

Seashell Trust

Royal College Manchester

Inspection report

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Date of inspection visit:
06 March 2019

Date of publication:
17 April 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Royal College Manchester is part of the Seashell Trust. The service provides accommodation and support to up to 40 young adults with profound and multiple learning difficulties. Most people using the service are supported to attend the on-site college or school but the service also provides short breaks for young adults. The accommodation is provided by ten, four-bedroom, purpose built homes. Each home was adapted to meet the needs of the people living there.

People were receiving accommodation and personal care as a single package under one contractual agreement. CQC regulates both premises and the care provided, and both were looked at during this inspection.

People's experience of using this service:

People received personalised care that suited their needs. People and relatives we spoke with told us they felt well supported and were happy. We observed people being treated as individuals and supported accordingly.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were treated as individuals and encouraged to develop life skills and be a part of the wider community.

People's needs were assessed well in advance of them moving to the college to allow staff to identify other people who they may get on with and place them in houses together.

Staff were skilled in communicating with non-verbal people. Staff knew the people they were supporting well and understood their communication needs. This allowed staff to understand the person's choices and mood.

Homes were adapted to suit the needs of people and, where appropriate, technology was used to allow people to control their own environment.

People were supported to be active and participate in activities both on-site and in the local community. Where appropriate the service tried to find people work placements to develop their life skills further.

The service met the characteristics of good in all areas and is therefore rated as good overall. More information is in the full report which is on the CQC website www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated good (published 4 August 2016).

Why we inspected:

This was a planned inspection based on the rating of the service at the last inspection.

Follow up:

We will continue to monitor the service through information we receive and future inspections.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Royal College Manchester

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and one children's services inspector.

Service and service type:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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:

We gave the service 24 hours' notice of the inspection site visit because the manager is often out of the office supporting staff. We needed to be sure that someone would be available.

What we did:

Before the inspection we reviewed information we held about the service including notifications the registered manager was required to send us about things happening in the service, information from other stakeholders, for example local authorities and information from members of the public. In addition, the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections.

During the inspection we spoke with two people using the service, four relatives of people using the service, five support workers, office support staff, the registered manager, nominated individual and director of service. We reviewed care and medication records of three people and quality assurance documents used by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. A parent confirmed, "I have never observed a situation in the house where I thought staff were unaware of any of the safety issues around [my relative]."
- Robust systems were in place to keep people safe from abuse.
- The provider had a designated safeguarding officer and a safeguarding lead. The safeguarding lead sat on the local authority safeguarding panel and the local authority were invited to attend the organisations safeguarding meetings.
- Staff received training in safeguarding and understood the signs to look for that people were at risk of being abused.

Assessing risk, safety monitoring and management

- People's support plans contained detailed information about how staff should keep the person safe.
- Where risks to the person had been identified, records explained the measures that had been put in place and what actions staff should take to minimise the risk to the person.
- Clear plans were in place to guide staff when people had behaviour that was challenging to the service. Plans explained how staff could try to prevent people displaying challenging behaviour and steps they could take if people's behaviour was challenging.
- Regular checks were made on the safety of the houses. The service had an online system of reporting maintenance issues allowing them to be dealt with promptly.

Staffing and recruitment

- Staffing levels were calculated according to the needs of the people being supported.
- Staff we spoke with told us they felt there were enough staff and we observed people being supported in appropriate unhurried ways.
- Checks were made on the background and previous conduct of people before they were offered employment. These included checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Using medicines safely

- Plans were in place to manage people's medicines safely.
- Staff received training and had their competency assessed by registered nurses to ensure they could support people with their medicines safely.
- Processes were in place to ensure people's medicines were received from and given to parents when people left or returned to their house. One parent we spoke with told us, "Whenever I visit and we go off site the staff always remember the emergency medicines."

Preventing and controlling infection

- People were protected from the risk of infection.
- The homes were clean and were maintained to a good standard.
- Staff underwent training in food hygiene and infection control. Staff we spoke with confirmed their understanding of good infection control techniques.

Learning lessons when things go wrong

- Management of the service reviewed all incidents and issues raised by staff to identify trends and causes of incidents. Where improvements to the service were identified they were implemented.
- The registered manager explained, "We encourage staff to raise a concern whatever they are worried about. We can analyse them to see what the trends are and see if there are improvements to be made."

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- We found the service was working to the principles of the MCA.
- We observed people being asked for consent and offered choices. Where people weren't able to communicate their consent or choice verbally, a variety of communication methods were used to ensure the person's wishes were respected. A parent we spoke with told us, "[My relative] may indicate they want to go out off-site but when they reach they gate they may change their mind. Staff will always respect his decision and take him back to the house."
- Where people lacked capacity to make decisions for themselves, meetings were held with people who knew them best to ensure any decisions made on the person's behalf were in their best interests. The registered manager told us, "People are at the age where they can make choices. The more we can help parents to cope with the change from them being a child the better it is."
- Where authorisations had been made to restrict people's liberty either by the Court of Protection or through a DoLS, these were kept under regular review to ensure the authorisations continued to be appropriate.

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

- People's needs were assessed by experienced staff with the involvement of relatives and other people involved in the person's care.
- The planning process for new people moving into the service began well in advance of their moving in date. The manager explained, "We need to know who will be suited by which house and who shares interests with existing people living here so we start the planning early in the new year for people to move in when the academic year starts in the summer. We start the planning whether we know they have funding or

not. We have a person-centred approach to transition [into the service] and it would be completely against our ethos not to prepare just in case they do come."

- People's cultural needs and choices were integral to their support plans.

Staff support: induction, training, skills and experience

- Staff told us they received a good induction with classroom sessions followed by shadowing in the house they would be working in to get to know the people living there. Staff told us they received regular update training and were being encouraged to undertake further qualifications. One member of staff told us, "[The management] have told me if I see any training I want to do then they will try and sort it."
- We observed staff supporting people confidently and skilfully; understanding the person's needs.
- People received regular formal supervisions and appraisals to give them additional opportunities to raise concerns.
- Staff we spoke with told us they felt very supported by management within their house and by the registered manager. Some staff told us they felt senior staff in the organisation were more detached from the service than they had been.

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

- People were encouraged to be involved in making healthy choices about their diet.
- The service arranged for chefs to visit the service to train staff how to cook meals for people.
- Staple foods were ordered and delivered to the service but people were encouraged to go shopping for additional items. The registered manager explained, "We could get everything delivered but it's important that people do a personal shop to build life experience. Our supplier has halal meat but we prefer to support people to get it from the local butcher."
- Where people preferred different meals from other people in the house, we saw their choice was respected and they had the meal they preferred.

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

- People were supported to access other healthcare services. The organisation provided some services on-site such as a school nurse and speech and language therapists and people were supported to access these, and other services in the community when required.
- The service worked well with a number of local authorities to provide services for people. Feedback we received from local authorities was positive. A relative of a person using the service told us, "The staff have been very supportive in expressing the benefits [my relative] has from the activities at the college and relaying this to our Local Authority. They are helping give [my relative] a voice."
- When people left the service, discharge summaries contained recommendations to the new care provider about things they could explore to support the person in the best way. The registered manager told us, "Sometimes our staff will go and train staff at the next provider. We have put a lot of effort into getting people to where they are, we don't want it to be lost when they move."
- If planning had been completed for a person who did not move into the service the registered manager told us the work they had done would be passed to the service who was going to support the person.

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

- Homes were designed and customised in a variety of ways to suit the needs and preferences of the people that lived there.
- Where people preferred a quieter environment, sound absorbing frames were used for pictures on the walls. Where people had visual impairments walls were painted in contrasting colours to help people identify which way they wanted to go.
- People's rooms were decorated to their own tastes and interests meaning they appeared very homely.

- Technology was used to allow people to control their blinds and windows in their rooms if they were unable to do so themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- During our inspection we saw people being treated as individuals and supported in compassionate, friendly ways. People we spoke with told us they got on well with the staff and the staff were friendly.
- Staff knew the people they were supporting well and understood their communication needs. Relatives of people using the service told us, "Staff are aware of [my relative's] likes and dislikes even though they are unable to verbally communicate them. Another relative told us, "We wish our relative could have a fourth year here."

Supporting people to express their views and be involved in making decisions about their care

- All staff were trained in British Sign Language which enabled them to communicate with people. Where people had different ways of communicating, this was understood by staff and they demonstrated they communicated with people well. A relative we spoke with confirmed, "Staff encourage [my relative] to be as independent as they can be by giving them choices and not forcing them to do things."
- Relatives also told us they had been involved in their relative's support. One person we spoke with said, "We have been involved in every step of their support plan and always informed of any changes." Another relative told us, "We have an annual review meeting so we have an opportunity to discuss any issues of concern which might need to be reflected in an update to the support plan."
- Where people weren't able to and had no relatives who could participate in their care planning, advocacy services were used to ensure the person had an independent voice.

Respecting and promoting people's privacy, dignity and independence

- During our inspection we observed people being treated with dignity and respect. Staff understood what people were able to do for themselves and supported them to do so.
- People were encouraged to learn everyday skills such as assisting with meal preparation, putting laundry into the washing machine and sorting clothes.
- A relative of a person using the service told us, "They encourage [my relative] to be independent. They allow them to hold their own drink and encourage them to feed themselves, even guiding them to place a spoon of food into their own mouth. We've noticed this when they come home for holidays as they were unable or unwilling to do it before."
- People were also encouraged to care for themselves as much as possible. A relative of a person using the service said, "[My relative] is also being encouraged to clean their teeth. They are holding the toothbrush themselves and doing it with almost no help."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in choosing how they were supported. Different communication techniques were used with different people to help staff understand what the person wanted to do. A relative told us, "My relative has a mood board which allows them to make choices about what activities they would like to do."
- People using the service told us they attended a variety of events in the community, including discos, the gym and sporting events.
- Activities were also available on-site. A music teacher visited to give music lessons and each house had a computer in a communal area for people to use. The site had a secure play area and gardens for people to socialise in and a full size all-weather football pitch for people to use. The pitch was available for hire and people using the service helped facilitate external teams to use the pitch by operating the floodlights for them.
- The service was successful in working with other organisations to arrange work experience enabling people to develop their skills. The registered manager said, "We have good relationships with local businesses. Within Seashell Trust we've got a job coach and transition coordinator to help people find work placements. They approach local businesses to explain what people can do."
- People's communication needs were identified and recorded so they could be shared with other care providers if needed. Information was provided to people in different ways according to their needs. The registered manager explained, "We have a person who is blind so we have recorded CDs for them. Another person has English as a second language so a family member has recorded words onto a switch to help them communicate."

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to complain and felt able to raise any concerns they had. One person explained, "I'd go to the head of the house firstly then escalate to the registered manager and director of service if I needed to." Another relative said, "We speak regularly with the staff in the house and have no hesitation in letting staff know if we have any concerns. We have never had cause to make a complaint."
- Where people had complained they told us the service had tried to resolve their concerns. One person told us, "It's frustrating when the WiFi doesn't work reliably when we try and Skype. The staff in the house and IT have worked hard to sort it out."
- A log of complaints and compliments was held and was reviewed by the trustees of the charity to see if any improvements to the service could be made. If areas of improvement were found in other parts of the organisation these were shared across the organisation.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team had a clear vision of the service they wanted to deliver. The registered manager was committed to supporting people in ways that would enable them to move on from the service when their time at the college ended.
- Staff we spoke with shared this vision. One staff member told us, "The facilities here are outstanding but as well as that it's the choices and chances we can give to people when they leave that is great." The registered manager told us, "Staff have to have the right mind-set to know that things will change here every year as we get a new cohort in."
- Staff told us they were able to raise issues with management and felt anything they raised would be dealt with appropriately. One member of staff told us, "[The registered manager] is amazing I feel I could speak to them anytime. My line manager is great too so if I had any problems they would get sorted."

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

- The management team understood their regulatory responsibilities for this service and other services they provided on the campus.
- The provider ensured services were appropriately registered with different regulatory authorities and process were reviewed to ensure they met regulatory requirements.
- The provider had robust processes to manage quality within the service. The provider had a performance governance group which met regularly to oversee quality measures and performance across the organisation.
- When incidents happened that needed to be notified to CQC or other organisations, these notifications were made appropriately.
- The service had recently appointed additional support staff for the registered manager.

Continuous learning and improving care

- When incidents did happen, the management investigated them thoroughly to identify if there was any learning that could be used to improve the service. Where improvements were identified, the service was open about sharing the learning across the organisation so other services run by the same provider could implement them.
- Regular meetings were held with staff to review how people in each house were progressing and try to identify if any improvements could be made. The registered manager said, "We review where each house is at; has there been an improvement in the people in there? Is what we are doing right? Is there something

else we can try?"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked hard to involve people being supported in developing the service. The registered manager said, "About 95% of our cohort this year are non-verbal but we have a lot of ways we can see how they feel about things, from using talking mats or objects of reference or symbols to signing and body language. We can give one person a picture of an idea or activity and if they don't like it they will put it in the bin."
- The governors of the college were active in exploring ideas from people to see how they could be implemented to improve the service. The registered manager told us, "We have a sub-governor group for quality and one for finance. The topics they explore can come from anywhere; parent questionnaires, people using the service, staff or from external people."
- The service had good relationships with local businesses. Businesses that provided work placements for people often made donations of goods or services to the college.