

Cambian Whinfell School Limited

Cambian Dilston College

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Cambian Dilston College is a specialist residential college, providing educational services, accommodation and personal care for young people aged 16 to 25 with learning disabilities and/or autism spectrum disorder. Some people attend the college as day students and others stay for 38 to 52 weeks. There were nine young people staying at the college during this inspection.

The accommodation is made up of several flats above the college and cottages in the grounds.

People's experience of using this service and what we found

The provider's quality assurance systems had not identified maintenance shortfalls, including those relating to fire safety checks. There were also some premises issues that required attention. Staff said it took a long time to repair even minor defects.

External care professionals had concerns about how the needs of potential students were assessed before their placement at the college. The placement of some people with extremely complex needs had resulted in a high number of safeguarding incidents. We have made a recommendation about this.

Staff were recruited safely but there was a high turnover of staff and significant use of agency staff. Care staff were trained but did not always feel valued or supported by the organisation.

People appeared happy and relaxed with staff. They used pictures to show they liked the staff, the college, the food and the college grounds. They didn't like the noise from other students but had places to go, such as a sensory room and their own bedrooms if they wanted privacy.

Staff understood their safeguarding responsibilities and built positive and trusting relationships with people. Individual risks to people were assessed and managed.

People received individualised support at the college that promoted their independence. They were supported to access a wide variety of learning and social experiences in the local community during college times. Relatives said people's independent living skills had improved.

People were supported to keep in contact with their relatives. Relatives said there was good communication with the college, and this had improved since the last inspection.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The service provides an opportunity for young people to learn practical and independent living skills during their stay, with a view to moving into their own supported living accommodation in the community when they leave.

A new management team was in place and they were keen to work in more cohesive and collaborative way. The provider was committed to improving the service. The provider had identified several areas that required remedial attention and there were action plans in place to achieve these.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 January 2019).

Why we inspected

We received concerns in relation to the appropriateness of placements, restraint, staffing, food stocks, premises and management support. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the key question of caring. We therefore did not inspect it. The rating from previous comprehensive inspections for that key question was used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cambian Dilston College on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cambian Dilston College

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cambian Dilston College is an educational college which also provides accommodation and personal care to some students. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to the person and staff. In this inspection, we used this communication tool with two people to tell us their experience.

We spoke with nine relatives about their experience of the care provided. We spoke the registered manager, deputy manager, senior support workers, support workers, speech and language therapist and behavioural therapist. We also spoke with the head of care, college principal, facilities manager, transitions manager and senior managers of the organisation. We spoke with the regional lead for care who is the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received written feedback from several staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted care professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The fire authority had identified several shortfalls during a recent inspection of the college. Firefighting equipment, fire alarm system, fire doors and emergency lighting were not always maintained or inspected at the required intervals.

The failure of the provider to assess and mitigate risks to safety contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments about potential risks to individual people were detailed and personalised. These included relevant strategies to reduce the risk for the person without compromising their lifestyle.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system for reporting incidents of potential abuse. Staff had training in the protection of children and vulnerable adults.
- People gave positive indicators that they felt 'safe' with staff. Relatives said their family members were safe. They commented, "I feel he's safe and his key worker rings us all the time" and "[Family member] was always happy to go back so must have felt safe there."
- The provider had notified the local authority and CQC of a significant number of safeguarding events over the past year. These were mainly attributable to people's complex and distressed behaviours, including self-harm and physical altercations with other students. There had been a reduction in these as staff had supported people to find ways of coping when they were upset.

Staffing and recruitment

- The provider followed safe recruitment practices, including checks and clearances of new staff. However, there was a very high number of staff vacancies. Staffing levels were achieved using agency staff, some of whom worked continuously and exclusively at the college.
- The service obtained agency staff profiles to verify criminal checks, training and employment references.
- Relatives said the high use of agency staff impacted people's continuity of care. Care professionals said the high reliance on agency staff meant there were reduced opportunities to engage or work with front line staff, and this was important for people with complex needs. The provider was working on a plan for better staff retention.

Using medicines safely

- The provider had systems and processes in place to manage medicines. Medicines were securely stored within the individual accommodation. Staff had training and competency checks before taking responsibility for managing people's medicines.
- There were always two staff to support people with medicines, to check records were kept correctly and to check the count of remaining medicines was correct. Staff were currently recording medicine administration on handwritten records as well as electronic system due to IT connectivity issues. Staff acknowledged this was duplication but said it was safer to record it twice.
- Some people were prescribed 'when required' medicines for agitation. Staff followed clear protocols about when and why this would be used, including all other supportive strategies to be tried before medicines.

Learning lessons when things go wrong

- The service had an electronic management system to record accidents and incidents. These were reviewed by the management team. The system meant managers could identify any trends of incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider and placing authorities carried out assessments of young people's needs before they used the service. A transitions manager supported people and their relatives in the process. A relative told us there had been good communication from the college about the process.
- Care professionals stated there had been some concerns about the service's ability to manage the risks and complexity of some people's needs, which had been clearly documented so should have been identified prior to transition.
- The provider acknowledged the difficulties the college had faced over the past year due to the extremely complex needs of some young people. The provider was planning to restrict the number of admissions this year to allow the space to make improvements and stabilise the service.

We recommend the provider ensure greater collaboration between education, care and therapy staff as part of the assessment process to ensure all people's needs can be met before they move to the college.

Staff support: induction, training, skills and experience

- The provider had a training programme to ensure staff were equipped with the knowledge and skills relevant to their role. All regular staff had completed necessary training. There was some delay in staff undertaking refresher training due to the pandemic, but staff confirmed refresher training was starting to be arranged.
- Staff received supervision. Supervisions records and discussions with some staff indicated they often felt "exhausted" by 14-hour shifts and working with people with extremely complex needs.
- It was not evident if regular agency staff received induction training and supervision despite supporting people with complex care and support.

Adapting service, design, decoration to meet people's needs

- Adaptations had been made to the large main building to support people to live in smaller, self-contained flats. Staff commented that the older parts of the building were not always suitable for people as the narrow corridors created challenges between housemates.
- A redecoration programme was underway, but some areas were not in an acceptable state and needed deep cleaning and repair as a priority.
- The provider's facilities director described the provider's quality system for any premises issues to be reported, actioned and signed off. Although college staff had been reporting on the quality system, it was stated these had not been received due to IT issues. An action plan to ensure the maintenance of the

premises was being developed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access to healthcare services to maintain their well-being. This included access to GPs and dentists.
- The service employed a range of clinical staff to support people's emotional health. These included speech and language, behaviour and occupational therapists.
- The service worked with specialist health professionals to seek additional support and guidance when necessary. However, some health professionals commented on the "significant demand" placed on them due to people's complex needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough to maintain good health. They understood people's food intolerances and where possible tried to help people broaden their diet.
- People contributed to weekly menus and their likes and dislikes were accommodated. Specialist dietary requirements were met by staff.
- Relatives said people got the right support with their meals. Their comments included, "(Staff) are good with food, my [family member] gets healthy food" and "[Family member] would choose junk food so they do help him eat other food and he eats better now."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The service was working within the MCA principles. Detailed applications to the local authority to deprive people of their liberty had been made and were up to date.
- Staff understood the need to be as least restrictive as possible. Where restrictions needed to be in place, staff were given detailed guidance and support about how to keep people safe.
- Staff confirmed that any restraint was an absolute 'last resort' to keep young people or others safe. All staff had previous training in managing behaviours and the behaviour therapist said the emphasis was on positive behavioural support. Staff stated the behavioural therapist was very supportive and carried out debriefing sessions after any incidents involving restraint.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through personalised support.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support was planned around people's individual needs. Care records were highly personalised and detailed. These set out people's preferred way of being supported and what they needed staff to do for them.
- Relatives told us people's independent living skills had improved since staying at the college. Their comments included, "His confidence has grown, he is accessing the outdoors. Going to [a local supermarket] is amazing, we thought this was a long way off."
- Some people had been supported to recognise when they needed to spend time in their quiet space (a sensory room); other people had learnt life skills that they had transferred to their own homes. One staff said, "It's so rewarding, to see how far [name] has come."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting AIS requirements. Personalised communication care plans were in place for each person.
- The speech and language therapist (SALT) based at the college worked alongside support staff to assess and develop individual communication strategies for the young people who used the service.
- Communication tools used included Talking Mats, widgets, socials stories and iPads. Support staff used picture menu boards and activity diaries where people could tolerate them to help them make their own visual choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives confirmed that people had been supported to engage in activities despite the limitations from COVID-19. They commented, "My [family member] goes out for a ride on the minibus and he has alternatives to do in place of those things that were stopped because of Covid. Every day he goes out and they let me know" and "They take him out and we get photographs, like he went to the beach and had walks to the park."
- Relatives said people were well supported to keep in touch with them throughout their stay at the college, either by phone, Skype or by outside visits. One relative commented, "We spoke to [family member] every night and had no concerns."

Improving care quality in response to complaints or concerns

- At the last inspection relatives stated they received little acknowledgement or response to complaints and comments they had raised. At this inspection relatives said they had good communication with the college and that someone always got back to them if they were not available.
- Relatives said they would have no hesitation in raising any concerns with the management team. Their comments included, "They're very approachable and we talk with managers almost every time we go, whoever is on duty" and "We know them quite well and we're not at all worried about talking to them."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality assurance systems were not robust. Governance systems had not always identified premises shortfalls. Where premises shortfalls were identified, these were not addressed in a timely way. Staff described minor repairs taking a long time to remedy.
- Monthly premises audits had reported the same concerns for several consecutive months. These had not been addressed.
- The staff followed appropriate IPC practices but there was no designated IPC lead to take responsibility for co-ordinating and reviewing checks and actions.
- The provider had treated the care service differently to the education service. Fewer resources had been provided to the care service. Support staff described the care service as the "poor cousin".

The ineffective governance by the provider was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Senior managers acknowledged the concerns from external professionals which had led the service being placed in organisational safeguarding by the local authority. They were committed to making improvements and had an action plan to achieve this.
- Senior managers commented the service leaders had historically prioritised the education service. They were now planning parity across the service going forward. The college management team said they were now working in a more collaborative way. Weekly meetings were now held between the care, education and therapy managers.
- Staff across all departments said there was a common goal to 'get things right' for people and to make improvements.
- The registered manager understood their duty of candour responsibilities. The management team were open and candid during the inspection about the shortfalls and plans to strengthen the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff demonstrated a commitment in providing person-centred care to people. They were keen to support people towards independence. One commented, "I think we do a good job here and have achieved some

great things with the lads."

- Relatives told us that care support staff tried hard to meet people's individual needs. Their comments included, "I genuinely feel staff make an effort and have a good personal relationship (with my child)", "[Family member] has had excellent support. His personal care has improved because they prompted him, and it was done at his pace" and "The permanent staff are very good, empathetic and supportive. We see staff are familiar with his ways."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were engaged with people and involved them in ways they could understand. Relatives told us, "It's personalised because they (staff) talk in his language, and he's really happy with that" and "Staff were very aware and were tuned into him. They 'got' him, which is what he really needs, and they did."
- Staff enjoyed working with students but did not always feel valued by the organisation. Their comments included, "There isn't always good communication from higher management and we don't always feel listened to because nothing changes" and "[Provider] should be taking students that are right for this service" and "The 14 hour shifts are too long to work with complex people."

Working in partnership with others

- There had been no networking with other similar services operated by the provider to share learning, organisational standards and resources. Former leadership arrangements were described as operating 'in a bubble'. The senior managers acknowledged there had been a 'disconnect' between this college and the wider organisation and had plans to address this.
- The service worked alongside other health and social care professionals who were involved in people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality monitoring systems had not been effective to assess, monitor and improve the safety and quality of the service. Regulation 17(2)(a)(b)