Young Epilepsy - formerly: National Centre for Young People with Epilepsy

NCYPE - College Residential Services Lingfield

Inspection report

Young Epilepsy
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Ratings

Overall rating for this service	Good
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Young Epilepsy formerly (The National Centre for Young People with Epilepsy) is a specialist college situated on the outskirts of Lingfield village. Young Epilepsy provides specialist education and residential provision for children and young students with neurological conditions, learning and physical disabilities. Around 60-65% of the students receiving care had a primary diagnosis of epilepsy and other students had Autistic Spectrum Disorders and neurological conditions without epilepsy.

Summary of findings

Up to one hundred and ten young students can be accommodated across the provision for further education. There are sixteen houses, with between six to nine young students living in each house. Around 85% of students live on site. Some students go home for the school holidays and some students stay on site for 52 weeks of the year. Five of the houses have students that stay 52 weeks of the year.

Students have their own rooms within each house which they are encouraged to decorate themselves. Life skills are taught in each house helping students to grow in confidence and develop their independence.

The age range of students is 18 - 25 within the college provision. There is also the Neville Childhood Epilepsy Centre (NCEC) which supports the assessment and diagnosis of up to 12 children from the age of 2 years old at present the provider is registering this service with the Care Quality Commission.

There is a residential school for children and young people which is regulated by Ofsted. Ofsted is the Office for Standards in Education, Children's Services and Skills. They inspect and regulate services that care for children and young people, and services providing education and skills for learners of all ages.

Our inspection took place on 20 and 21 July and was unannounced. We asked for a specialist pharmacy inspection which was also unannounced and undertaken on the 13 August 2015.

The service was run by a registered manager, who was present on the day of the inspection visit. '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 and associated Regulations about how the service is run. Each house had a House Manager (HM) although each HM was responsible for two houses.

Care was not provided to students by a sufficient number of qualified staff throughout the school holiday period. The service stated that they were short of assessed care staff numbers.

Staff were appropriately trained. Students did not have to wait to be assisted.

Staff had written information about risks to students and how to manage these. We found the registered manager and house managers considered additional risks to students in relation to community activities, seizure activity and these changes had been reflected in students' support plans.

The service was creative in the way it involved and worked with students, respected their diverse needs, and challenged discrimination. The service sought ways to continually improve and puts changes into practice; for example students were involved in how they developed through the service provision.

Staff had received training in safeguarding and were able to evidence to us they knew the procedures to follow should they have any concerns. Staff members said they would report any concerns to the registered manager or the safeguarding lead within the college. They knew of types of abuse and where to find contact numbers for the local safeguarding team if they needed to raise concerns.

Students who may harm themselves or displayed behaviour that challenged others had shown a reduction of incidents since being at the service and students who required one to one support were provided with this to help meet their individual needs.

Processes were in place in relation to medicines. All of the medicines were administered and disposed of in a safe way. Staff were trained in the safe administration and the administration of specialist medicines for treating seizures and they kept relevant records that were accurate.

The Care Quality commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and DoLs and what they needed to do should someone lack capacity or need to be restricted.

Students were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer students snacks at any time during the day or night within the separate houses. Staff promoted healthy lifestyle programmes for students and supported their abilities to make choices, be independent and receive the level of support they need to eat, drink and

Summary of findings

prepare meals. Which adheres to the key outcomes of Health and Wellbeing identified in the Children's and Families Act 2014 where a healthy lifestyles learning programme are a key part of college curricula.

Students were treated with kindness, compassion and respect. Staff took time to speak with the students who they supported. We observed positive interactions and it was evident students enjoyed talking to staff. Students were able to see their friends and families as they wanted and there were no restrictions on when students could visit the home.

Students were at the heart of the service; and took part in a wide range of community activities on a daily basis; for example trips to the shops, and attending college which is on site. The choice of activities was specific an innovative to each person and had been identified through the assessment process and the regular house meetings held.

Students placed at the college after 1 September 2014 should have an Education, Health and Care Plan (EHCP), which should describe their aspirations and support needs. The colleges EHCP programmes reflected students' individual outcomes in the areas of employment, living more independently, participating in the community and in health and wellbeing.

Students had an individual support plans, detailing the support they needed and how they wanted this to be provided. This included the provision of further education, social support and physical needs support. Students had 'learner contracts' that described college expectations, student codes of conduct and the 'learner voice', which gave students the opportunity to express their views and exercise choice and control.

Students were expected to participate in their formal learning programme, for example, by attending lessons, or work experience. They had more choice about activities at other times but were encouraged to maximise the opportunities that the college offered.

We read in the support plans that staff ensured students had access to healthcare professionals when they needed. For example, the doctor, learning disablement team or the optician. The service had a multitude of specialists employed which also included Epilepsy specialist nurses, pharmacist, behaviour specialist , doctors, consultants and occupational therapists which ensured all health and social needs of students were met.

Students received consistent, planned, coordinated care and support when they used or moved between different services within the college and eventually from the college to either living independently or supported living. There were 12 students on the 'Connect2' programme which provided continuing care, accommodation and activities to older students; without the education element. This programme is to support people moving to external services.

Staff had the skills to support students to develop and direct their own care, make mistakes and take risks. Staff understood and supported students to use assistive technology for communication and to promote students' independence/autonomy.

Students' care had been planned and this was regularly reviewed with their or their relative's involvement. A relative told us, "We do feel involved". The registered manager told us, "It is vital to know the whole person and to talk with all the students who know them, their likes and dislikes, so we can connect with them."

The registered manager told us how they were involved in the day to day running of the service and delegated other management tasks to the senior management team. It was clear from our observation that the managers new the student's very well and that students looked at them as a person to trust. Staff felt valued and inspired under the leadership of the registered manager. The senior leadership team included the head of care, and ensured that the ethos and practice were consistent across the whole of the college, from the learning environment to the care and support provided to students who lived in the residential accommodation.

The college sought ways to continually improve and puts changes into practice and sustains them.

The had a robust system of auditing processes in place to regularly assess and monitor the quality of the service or manage risks to students in carrying out the regulated activity. The registered manager had assessed incidents

Summary of findings

and accidents, staff recruitment practices, care and support documentation, medicines and decided if any actions were required to make sure improvements to practice were being made.

The registered manager kept up to date with any changes in legislation that may affect the service, and participated in monthly forums where good practice was discussed. They pro-actively researched specialised publications and websites to identify innovative ways to enhance students' quality of life and introduced these to the service and to promote to wider communities accepting and de stigmatizing epilepsy and people with complex disabilities. The registered manager told us of projects they were currently involved in; for example a television programme called ' Epilepsy and Me.'

The service notified the Care Quality Commission of any significant events that affected students and the service and promoted a good relationship with stakeholders.

Staff were recruited following robust procedures. The College employed diverse groups of staff, from teachers, learning support assistants (LSAs), care staff, therapists, nursing and medical staff, administrative staff and estate management teams. Some staff had dual roles, for example, as LSAs in the classroom and care staff in residences.

Complaint procedures were up to date and students and relatives told us they would know how to make a complaint. Confidential and procedural documents were stored safely and updated in a timely manner.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep students safe.

Students' views were obtained by holding meetings and sending out an annual satisfaction survey which staff supported students to complete using different methods of communication.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

There were not always enough staff deployed to meet the needs of students.There were not always enough nursing staff to cover the service 52 weeks of the year.

There were processes in place to help make sure students were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

Medicines were managed safely, and some students were supported to take their medicines themselves.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Written plans were in place to manage risks to students. There were processes for recording accidents and incidents and analysing these to improve outcomes for students.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet students' needs. Staff were specifically trained to meet peoples physical health needs.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of, and followed the requirements of the Mental Capacity Act 2005. Best interest decision had been documented accurately.

Students were supported to be able to eat and drink sufficient amounts to meet their needs and were offered a choice of food that met their likes and preferences.

Staff supported students to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about their care.

Is the service caring?

Good

The service was caring.

Students told us they were well cared for. We observed caring staff that treated students kindly and with compassion. Staff were friendly, patient and discreet when providing support to students.

Staff took time to speak with students and to engage positively with them.

Summary of findings

Students were treated with respect and their independence, privacy and dignity were promoted.

Students and their families were included in making decisions about their care.

Is the service responsive?
The service was responsive.

Good

Students' care was personalised to reflect their wishes and what was important to them. Support plans and risk assessments were reviewed and updated when needs changed.

Staff were knowledgeable about students' needs, their interests and preferences in order to provide a personalised service.

Staff supported students to access the community which reduced the risk of students being socially isolated.

Students felt there were regular opportunities to give feedback about the service.

Students received consistent coordinated care when they moved between services.

Is the service well-led?
The service was well led.

Good

There was an open and positive culture which focussed on students. The manager operated an 'open door 'policy, welcoming and acting on students' and staff's suggestions for improvement.

The senior leadership team ensured that the ethos and practice were consistent across the whole of the college, from the learning environment to the care and support provided to students living in the residential accommodation.

The registered manager had a robust system in place to monitor the quality of the service provided and as a result continual improvements had been made.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns.

The service works in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups, to support care provision, service development and joined-up care.

NCYPE - College Residential Services Lingfield

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 20 and 21 July and was unannounced. A specialist pharmacy inspection was undertaken on the 13 August 2015. The inspection team consisted of five inspectors, a specialist advisor and a pharmacy inspector. Our specialist advisor was an expert in the field of Epilepsy.

Before the inspection, we reviewed all the information we held about the provider. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. The provider had not been sent a PIR before the inspection, the PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. This was due to changes in the registration of specialist colleges.

We used a number of different methods to help us understand the experiences of students who used the service. We observed care and support in communal areas and looked around individual residential accommodation. We spoke with nine students, 17 members of staff, the registered manager, the safeguarding lead and relatives. We also spoke to external healthcare professionals.

We reviewed a variety of documents which included 13 students' support plans, medicine records, four weeks of duty rotas, maintenance records, all health and safety records, menus, safeguarding records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information regarding staffing and quality checks following our visit, which they did.

NCYPE had been inspected in December 2013 where no areas of concern had been identified.

Requires improvement

Is the service safe?

Our findings

Students told us they felt safe and did not have any concerns. One said “I like it here.” One staff member said “Students are safe, we know everyone really well. Everyone’s got risk assessments.”

Despite these comments we found that there were not always enough staff deployed to meet the needs of students. We found that students were not always getting the right amount of individualised support from staff.

In all of the houses we were told by a member of staff that all of the students required one to one support from staff. Six students were being supported by only four members of staff. One member of staff said that they used their knowledge to decide which students would be supported on a two to one basis in the event that there were not enough staff. Another staff member in another house said there was a shortfall of staff at the moment in the house. They said all seven students were funded for one to one care and two people needed two to one for transfers. However there were only six staff on duty.

In another house we saw during lunch there were only five staff in the dining room for six students, but two staff left the room and were absent for about 10 minutes. Whilst students were eating their lunch they were not provided with the support they needed. Another member of staff said that around 50% of the week they were not enough staff. There was also staff shortage in another house on the first inspection day. There were six students and five staff which was one less than the minimum required as one member of staff had gone home from work sick.

The registered manager told us that they had struggled to fill a high number of staff vacancies over the whole of the academic year. There were 49 vacancies out of a total of 175 staff employed in the residential section of the service. The registered manager said bank or agency staff were covering these vacancies at present. Staff said that there was not a very high staff turnover, but some permanent staff moved to bank posts in order to be able to choose their shifts and which houses they worked in. One staff member said; “We rely heavily on agency staff who need skilled guidance from regular staff.”

We also found that there were not always enough nurses to ensure that students health needs were met safely.. Not all night staff were trained to administer medicines. This meant that in the event that a student required emergency medicines or pain relief, staff had to contact nurses in the on-site Health Centre for assistance however nursing staff were not on site 24 hours a day for the entire 52 weeks of the year to meet the needs of the students were it had been identified that they required 24 hour nursing care in the houses. Students with age ranges between 2 and 25 years in the assessment centre did not have access to qualified nursing staff during the night or at weekends over the school holiday period. This put them at risk of not receiving appropriate and timely care relating to their medical conditions such as seizures.. The registered manager assured us that extra nursing staff would be provided throughout the holiday period.

There were not always enough staff deployed to meet people’s needs. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, one member of staff explained the different types of abuse and what the local authority safeguard protocols were. They said, “I would report anything to the registered manager or phone the local authority myself.” The registered manager showed us the safeguarding policy which was in place and staff had signed to show they had read and understood their responsibilities. The registered manager said “Each staff member is accountable for their actions.”

The service had a dedicated safeguarding team which operated a 24-hour, seven days-per-week on-call service. The front page of the service’s intranet showed a photo of the duty officer for that day with their contact details and information about incident report-writing. The Safeguarding Lead for the service told us that all staff had to complete safeguarding training via e-learning; which included a test with a mandatory 100% pass mark. In addition staff received annual face-to face refresher sessions and there was at least one of these being conducted each month to ensure availability for staff. The service had safeguarding policies and procedures which were available to staff through the intranet and on display in staff areas. Students are given easy read copies of how to report any concerns.

The safeguarding lead told us that fortnightly meetings of the safeguarding team take place and there are ‘lessons

Requires improvement

Is the service safe?

learned' on the agenda to drive and sustain best practice in safeguarding. The safeguarding policy and procedures was implemented in April 2015 and works alongside Surrey Multi Agency Safeguarding Adults Procedures.

All incident reporting was completed via a computer system. We saw that there was at least one computer in each house and that all staff had a separate personal log-in to enable them to make reports. Body maps could be uploaded onto the computer with reports where necessary. The Safeguarding Lead explained that regular auditing of incidents was undertaken and trend analysis carried out. The recording system can be interrogated to provide a chronology of incidents relating to any particular named student, if there were concerns so that action could be taken to minimise the risk of harm.

The registered manager had systems in place for continually reviewing incidents and accidents that happened within the service and had identified any necessary action that needed to be taken. We were told that any incidents of behaviour that challenge others are referred to the Behaviour Specialist for support in managing behaviours and identifying triggers that may have caused the incidents. The registered manager said that if triggers were identified this would reduce the risk to students of incidents happening again.

Staff had individualised and personalised guidance so they could provide support to students when they needed it to reduce the risk of harm to themselves or others. Behaviour management plans had been developed with input from specialist professionals, such as 'behaviour therapists'. We observed staff interactions with students during the day. Staff followed guidance as described in the students' support plans. For example using specialist activities to interact with students that had limited communication.

There was a transparent and open culture that encouraged creative thinking in relation to students' safety. Student's choices on how they lived their lives were the first priority and the registered manager and staff would ensure that students had access to achieve this. Assessments of the risks to students' safety in relation to life choices they had made had been developed while ensuring that students remained as independent as possible and had a meaningful and fulfilling life. One student loved to ride their bike and the service had developed risk assessments to support them to do this safely whilst understanding the risks that a seizure may happen.

Support plans contained risk assessments in relation to students who required one to one supervision, as well as individual risks such as walking to the shops, accessing community transport and nutrition. Staff told us they had signed the risk assessments and confirmed they had read and understood the risks to each person. They were able to describe individual risks to students, their behaviours and how to address these.

Systems for ordering, checking orders received, disposal and administration were in place to manage student's prescribed medicines. The GP visited twice a week to review student's medical condition. Any medicine dose changes following a doctor's visit were carried out as per instructions. The service employed a pharmacist and nurses to support care staff in the delivery of care. Care plans contained information to give guidance to staff to manage student's treatment needs.

Staff received training and yearly competence assessments regarding managing medicines safely. Staff were given additional training for specialist tasks. This included giving medicine via a tube straight into the stomach and insulin administration. All care staff were trained in epilepsy first aid and staff spoken to were confident in dealing with an emergency for epilepsy. Staff confirmed that they were well supported by health care professional that were on site if they had any concerns.

The service conducted monthly audits of medicine use. All errors, concerns and incidents were investigated and corrective action was implemented if needed. For one house where there were a few more errors than other houses a photographic system was implemented to take a photo of medicines prepared with the carers ID(identification) before administration. These were successful in reducing the number of incidents.

Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed students who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable students.

The registered manager told us the home had an emergency plan in place should events stop the running of

Requires improvement

Is the service safe?

the service. They explained that the site had multiple buildings and that there would be a safe place for people to go, staff also confirmed to us that they knew what to do in an emergency.

Good

Is the service effective?

Our findings

Staff ensured students' needs and preferences regarding their care and support were met. Staff were knowledgeable about the students they supported. Most students had complex seizures with other rare medical conditions. Staff and the house managers had researched these, their characteristics and symptoms to gain a better understanding of how these may affect the person.

The role of one of the Occupational therapist (OT) employed by the service was to assess each student's environment for any individualised adaptions that may be needed. We saw examples of padding to furniture and fittings that had been put in place to protect students from injury if they were experiencing a seizure. Some other modifications were on order from the new on site physiotherapy centre to be used by students at risk of physical injury during seizure, and some specific to an individual student's bedroom.

Students who had been assessed as requiring one to one support had this provided with consistency and the same member of staff was assigned to them throughout the day which gave them reassurance that their care would be delivered consistently. We saw one member of staff recognising an issue with one student: they promptly responded by saying "I've noticed that your eye glasses are making your nose sore, I've arranged for you to see an optician."

Students said that they enjoyed the food and they enjoyed helping out with the cooking.

Students were encouraged and supported to be involved in the planning and preparation of their meals. We saw that food choices were displayed in the kitchen. Weekly student meetings where held and the menus were agreed for the week. For the evening meal each student was given a separate budget of £15 and was supported to shop and cook for themselves. One student told us "I like the arrangement and I enjoy the food that is on offer." Students who were unable to communicate verbally were supported to make their choice by using picture cards. One staff member said they used smiley faces to communicate with students and encourage their choices. We saw another member of staff offer two different juices to one student, by holding up the jugs in front of them to encourage choices.

Students' weight was monitored on a monthly basis and each person had a nutritional profile which included the person's food allergies, likes, dislikes and particular dietary needs. In one house we saw there was lots of information displayed around the kitchen around healthy eating. The fridges and freezers were stocked well with a variety of food. One student had a very restricted diet and staff and the student themselves knew all about this. We saw staff weighing the person's food and giving them something different to what was on the menu. There was plenty of fresh fruit and vegetables available. Staff ate their meals with the students to encourage a homely feel and there was a chatty and happy atmosphere around lunch.

Students who needed extra support with nutrition and were on specialist diets had been supported by staff to understand why there was a healthcare need for this. One student said; "I feel confident staff understood my diet." Staff had received support from a dietician and explained to us that if a student had lost or gained an excessive amount of weight they would refer them to the GP or dietician for advice. They were able to describe how often and what types of food they needed to increase their weight.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005. They aim to make sure students in care homes are looked after in a way that does not inappropriately restrict their freedom. In the support plans we reviewed we saw clear evidence that mental capacity had been thoroughly considered, including evidence of best interests meetings, clear guidance on what had been agreed and evidence that reviews had been undertaken were in place.

In one of the houses visited, the exits to the house were locked and needed to be opened by a member of staff using a swipe card. There was clear evidence of DoLS assessments relating to this and the care plans reviewed had the necessary protocols in place. Where it was necessary DoLS applications had been submitted to the local authority. This was for restrictive access (locked door) and that staff needed to be with students at all times.

Good

Is the service effective?

One student said they chose to involve their parents in any decisions. We saw that recent meetings had been held in relation to two people transitioning out of college. This involved the student, parents, keyworkers, medical centre staff and tutors.

In the houses we visited we saw that the students had audio monitors in their rooms to detect and alert staff if students experienced a seizure. We saw that the use of audio monitoring had been discussed with the student and that they had given their consent appropriately.

Mental capacity assessments had been undertaken for everyone and included assessments for the decision on students' annual flu jab and consent to care. We saw in students' support plans clear evidence of how choices were made; for example for dental surgery that required a general anaesthetic. The documents contained records of the best interest meeting held and those students that were involved such as the family and the social worker. The best interest checklist describe how one student was unable to read and write and stated that 'they are to be supported to understand the decision that needs to be made through using photos and visual prompts.' This meant that the registered manager had obtained or acted in accordance with the consent of students, and had completed documentation for establishing and acting in accordance with the best interests of students.

Staff received training which included how to support students in a safe and dignified manner that may be at risk of causing harm to themselves or others. Staff had access to a range of other training which included positive behaviour support, MCA, DoLS and manual handling. Which showed that the registered manager supported staff in developing and improving their skills and knowledge. Staff were up to date with their training and were assessed for competency by the house managers in certain topics such as administration of medicines, gastrostomy (a tube to support people where there are chronic feeding, swallowing and nutritional concern that provide the nutrients needed), Insulin administration and blood sugar checking. They were observed undertaking care practices to ensure that the dignity and respect of students was upheld. This meant staff developed essential skills to provide the appropriate support in a positive and constructive way.

We discussed specific training and understanding of epilepsy and complex needs with different staff members. They were able to demonstrate they understood the different types of seizures and what to do to support someone. They told us that the organisation had recently changed the way staff were expected to record seizures to better support the consultants to provide diagnosis and treatment. We saw examples of this recording, each of which was sufficiently detailed. We also saw how they were starting to use SharePoint (Share point is a computer programme that enables multiple users to access and input information and to enable continuity) to record seizures so that the all of the professionals involved in the students care could have immediate access to seizure information when considering and reviewing treatment. The staff members were clear about their responsibilities in this respect and valued the support they received from the epilepsy specialists employed by the organisation.

Management supported staff to review the appropriate induction and training in their personal and professional development needs. The induction consisted of the recommended Skills for Care induction (Skills for Care is the employer-led workforce development body for adult social care in England. By working with employers and sharing best practice, they help raise quality and standards across the whole sector and ensure dignity and respect are at the heart of service delivery). The house manager held regular supervision sessions with staff which looked at their individual training and development needs. One staff member said they undertook e-learning and practical training. They said; "I receive supervision every four weeks and I feel supported by house manager." Another staff member said; "I was trained when I came into the role and shadowed a more experienced member of staff. Once manager felt I was competent I was then shadowed by them until they felt I was able to work on my own."

In the assessment and medical centre the paediatric nurse and learning disability nurse explained they trained support staff in diabetes, gastrostomy, epi-pen, oxygen and specialist seizure medicine administering. This training was refreshed annually. The nurses on site said they would observe staff carrying out the procedure and would unlikely to be doing it unsupervised. Staff would let nursing staff know if they were going to give oxygen and they would go and support. The nurse said that they had a nursing teaching qualification and mentorship which meant they were competent to train other staff. Nursing staff received regular clinical supervisions.

Good

Is the service effective?

Support plans contained up to date guidance from visiting professionals and evidence that students had access to other health care professionals such as GP's, psychiatrist, specialist support and development team and chiropodists. One person's care plan identified they had a rare type of learning disability, the registered manager had gathered information about this and contacted specific support groups. We saw that the care plan contained specific information regarding their condition, how it may affect the person and how staff can support the person though the progression of their condition. This showed us that the staff had up to date knowledge of the specific conditions students experienced and were always seeking to improve the person's care, treatment and support they provided by implementing best practice.

The services health and assessment centre supported children and young people in the assessment and future management of their seizures by using assessment techniques such as video telemetry. The centre had a full compliment of specialist staff Consultants, doctors, epilepsy nurses that assessed each person's seizure patterns and effects and planned the healthcare and management of the seizures. The centre worked alongside Great Ormond Street Hospital in the management of childhood epilepsy.

Good

Is the service caring?

Our findings

Students said "Staff are really kind." And "they really help me." Relatives said they were happy with the care and support their family member received. They said their family member was always happy to return after a weekend at home. One relative said "He's (the student) happy. He likes this home." They added, "Nothing could make his life better."

We spent time in seven of the 13 houses, and observed staff interaction with students. We saw companionable, relaxed relationships were evident during the day. Staff were attentive, caring and supportive towards students. Staff were able to describe to us each student's needs, one staff said "This is important as without understanding the support that a person needs it could lead to many adults with epilepsy and associated disorders may becoming socially isolated, drop out of college, employment or day services, and suffer mental health problems or psychological breakdown."

Weekly student meetings took place in each house. One student (if able) chaired the meeting. We were told by a member of staff that this was a way of students being able to express what they want to do to include suggestions around trips out. Students were supported in developing their life skills; such as doing their own laundry. Each student has a designated day of the week where they get unlimited access to the machines.

Staff spoke about being caring; one staff member said; "It's the students, its giving them the support they need, some are dealing with emotional things, it's about being honest and open." Another staff member said "I show empathy and show students boundaries. I don't belittle people, and treat people as I would like to be treated." Other staff said; "You get to know the students. I help them to be aware of the environment. I read and sign their working files to understand who they are as a person. I would have my family member here. There's no them and us, it's homely. We are all aware of our duties. We have a laugh with the students, we see them develop as people, I like the challenge. We all pull together."

We saw in one house that one of the students was upset. The member of staff sensitively supported the student away from the group so that they could talk in private and provided reassurance. Staff gave good examples of how they would provide dignity and privacy by closing bathroom doors and bedrooms. We observed staff calling students by their preferred names and knocking on bedroom doors before entering. Students looked relaxed and comfortable with the care provided and the support received from staff. One person was heard talking to staff throughout lunch, seeking advice and support. We heard staff reply cheerfully and with kindness to their requests.

Staff knew students' individual communication skills, abilities and preferences. There were a range of ways used to make sure students are able to say how they felt about the caring approach of the staff and whether they had a sense that they mattered and belonged. Staff knew they needed to spend time with students to be caring and have concern for their wellbeing. The conversations between staff and students were spontaneous and relaxed. Staff understood the different ways in which students communicated and responded using their preferred communication method for example Makaton.

The registered manager and house managers were knowledgeable about students and gave us examples of their likes, dislikes and preferences. We heard the managers and staff regularly ask students how they were.

Staff told us they reviewed students' support plans regularly. They said they would involve the person in reviewing their care and ask for input from relatives. Support plans had been signed by either students who used the service or their relative. One relative we spoke to said that they were regularly contacted by the home and invited to care review meetings which they attended.

We saw students had weekly keyworker meeting with their allocated keyworker, this enabled the student to discuss issues in a one to one environment.

Some of the students we spoke with were in their final year at the college. The students explained to us the staff had supported them to get ready for the change in environment and routines. Staff told us transition plans were in place to support students moving on. Staff explained where students sometimes struggled with change so it was very important to begin any transition activities as soon as possible to reduce potential stress for them.

Good

Is the service responsive?

Our findings

Students said they had been supported to undertake activities, "I like doing arts and crafts" and "I like to ride my bike". Other students told us how they are involved in outside activities such as trampolining and going to shows etc.

For students who remained at the school during the holidays there are a range of activities on offer. One staff member said "During summer we have plenty of trips for those that are staying at the college. I have arranged trips for London Zoo, Legoland, Eagle Heights and there are things to do onsite as well. We have music, the sensory room, soft play and foot spa. It's easier to use the vehicles during the summer. We don't have to book so far in advance to do things."

Each student had a weekly plan that reflected their college time and their social time called an EHCP (Education and Health Care plan). We saw the activity plans drawn up for each of the students and the rota which was in place to enable students to pursue their own choice of activities, rather than have to rely on having to do activities as a group.

Each student had a keyworker who sought the student's views and supported them when planning activities, holidays and opportunities to access the community. Students could use a computer room or they have the use of their own laptops and tablets. One student said "They have taught me so much since I moved here, I can now use a computer and send emails". Students we spoke with said that they enjoyed the activities on offer. They said that they liked going bowling, to the cinema and going to Chessington. We saw that there was a large age appropriate puzzle on the table that one student was doing. One student said that "I get to lie in at the weekends and that they can have breakfast whenever I want."

We saw one member of staff recognising and responding an issue with one student: the staff member promptly responded by saying "I've noticed that your eye glasses are making your nose sore, I've arranged for you to see an optician."

Records we viewed and discussions with the registered manager demonstrated a full assessment of students' needs had been carried out before they moved into the service. We were told by staff that students were first assessed for admission to the college, then undertook an assessment for residential needs. The head of residential services said; "Students usually came for a two days "assessment" visit where they are seen by the specialist staff based in the health centre and then stay in one of the houses and spend time with student support workers and other students. They are then "allocated" to a house based on a process they call "peer mixing". This is done by the Head of Residential Services and takes into account both college support needs as well as information gleaned from the assessment visits.

Students' care and support was planned proactively and in partnership with them. Staff use innovative and individual ways of involving students so that they feel consulted, empowered, listened to and valued. The home has a Makaton word of the week which both staff and students learn to support their communication. Support plans comprised of various sections which recorded students' choices, needs and preferences in areas such as nutrition, healthcare and social activities. We saw each area had been reviewed at regular intervals. Staff said they used various different communication methods for this such as photos and PECS (picture exchange communication). Students who were able to told us they had been involved in reviewing their plan of care.

There were a number of students who had quite complex communications and behavioural needs. We saw evidence in the care plans that communication needs were considered, and that tailored plans had been created for them In one plan there were photographs of the very specific hand gestures that the student used when communicating so that people who might not know the student as well would be able to understand their needs. The same care plan also described the different types of behaviour the student might use to communicate – some which might present safety issues to other staff or students. The descriptions focused on how someone supporting them would know how to respond effectively. The staff member described how they had been trained in safe support techniques. They also described how they were able to get advice from the psychologist in managing behaviour positively.

Students were at the heart of the service. Staff spent time chatting with each student and responding to their need for companionship. Students and their relatives had been

Good

Is the service responsive?

asked about their personal histories and any interests or hobbies and efforts were made to support students to continue with these, for example one had attended college and gained a certificate in technical drawing.

Staff ensured that students' preferences about their care were met. One staff member told us there was always a handover and the first thing they did was to read the communications book. They had written daily notes about students and would highlight any changes to the needs of the person to the registered manager so that the care plan could be reviewed for accuracy. Students' health passports were regularly updated. A health passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital.

Students were actively encouraged to give their views and raise concerns or complaints. The service saw concerns and complaints as part of driving improvement. Students' feedback was valued and students felt that the responses to the matters they raised were dealt with in an open, transparent and honest way. The registered manager said the provider held a client voice group in which had a representative from each of the provider's service's attended. They would discuss all types of things from activities, accommodation to food and feed back to head office. They would also make suggestions of improvements. Students had asked if they could look at the possibility of work placements and the provider had approached some local companies about this.

There was a strong ethos and focus on students being supported to move on and the focus on supporting them to do this positively, despite some of them having been at the college for many years.

We talked to two members of staff about students transitioning (starting and leaving.) We saw one member of staff preparing a plan to go with a student to their new home. It had detailed information about the student's likes and dislikes as well as specific information about how the student would need to be supported in relation to their epilepsy. This information was presented in a person centred manner and clear to a non-specialist practitioner on how to support them. We also talked about how another student was moving from one of the other houses as part of this transition and heard how this new student had been supported to come in for dinner and days visits at the house so that they and the existing students could get to know each other.

Complaints had been dealt with promptly and effectively. The registered manager showed us the complaints policy and explained how they would deal with a complaint if one arose. The registered manager told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary. Relatives we spoke to told us that the registered manager was approachable and could openly discuss issues when needed. We saw that one student had complained about moving from one house to another – the student had been involved throughout the process in resolving the complaint.

Good

Is the service well-led?

Our findings

Students told us the management were approachable from the house manager to senior directors. One said "They came to have dinner with us." Staff said about management: "They're always there if you need them." Another staff member said "Management here is very supportive. The chief executive does her weekly blog. She came around at Christmas and made cakes. My unit manager is very thorough, very down to earth, very open. We have staff meetings every two weeks, I value them because you get to chat to the other girls (staff). You have the opportunity to talk and listen. I feel so supported by my line manager, she has been brilliant, very calming, very supportive and the patience of a saint. I feel valued, I get told I'm amazing. I am thanked and not put upon. I am made aware of my strengths and weaknesses."

Young Epilepsy works in partnership with Great Ormond Street Hospital NHS Trust and is actively involved in research to improve the lives of young people with epilepsy from childhood to adulthood.

There was an open and positive culture which focussed on students. Staff told us about the values of the service, trust, honesty, empathy, integrity and respect and how these values were at the heart of their philosophy of care. One staff member said "Our purpose is to ensure that young people truly benefit from our services educationally, medically, socially and emotionally."

We observed members of staff approach the registered manager and other senior managers during our inspection and observed an open and supportive culture with a relaxed atmosphere. Staff expressed their confidence in being able to approach the registered manager; even if this was to challenge or report poor practice. Staff told us they felt they would be taken seriously by the registered manager. Staff told us they had been supported through their employment and were guided and enabled to fulfil their roles and responsibilities in a safe and effective manner.

Staff told us they had staff meetings regularly and could always request extra meetings if they wanted to talk about anything. They said they were kept up to date in between meetings by the registered manager and during handovers these meetings acted as group supervision. We saw copies of regular staff meetings that discussed on-going support for key client, policy and procedural changes and support on learning for staff from behaviour therapist and occupational therapists. The staff showed us the communication books that were used regularly as a daily method of sustaining continuity of care.

The registered manager carried out a robust audit process to ensure the quality of the service and drive improvements in best practice. These included checks of support plans, all aspects of the environment, fire safety and the minibus. To enhance and update their knowledge and service delivery, the registered manager researched and reviewed varied publications and websites that specialised in providing guidance and advice to improve health and social care for people with epilepsy. Guidance and advice were followed in practice when they were appropriate to students' needs.

As part of the initial assessment to decide on the level of support the service has available for the students, the organisation uses a staffing "volumes calculator" which is based on the assessment of need carried out when the student first comes to the service. The calculator is based more on time and task than outcomes. We heard from the Operations Director that they wanted to base support more on outcomes in the future. This showed us that the service was thinking about how it could improve in this area.

The registered manager has developed and sustained a positive culture in the service encouraging staff and students to raise issues of concern with them, which they have always acted upon. The registered manager gained daily feedback from students about their choice and preference. Students had been supported to complete satisfaction surveys. The registered manager had sent surveys to family members and professional's and was waiting for the responses to be returned. They explained to us that the care staff had supported students' individually to fill them in. Relatives and external professionals were also being sent questionnaires for their views on how the service runs and any improvements that might be needed.

All the policies that we saw were appropriate for the type of service, reviewed annually, were up to date with legislation and fully accessible to staff. The staff knew where they could seek further guidance and how to put the procedures into practice when they provided care.

Good

Is the service well-led?

The registered manager had ensured consistently that the appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely throughout the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing There were not always enough staff deployed to meet people's needs.