

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

St David's House

West of England School and College, Topsham
Road, Exeter, EX2 6HA

Tel: 01392454200

Date of Inspection: 28 September 2012

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November 2012

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	West of England School and College
Registered Managers	Mrs. Jill Mary Dudding Mrs. Alison Margaret Miles
Overview of the service	St David's House, is a care home for 21 adults within the West of England School and College. It consists of three separate lodges, Maple, Ash and Mulberry. People who live there have a visual impairment and other disabilities, some of whom are continuing their ongoing education at the college.
Type of service	Specialist college service
Regulated activity	Accommodation for persons who require nursing or personal care

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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 28 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We met with four people who lived at St David's House and asked about their experiences and we talked to four relatives. We looked at three people's care records. We spoke to seven staff including the registered managers, nursing and therapy staff, local managers and care workers. One person we spoke with told us how happy they were living at St David's House. They told us how easily they can access all areas of their home and how much they enjoy cooking chilli con carne for everyone on the adjustable height hob in the kitchen. One relative said, "its really good, x considers this place his home. We are very happy for him to live here, he has lots of friends here. Staff know him well and how to support him". Another relative said "x is doing very well and is ready to take the next steps. Currently, he is working on making choices and on developing skills such as making his bed and doing his washing".

People's care was tailored to individual needs. Care records included detailed assessments of people's health and social care needs and identified individual goals. People were supported and encouraged to be as independent as possible and to fulfil their potential. People's care needs were supported by a range of staff of trained and experienced staff which included care workers, nurses, occupational and speech and language therapists, and physiotherapists.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We saw how people were supported to express their views and make day to day decisions. We saw detailed assessments of people's communication skills to assist staff to support them. For example, one person's communication plan said "I know what I want and what I like. I will clearly say no if I really don't want to do something". We saw that another person's communication plan had been agreed and signed with the person and their parent. One person's communication plan showed how they were being supported and encouraged to expand their verbal skills using photo cues to prompt them to use two or three word combinations such as "coat on", and "out bed now". We saw how another person with limited verbal communication skills had a wide range of objects of reference that they could use to express their views and wishes. These included a sponge they used to indicate when they wanted a bath and a soft cloth to indicate when they wished to go to bed. The college took into account people's visual impairments and provided auditory information via a press button system on the notice board in communal areas

People who lived in each lodge had regular house meetings which one person chaired. We looked at some minutes which showed people discussed day to day issues and made decisions. These included agreeing who would cook each day and what they would be on the menu. We saw how one person wanted some shelves in their room and how this was arranged for them. This showed that everyone was consulted and involved in agreeing day to day decisions. One member of staff we spoke to told us how they check with one person if they agree with what they have recorded in their care notes about them. They said "I read him back my notes so he can change his mind".

People were supported in promoting their independence and community involvement. We were told how people were supported to keep in regular touch with family and friends, to send birthday cards, talk on the phone and used Skype. One person we met was looking forward to going to visit their family for the weekend. We were told how staff would only help the person across the main road and how they had become confident to catch a bus

to make the remainder of the journey independently. People enjoyed a variety of community based activities which included shopping trips, visits to restaurants, various clubs and meeting up with friends.

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

Our judgement

The provider was meeting this standard.

The provider is meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three people's care records and saw how a comprehensive assessment of each person's needs and risks were made and detailed care plans were written. For example, we saw how one person who suffered from epilepsy and had been admitted to hospital the previous evening. We saw that how staff had followed their care plan and used medication appropriately to try and control their fits, which they had been trained to do. We heard how care staff were advised and supported by nursing staff and an appropriate decision was made to transfer that person to hospital for their safety. Staff told us how a care worker stayed with the person at the hospital to support them in an unfamiliar environment. We saw that each person had a 'health passport' which included key details about that person needs, their medical history and medication so that hospital staff had essential information to support them.

One person we spoke with told us staff always treated them with dignity and respect when supporting them with their personal care and how they always knocked and waited to be invited into their room. We saw how another persons' religious preferences not to eat pork was clearly documented as was their love of pizzas. We spoke to four relatives who told us how staff involved them in discussions about people's care and treatment. One said "I can come anytime to visit and I have regular telephone calls with the key worker to keep me up to date with his progress". One grandparent told us how one person loved buses and trains and how well staff supported them to make regular trips to local venues to pursue their interest. They showed us the person's bedroom which included bus themed curtains and we saw a selection of their favourite engines was on display. We were told how another person was really fussy about their clothes and how looking nice was really important to them. They told us this person always looked "nicely turned out" and said "they have got him sussed".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The home used well known tools for assessing people who were at risk from poor nutrition and hydration and from skin damage due to limited mobility. People's health care needs, communication, daily living and mobility needs were supported by a range of health professionals. We spoke with a nurse who told us how a small nursing team provided support and advice to people and staff, including on call support. One person we met had recently been seriously ill and was being supported in their recovery. We saw how the person had been seen by a dietician and speech and

language therapist and a detailed assessment and plan was made to help them with eating and drinking. We saw how staff encouraged the person to eat and drink little and often and how they had started to gain weight. This person was also being supported to improve their mobility and reduce the use of their wheelchair. We were told how they liked to walk to the sensory garden.

People were being supported to gain independent living skills. We were told about how students made shopping lists and helped with buying food, as well as planned cookery demonstrations to help students with cookery skills. One person was learning how to use the vacuum cleaner and another was learning how to do their own laundry. A third person goals included learning how to wipe down the table after meals, which we saw them being supported to do.

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

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. All of the people and relatives we spoke with told us they felt people were safe. They said the staff were caring and competent, and they trusted them to give safe care. People and relatives identified who they would talk to if they had any concerns and were confident they would be addressed. All staff we spoke with knew about different kinds of abuse and confirmed they received regular safeguarding training updates. We saw information about raising concerns was on display in communal areas and was accessible to people and to staff. Staff we spoke with confirmed they had regular supervision and knew who to contact if they had any concerns. A number of staff had undertaken more in depth safeguarding training to support people and staff. We saw written policies and procedures which showed staff what action to take if they suspected that a person was being abused.

The provider responded appropriately to any allegation of abuse. There have been no safeguarding concerns raised about people at St David's House since registration in 2011. However, some staff we spoke us told us about their previous involvement in developing multiagency support plans to protect vulnerable adults who attended the college. This demonstrated they were aware of their roles and responsibilities to protect people from abuse.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received appropriate professional development. Staff we spoke with told us they had regular opportunities for training and development. All care staff we spoke with had qualifications in care or were undertaking them. We saw that staff had a range of mandatory training which they had regular updates on such as safeguarding, moving and handling, health and safety. Most staff were able to attend dedicated training provided before each term commenced. However, one member of staff told us how keeping up to date with training had become more difficult for staff who provided care for students who lived at the college all year round.

Staff were able, from time to time, to obtain further relevant qualifications. Several staff told us they provide training for other staff, such as about how to support people with their communication, epilepsy and diabetes. Staff told us about multiprofessional meetings held to discuss people needs and how this offered staff opportunities to learn from one another.

We found that staff had opportunities for regular supervision where they discussed their work and got support. Staff had regular appraisals during which they had feedback on their performance, identified any training needs and agreed development objectives for the forthcoming year. One member of staff told us how well they had been supported and mentored by experienced staff when they first came to work at the college. Several staff told us how the college supported staff to try new approaches with people and how they were encouraged to contribute ideas and challenge existing practices.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We were told about and saw a range of examples which demonstrated how people and relatives views were sought and acted on. Care records showed how views were incorporated into people's assessments and care plans. We saw how the college monitored people's involvement in agreeing their curriculum targets before they were set. We were shown evidence which demonstrated the college identified learning outcomes and evaluated them. For example, one shopping trip had the following evaluation. 'X had an enjoyable trip to Tesco. Excellent learning experiences for the students and they had a laugh trying to find items on shopping list.'

One person told us how people had expressed their unhappiness that staff working in the offices at St David's House were able to access people's accommodation without being invited in. They told us how the college over the summer holiday had installed an electronic door operated by an electronic fob. This meant that students had greater privacy and could get in and out using their fob when they wished and restricted visitor access to their home, which they were pleased about. Minutes of recent house meeting said 'New door at entrance is really good, seems to have stopped people walking through'. We saw minutes of a students council meeting through which people could raise issues. For example, we read how students were not happy with their post being given to care staff to distribute. It was agreed the manager would provide student trays for post instead.

The college showed us their quality monitoring system in place for care services. This demonstrated they monitored policies and procedures, safeguarding, staffing issues, health and safety and risk assessments. Any actions required were recorded with timescales. A red, amber, green scoring system was used to identify current progress. The registered manager told us this was reported on to the board of trustees.

The results of an annual parent carer questionnaire showed high levels of parent/carers satisfaction in relation to staff treating people with dignity and respect, feeling people are safe and confirmed respondents felt the college sought the views of students, parents and carers and took them into account.

A questionnaire showed how staff were invited to give feedback about shift systems to

support people to live at the college all year round. Staff we spoke to confirmed they had regular opportunities to contribute their thoughts and ideas through regular staff meetings.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at a sample of completed accident and incident forms. We saw that these were well completed with an actions taken to reduce risk of recurrence, where needed. Team leaders and the registered managers reviewed all accident and incident forms to monitor any trends or changing risks for people.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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