had been refurbished was of a very good standard. Most people's rooms were well proportioned, with built in wardrobes and hand washing facilities. Some rooms also had ensuite wet rooms, although most students had use of the communal bathrooms and toilet facilities available in each of the accommodation premises. Each of the premises had their own lounge and kitchen/dining areas where people could relax, socialise and practise their daily living skills; such as preparing and cooking meals.

The registered manager told us they used a variety of methods to keep themselves informed about developments and best practice, and disseminated what they had learnt across the staff team. This included CQC's monthly briefing for providers of adult social care, a monthly newsletter from the provider. The PIR stated, "In house specialists from within the group delivering training or workshops and attending multi-disciplinary meetings with a range of staff to problem solve and share practice". In addition the registered manager attended a quarterly registered managers meeting, where they had heard about, and were considering adopting, the strategy of visiting agencies to provide an induction for agency staff prior to them working at the college. This would mean that people were always supported by staff with a clear understanding of their role and people's needs.

The provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.