



**Nottinghamshire
County Council**

Quality and Market Management Team Quality Monitoring Audit Form

Portland College Day Service

Service / Scheme Details

Company:	Portland College
Service / Scheme Name and address:	Portland College Day Services, Nottingham Road, Mansfield, NG18 4TJ
Service Representation	Matt Gallagher
CQC Provider ID (if applicable)	N/A
CQC Location ID (if applicable):	N/A
Date of last CQC Inspection (if applicable)	Not regulated by CQC
Quality and Contracts Officer (QCO):	Adam Fraser
Date of visit:	09/06/2023

Service / Scheme Information

Service Type:	Day Service
Service Manager:	Matt Gallagher
Service Occupancy:	98 total attendees
Number of Voids (if applicable):	N/A
Visual Assessment of Property / Facilities at time of visit:	The day service is located on the Portland College campus contained within its only building. The centre contains seven activity rooms with different activities to suit the person attending the service. For example, there is a quiet room, games room, arts and crafts etc but can be tailored for different

	activities such as life skills or exercise. The centre was seen to be clean and tidy with communal areas free of clutter.
Any planned work / change to the service?	The service has received funding to upgrade one of the rooms within the main building. There are also plans to expand the community hubs.

Background to Visit

As part of the Quality and Market Management contracting management cycle, a Quality Monitoring Audit will be carried out to all contracted providers to monitor services to validate evidence of contractual compliance, good practice. This visit was an Annual Quality Monitoring Visit.

Standard One: People who use the service experience outcome focussed person centred care:

People who receive a care service receives outcome focussed person-centred care, which considers their choices and preferences. Care is provided in a positive risk-taking environment, which supports people to make decisions regarding their care.

1.1 Do people have a person-centred/ positive behavioural support plan that has been reviewed in line with their assessed needs or when there is a change in needs. People and / or families / advocates are involved in the process and are able to contribute their views.

Person 1:	MG 6024912	Date of last review:	22/02/2023
Person 2:	CC 6023004	Date of last review:	03/03/2023
Person 3:	KN 2039682	Date of last review:	11/05/2023
Observations:	<p>We observed three Support Plans for people attending the service. Support plans are stored as paper files in a locked cupboard within the staff office. The information within these care plans is replicated electronically and can be accessed by care staff via an iPad which is allocated to each activity room; this is accessed by staff as required via password protected log in. We observed the support plan for MG which contained sections on support received, communication, moving & handling, health & medication, and activities & progress. The support section contained a grab sheet with general information around personal care, health/medication, mobility, eating and drinking, behaviour, communication etc but goes into further detail within the main care and support plan. There is also a one-page profile which includes information about the days MG attends the day centre, including transport to and from the day service, any allergies and medication. The person is identified within the support plan as having complex needs and has 1:1 support on one day of the week (normally a Monday). This is to support with access into the community to meet emotional needs, as well as providing empowerment to make choices around participation in activities. MG receives support on a 1:4 ratio during the rest of the week for group activities at the day service on these days.</p> <p>There is information included around life history, including sensitivities and things that MG get anxious about. There is a detailed section on communication and behaviour which provides information on the person, their issues on self-esteem and their sensitivity around other people's behaviour. We observed a section within the risk assessment around challenging behaviours, as well a separate positive behaviour support plan. This includes the types of behaviour which may be demonstrated specific to the individual (broken down into different categories such as agitated, disruptive, destructive, and dangerous), what the triggers are and preventative strategies. There is also clear guidance for de-escalation, relevant to the type of behaviour being displayed.</p>		

There is an individual communication plan completed in partnership with the NHS. This identifies that MG manages best when there are two to three key words in a sentence; it has also been identified that MG relies on the ordering of words and struggles with open questions.

We observed the support plan for CC which contains a one-page profile including emergency contact details, allergies and medication, as well as the days attended and transport details. There is a detailed 'about me' section which includes family life and pets. It also includes the activities CC enjoys taking part in while at the day service, including using a computer. It has been identified that CC benefits from a mixture of activities across the week and that staff support CC to engage in activities. It is identified that CC has 1:1 support due to anxiety and can become overstimulated at times.

There is evidence that family have been involved in the creation of CC's support plan and with written daily note in CC's communication diary so that staff remain up-to-date with any changes.

There is a detailed section on communication within the support plan which states that she can communicate verbally and has good comprehension, but that sometimes CC's words are not clear and can be hard to understand. In these instances, CC's may turn to the 1:1 support worker to communicate and explain to other people. It is also recorded that CC is able to use simple Makaton signs to communicate. There is evidence of regular reviews and information around the changes that have been made, such as when information has been added or removed when it is no longer relevant.

We observed a positive behaviour support plan for CC which includes the various types of behaviours (agitated, disruptive, destructive and dangerous', which includes hitting out or trying to headbutt staff. The support plan includes triggers for these behaviours and preventative strategies, such as ensuring structure and routine (including staffing) and providing positive praise. It has been noted that CC may present as more anxious or agitated when staying at the short breaks service rather than at home. There are also actions to take if behaviour escalates, such as trying to redirect CC to a safe quiet environment and ensuring that other attendees are safe. There is also a section on recovery from an incident which states it can take between half an hour to an hour for CC to calm and that staff should complete a 'citizen reflection form' to talk through the incident on the day. There is evidence that the positive behaviour support plan has been reviewed regularly, most recently in March 2023.

There is also a 'Reward Chart' within the file for CC, where positive behaviour is rewarded with a star – two stars in a day is rewarded with 30 additional minutes of a preferred activity.

We observed the support plan for KN which includes a one-page profile. The profile includes important information around allergies, medication and epilepsy, as well as emergency contact details, which days KN attends and method of transport. There is evidence that

	<p>the support plan has been reviewed regularly, most recently in February 2023 which states that KN should not have curry to eat while at the day service as it affects KN's health. There is also a temporary change form for short-term changes, such as amendments to medication.</p> <p>The support plan states that the KN has 1:1 support while at the service. There is a detailed 'about me' section which includes KN's interests and family situation. The support plan evidences parents involvement in care assessments for KN so that KN's views are appropriately represented.</p> <p>Parents are encouraged to remain involved in aspects of care via the communication diary which people bring to the service and take home with them.</p> <p>We observed several tents and enclosed areas in room within the day centre which we were advised it used for people who may struggle with sensory overload and can choose to go somewhere dark and quiet for a period of time.</p>
--	--

1.2 Does the Person's support plan promote and evidence a strength-based approach around goals and outcomes which identifies patterns of daily living.

Person 1:	MG 6024912
Person 2:	CC 6023004
Person 3:	KN 2039682
Observations:	<p>The 'about me' section of the support plan for MG states that it is important for staff to promote choices and independence, and that MG requires reassurance and praise to help improve confidence. The section also includes the activities which the person likes to get involved in during the day, including trips out exploring the local community and socialising with peers during the day. The support plan includes aspects of care which the person receiving support is able to manage for themselves and what they need support with – it is identified that the person has asymmetric spastic quadriplegia but has good upper body strength and muscle tone, however, requires support with all aspects of personal care. It has been identified that MG is stronger with his right arm and so can provide more support to staff when getting dressed.</p> <p>There are detailed step-by-step instructions for support with various transfers and support with personal care tasks, such as changing continence wear or showering while at the day service. This includes a risk assessment which states that MG has been known to hit out at staff but never while receiving support with personal care tasks.</p>

It has been recorded that the person has recently started receiving personal care support within the service (family had previously supported with this but due to their own health needs were struggling to maintain this) although there is not as much detailed information within the support plan around this.

The support plan includes a section which has been completed with the person using the service providing information about the activities they enjoy getting involved in. There is additional information about their activities on a Monday when they tend to go out into the community, and includes activities such as shopping, going to the park or going bowling.

We observed the support plan for CC which states that it is important for CC to have a mixture of activities throughout the week and that staff should encourage engagement. It has been identified which activities CC enjoys getting involved in, such as paper session. The 'about me' section of the support plan identifies that it is important for CC to have a routine while at the day service and it is important for CC to know in advance who will be supporting the following day, as this can otherwise result in anxiety or challenging behaviour. There is a section within the support plan around mobility and personal care tasks which details what CC is able to do, as well as what support will be required from care staff, particularly around continence needs. There are less detailed instructions around providing support with personal care tasks, however this is because there is no equipment or moving and handling requirement involved. It has been identified that CC may sometimes not want to have personal care provided by a male member of staff, in which case a change of staffing should be offered until the personal care has been completed.

We observed the support plan for KN which advises that KN requires full support with personal care due to limited body movement. There is detailed information around support with personal care as KN has rods in his back which means that KN can only be rolled onto his side for short periods of time. KN brings arm splints to the day centre and it states that KN should be asked if he wishes to wear them, and encouraged to do so. It is stated that independence is important to KN and should be supported to make as many choices for himself as possible.

1.3 Do people have a risk assessment that has been reviewed in line with their assessed needs or when there is an identified change in need.

Person 1:	MG 6024912	Risk Assessment Date:	03/01/2023 (Manual Handling) 22/03/2023 (all other risks)
Person 2:	CC 6023004	Risk Assessment Date:	03/03/2023
Person 3:	KN 2039682	Risk Assessment Date:	24/01/2020 (Manual Handling) 11/05/2023 (all other risks)

Observations:	<p>We observed a detailed risk assessment for MG which includes identified risks which are specific to that person, such as challenging behaviours, vulnerability, unawareness of dangerous situations and interactions with others. There is evidence that this has been reviewed regularly and additional risks added when identified, such as absconding from the Day Service. The risk assessment includes what the risk is, detailed information about what this involves, what triggers may be and who the risk is posed to, as well as control measures for staff to manage these risks. Control measures include guidance such as offering reassurance and praise, adopting a calm approach and reinforcing acceptable/expected behaviours.</p> <p>We observed a detailed risk assessment for CC which covered areas such as challenging behaviours, vulnerability and family/relationships. There is evidence that this has been reviewed regularly, with additional risks added such as absconding and unawareness of dangerous situations – there is guidance within this to refer to the positive behaviour support plan. Each risk contains detailed control measures, such as using key phrases, providing encouragement and reassurance and liaising with family via the communication diary in order to maintain awareness of any potential behaviour issues at home.</p> <p>We observed a detailed risk assessment for KN which covers areas such as challenging behaviours, vulnerability and unawareness of dangerous situations. Each contains the risk, who it affects and control measures. KN is identified as having no serious challenging behaviour but can occasionally become frustrated or upset if his usual routines are changed. It is identified that he may not be able to remove himself from dangerous situations due to his mobility, so should have 1:1 support at all times. There is a detailed risk assessment around health needs, relating to his epilepsy, allergies, asthma, Baclofen Pump and dysphagia. A separate moving and handling risk assessment has also been put in place which includes risks (including the task, staffing, environment and other factors), how they may affect him or others and what actions can be taken to minimise risks.</p> <p>We also observed general risk assessments which have been completed for each room used by the day service.</p>
---------------	---

1.4 Is their evidence of Accurate daily records that are reflective of the persons care and in accordance with GDPR guidance?

Observation:	<p>We observed running records for three people using the service – all recordings are made on iPads which are kept within each activity room and then this information is stored on MyApps which can be accessed via laptops in the office using secure login. Running records contain various sections which can be viewed separately, including what activities that people have taken part in, what meal choices they've made and what personal care has been provided, if any. There are also separate sections which enable care staff to record urine output and bowel records if they have been specifically requested to do so due to health concerns. Records were seen to be detailed and person centred, and were in line with any tasks that were identified within the support plans.</p>
--------------	---

1.5 Are people afforded a choice of nutritious food and in accordance with their assessed needs.

Person 1:	MG 6024912
Person 2:	CC 6023004

Person 3:	KN 2039682
Observations:	<p>People who attend the day service have a meal provided by the canteen within the college; this is included within the daily day service arrangements. Menus are provided daily with a number of choices of for hot meals, as well as sandwiches and pasta for cold options.</p> <p>It is recorded within the file for MG that he has in intolerance to chocolate and cheese. He has supplemental milkshakes while at the day service to maintain health and well-being; care staff support with these twice a day between meals. It is recorded that MG will bring a packed lunch from home on most days but will go to the dining room and may choose to have a hot meal instead. It is recorded that he eats a varied diet but need a lot of encouragement to ensure adequate nutritional intake. Staff support to cut up food for him and provide prompts to reduce the risk of choking. We observed that MG has a SALT assessment in place relating to dysphagia following concerns raised about an increase in coughing while eating and drinking. The guidance is to offer softer, moist foods cut into pieces £1 size or less. The recommendations are for him to have 1:1 support at mealtimes so that staff can support with this.</p> <p>The support plan for CC states that she has her main meal in the dining room and should be encouraged by staff to eat a healthy balanced diet. She sometimes requires prompts not to rush meals or overfill her mouth, as well as encouragement to drink throughout the meal. The support plan states that CC likes most foods but not foods that are too spicy. The support plan states that CC likes to go to the serving hatch in the cafeteria and will pick a meal for herself. It is recorded that CC may choose an unhealthy option from the menu and staff should ask her whether it is healthy, however she will make the choice for herself.</p> <p>There is a detailed section within KN's support plan which states that he requires 1:1 support throughout mealtimes and requires close monitoring, as well as encouragement to take smaller bites and chew food while eating. It is recorded that there have been some choking incidents when he has not chewed his food properly. The support plan identifies that KN needs to be encouraged to drink regularly throughout the day and requires support from staff to ensure his chair is in an upright position. KN has a modified diet, with food mashed down or finely chopped with gravy or sauce; foods which should be avoided are also included such as stringy cheese, string beans and hard fruit/salad. Staff are advised to support with choices of food using the visual choice board in the dining room. Care staff are required to check food options due to his allergies. It is recorded that KN may choose options which may negatively affect his health, such as curry or baked beans; staff are advised to promote alternatives and remind him of how they affect his health. There is a separate eating and drinking guidelines sheet provided by the SALT service at Portland College which advises that food should be minced and moist with no separate thin liquid. This contains a section on correct seating and positioning, as well as any prompts or assistance that may be required. There is also a list of foods to avoid.</p>

1.6 People are supported through all stages of life by staff respecting their choices and preferences?	
Person 1:	MG 6024912
Person 2:	CC 6023004
Person 3:	KN 2039682
Observations:	No evidence of DNACPR decisions was observed within people files, however we were advised by management that these considerations have been introduced to new support plans and will be amended in files of existing attendees as they are reviewed. We observed evidence that religious and cultural considerations have been made in setting up the support plan - it is stated in the support plan for KN that his faith is important to him, that he is a Christian and attends church with his parents. Religious and cultural needs have been considered within other support plans, but none were identified.

Standard Two: Keeping People Safe:

People are protected from abuse or the risk of abuse, including financial abuse and the safe handling of their medication. People are supported and needs are met in line with MCA and DoLs / DoLiC requirements.

2.1 Does the service have a set of policies and procedures that appear to be up to date and regularly reviewed?	
Observations:	We observed several policies which cover the whole of Portland College, including the day service. Policies include safeguarding, whistleblowing and supporting with finances. There is a separate Care Manual which covers policies for all aspects of the college, such as infection control, medication, moving and handling and personal care. The policies guide was last updated in March 2022.
2.2 Are the policies and procedures part of the staff induction process and accessible to staff at all times?	
Observations:	We were advised that staff are made familiar with all policies as part of their induction process.
2.3 Does the service appear to have a safeguarding policy which is accessible to all staff and people supported?	
Observations:	<p>We observed the safeguarding policy for Portland College, which covers all aspects of the college including the day service – this was last updated in November 2022.</p> <p>We observed the safeguarding concerns log which contains information about potential abuse – there are currently three people on the log but all relating to external abuse i.e., not at the day service. It contains an overview of the concern, any rationale for not making a full MASH referral (in one case it was stated that his aunt was abusing him by making him get washed and dressed and brush his teeth). It was identified that the person has capacity to make decisions and did not wish to take any further action. A separate section relates to any action required, such as continued liaison with a social worker or referral to SPA for support with anxiety levels which may have resulted in the accusations being made around financial abuse. Anyone on the spreadsheet has a separate file containing running records of the ongoing investigations.</p>
2.4 Do staff have knowledge of the local safeguarding procedure and reporting process?	
Observations:	We observed blank safeguarding forms within the staff office which were clearly signposted on one of the cupboard doors. These could be taken and filled out by staff if they have any concerns and handed to managers to be scanned into their files. There is also a detailed flowchart for making safeguarding referrals hung in the office which all staff have access to. On discussion with staff, it was clear they

	were aware of the safeguarding policy and that it is part of their regular refresher training. Staff advised that, in general, they would raise any concerns with the manager or deputy manager.
2.5 Are staff aware of the Whistleblowing process and reporting arrangements?	
Observations:	On discussion with care staff, it was clear they were aware of the whistleblowing policy and who they would contact if they felt the need to whistle blow outside of the organisation.
2.6 Do care and support plans appear to consider and comply with the requirements of the Mental Capacity Act 2005?	
Person 1:	MG 6024912
Person 2:	CC 6023004
Person 3:	KN 2039682
O con	<p>No concerns reported around capacity for MG.</p> <p>Capacity assessments for people using the service are stored separately from the main support plan. We observed a capacity assessment for CC around choosing meals while at the day service. The assessment provides evidence of the support given to assist the person to make a decision, such as ensuring she is in a quiet environment and providing picture cards to enable the decision around making healthy food choices. All conversations are recorded in detail with evidence to support the decision. In this case it was determined that the person receiving support had capacity to make their own decisions around meal choices.</p> <p>We observed a capacity assessment for KN around choosing meals while at the day service as it has been recorded that some options, such as curry and beans, have a negative impact on his health. There is evidence that the person making the decision was support using an iPad with symbols on to enable him to make an informed decision. It was determined that the person had capacity to make his own decisions around meal choices, however staff are advised to encourage him to make choices which don't affect his health.</p> <p>We observed a separate capacity assessment for KN around managing finances while at the day service. The assessment again provides detailed information about conversations had and what support was provided to support the person making the decision. The person was again taken to a quiet area of the day service with minimal distractions and provided with pretend money to support them to try and evidence their understanding. An iPad was also utilised to see if pictures would support the person to understand. It was determined that the person did not have capacity to manage money at the day service and so an appropriate best interests decision was made to support the person with finances while at the day service or out in the community.</p> <p>Mental capacity assessments were detailed and in line with the mental capacity act, although the two assessments observed at the audit were due a review to ensure they remain relevant.</p>
2.7 Where the person is subject to restrictions, they must be authorised under the Deprivation of Liberty Safeguards (DoLS) / Liberty Protection Safeguards (LPS) using the least restrictive measures and reviewed accordingly.	

Person 1:	MG 6024912
Person 2:	CC 6023004
Person 3:	KN 2039682
Observations:	We were advised that no people using the service currently have a DOLiC in place – we were advised that they had previously requested one for a person attending the service, but the person was ultimately deemed to have capacity.

2.8 Are People protected from financial and material abuse?

Person 1:	MG 6024912
Person 2:	CC 6023004
Person 3:	KN 2039682
Observations:	<p>We were advised that the day service will support with managing small amounts of money when attendees are going on community access trips. Life skills groups will support with money management. People using the service are supported and encouraged to pay for buses and for activities themselves while out in the community.</p> <p>It is stated within the support plan for MG that he would like staff to support him with his money by checking it twice day and keeping it safe in a locked cabinet.</p> <p>The support plan for KN states that he does not have capacity to manage money independently at the day service. A separate mental capacity assessment and best interest decision has been completed which states that he will have support from his allocated 1:1 staff member if any assistance is required around managing cash while at the day service or out in the community.</p>

2.9 Does the service have robust systems in place to manage medication and health needs effectively?

Person 1:	MG 6024912
Person 2:	CC 6023004
Person 3:	KN 2039682
Observations:	<p>It is recorded within MG’s support plan that they do not receive support with medication while at the day service.</p> <p>We observed the file for CC which advises that she has PRN paracetamol and ibuprofen at the day service when needing pain relief, as well as E45 cream if required.</p> <p>There is a detailed section with KN’s support plan which explains that he has epilepsy and that his seizure activity is unpredictable. The support plan states that seizures can last 2-3 minutes and that an ambulance should be called if lasting more than 5 minutes. The support plan includes potential triggers, such as severe pain, and provides guidance on how to support following a seizure, such as being supported to a quieter area of the day service. It is stated that KN carries an epi pen at all times due to the potential of anaphylaxis. A separate allergic reaction plan is included in the support plan.</p>

KN has a separate physiotherapy management plan which provides guidance on exercises, changes of position and reducing skin marking/edema.

There is an epilepsy support plan which has been put in place by Portland College which requests that any seizures are recorded. There is also an Allergic reaction plan created by Portland College which states what allergies he has, what a mild reaction looks like and what a severe reaction would look like, as well as detailed information around how to support in the case of a reaction.

We observed MAR charts for all people who have support with medication at the day service – these are handwritten and kept within the medication office which always remains locked. We were advised that some medication is stored at the day service, while the majority is brought to the day service and signed in and out each day. MAR charts were seen to be completed accurately and signed by two members of staff. PRN medication was included within the MAR chart when required. We were advised that staff are in the process of updating the MAR charts, so some MAR charts contain a front page with additional information about the person receiving support, such as medical conditions and allergies, as an addition to the main support plan.

Standard Three: People who use services are supported by competent staff:

People are supported and cared for by competent staff who are suitably recruited and sufficiently inducted and trained to provide them with the knowledge, skills and experience to be competent and professional.

3.1 Does the service have regular supervision and appraisals arrangements in place for staff in line with Policies and Procedures?

Observation:	We observed evidence within staff files of regular supervisions and appraisals. On discussion with staff it was evident that they felt well supported through supervisions and felt able to discuss any issues or concerns they needed to raise.
--------------	--

3.2 Does the service have a robust induction process including a training matrix in line with people's assessed need.

Observation:	<p>We observed a staff induction timetable which lasts a week and includes training sessions around safeguarding, dysphagia, moving & handling and eating and drinking awareness, with different trainers for each course. There is a list of additional training, including mental capacity and autism awareness, which is expected to be completed online within four weeks of the start date.</p> <p>We observed the staff training matrix for all staff within the day service, which shows that all mandatory training is up to date. The training matrix has dates for when upcoming training is required and is colour coded (Red/Amber/Green) when training dates are upcoming.</p>
--------------	---

3.3 Do the staff files evidence the following?

Staff File One:			
Date of Application / CV:	Not dated	Comment:	
Date of Interview Form:	08/04/2022	Comment:	We observed evidence of interview questions with appropriate notes and a scoring system (0-3)
Reference One	Brandon Trust, People Service Department	Comment	Contains employment dates only
Reference Two:	Jakes Lawson	Comment	Character reference due to no previous employment
Date of DBS:	23/04/2022	Comment	
DBS Risk Assessment required	No	Comment.	

Right to Work Documentation Received:	Yes	Comment	Passport – scanned, dated and signed to say the original has been seen
Contract Start Date:	25/04/2022	Comment	

Staff File Two:			
Date of Application / CV:	Not dated	Comment:	
Date of Interview Form:	Insert date	Comment:	Includes 'Citizen Panel' interview where attendees of the service have a chance to ask questions
Reference One	Sally Wells, Respectful Care	Comment	Employment dates only
Reference Two:	Connor Ramm (Fosse Healthcare)	Comment	Employment dates only
Date of DBS:	07/02/2023	Comment	
DBS Risk Assessment required	No	Comment.	
Right to Work Documentation Received:	Yes	Comment	Passport – scanned, dated and signed to say the original has been seen
Contract Start Date:	25/04/2022	Comment	Contract offer included in staff files

Staff File Three:			
Date of Application / CV:	Not dated	Comment:	
Date of Interview Form:	22/03/2023	Comment:	Includes 'Citizen Panel' interview where attendees of the service have a chance to ask questions
Reference One	Dawn Thomley (Care Home Manager)	Comment	Includes dates of employment and scoring system from 1 to 5 based on their strengths.
Reference Two:	Bonnie Testro (Childminder)	Comment	Includes dates of employment and scoring system from 1 to 5 based on their strengths, as well as sections of free text to elaborate reference questions as required.
Date of DBS:	25/05/2023	Comment	
DBS Risk Assessment required	No	Comment.	
Right to Work Documentation Received:	Yes	Comment	Passport – scanned, dated and signed to say the original has been seen
Contract Start Date:	17/04/2023	Comment	Contract offer included in staff files
Observation:	We observed all documentation which contained evidence of appropriate pre-employment checks, although application forms are not dated.		



Standard Four: Services are managed effectively:

People receive high quality care through an effectively managed service. The provider/manager takes responsibility, is accountable for their actions, and has an effective system for identifying, assessing and monitoring the quality of the service provision.

4.1 Does the service have an allocated Manager that is registered (if applicable)?

Observation:	Matt Gallagher is the day service manager, with Kerrie as the deputy manager who started in post in November 2022. Day services are not currently registered with CQC. On discussion with staff they made it clear they felt the management team was supportive and approachable. The deputy manager stated that she had worked for the service for a number of years and the scheme manager had encouraged and supported her into the deputy position.
--------------	---

4.2 Does the service have robust rostering system and appear to have adequate staffing levels and an out of hours /on-call system in place?

Observation:	We observed a staff rota which evidenced adequate levels of staffing throughout the week. This highlights which staff will be covering each activity room and when community access is planned, as well as where one to one support is required. There is no out of hours cover in place as the service closes when people are not on site. We observed a detailed handover sheet which is provided to care staff each day and includes 'general information for all staff' (e.g., reminders to label food items, ensuring the COSHH cupboard remains locked) and 'general citizen information, which includes any updated information about people who have attended the service, such as health issues, temporary changes to medication or routines and concerns around behaviour.
--------------	--

4.3 Does the service have an up-to-date Business Continuity Plan that is regularly reviewed?

Observation:	We observed the critical incident and business continuity plan for Portland College, which covers all services on the campus including the day service. There is a Primary Response Team which is responsible for strategic and operational decisions across the campus. The policy contains contact details for all relevant people involved and external agencies, as well as methods of communicating any updates to people attending the college and families. The policy last had an interim update in November 2022 and was due a review in May 2023.
--------------	---

4.4 Does the service have a system to obtain feedback from People / Family / Professionals?

Observation:	<p>We observed annual satisfaction surveys which have been completed by people using the day service. There are pictures included on the surveys to support people to understand what is being asked. It is signed and recorded where the answers have been written down by someone else, such as a staff member.</p> <p>There is evidence that survey responses have been considered and there are actions noted at the end where negative responses have been received. In one instance the person receiving support had raised concerns about other attendees being noisy and making them feel uncomfortable, so it was noted that this would be fed back to staff members for them to monitor when he is in their group.</p> <p>We observed the results of the most recent Portland Voice survey which was completed between January and April 2023 and covers all people who use the college service, including supported living and short breaks. The day service results showed that 74% of people using the service rated their experience as 'good' or 'very good' (although 22% of responses were blank).</p> <p>We were advised that there are monthly meetings where groups of people using the service will get together with staff and discuss what is going well and where they feel improvements could be made. Trackers are then stored online so that office staff can monitor any changes that are being implemented. We observed a 'You Said, We Did' display in the main entrance which displayed any changes that have been made as a result of these meetings.</p>
--------------	---

4.5 Does the service have effective systems in place to identify, analyse and respond to complaints, safeguardings and concerns?

Observations:	<p>We observed the Portland College Complaints, Concerns, Compliments and Comments policy, which is reviewed annually and last updated in 2020. This includes information about how feedback can be obtained, processes for responding to feedback and timescales for providing feedback to the person making a complaint, depending on the seriousness of the issue. It is recorded that complaints statistics are compiled for the whole college and reviewed at least annually by senior leadership to monitor any concerns and trends.</p> <p>Complaints records are saved centrally by Portland College, but the day service can access these records at any time to monitor progress and outcomes. We observed examples of concerns relating specifically to the day service – in one case concerns had been raised about the behaviour of one attendee to another. There are sections with detailed findings and then recommended actions – in this instance it was decided that two people using the service would be kept in separate groups to reduce the risk of challenging behaviour.</p>
---------------	--

4.6 Does the service have a quality assurance procedure with evidence of regular self-audits with ensuing actions?

Observation:

We observed the most recent internal quality audit last, completed in November 2022. This is modelled on the previous Nottinghamshire County Council audit tool and includes evidence of good, as well as raising actions to be followed up.

NOT FOR HOME CARE

Standard Five: Environment is safe and homely:

People live in an environment which is clean, safe and personalised.

5.1 Is their evidence of robust Infection Prevention Controls measures in place? (Not applicable for Home Care)	
Observations:	There is a cleaning team for the whole college including the day service. We were advised that cleaning is generally completed in the morning before attendees arrive, but respond quickly throughout the day if additional cleaning is required. We observed communal bathrooms which were always cleaned throughout the day and with adequate supplies. Larger bathrooms used for personal care were clean and in good condition. We observed adequate PPE supplies within the service and is generally used only when supporting with personal care tasks.
5.2 Is their evidence of H&S poster with current responsible individual?	
Observations:	We observed a health and safety poster in the main corridor with the name of the person responsible for health and safety for the whole college. We were advised that a member of day care staff will act as a representative and attend any health and safety meetings to raise any concerns they may have within the service.
5.3 Does the service have evidence of fire safety practices and procedures and up to date PEEPs?	
Observations:	<p>We observed PEEPs within all files of people using the service which contains information around mobility needs, hearing needs, visual needs and the level of support required to evacuate. PEEPs are person centred and contain additional considerations (such as anxiety or becoming agitated) which may require additional reassurance from staff. All PEEPs have been recently reviewed and are scheduled for review in early 2024.</p> <p>Additional scenarios have been considered such as when an individual is on a change bed when there is an alarm. The estates team has a schedule of when they complete fire drills which generally take place monthly. The estates team will test the fire alarms on a weekly basis and will usually aim to do this outside of operational hours to prevent distress to people who use the service and may have sensory needs.</p>
5.4 Is their evidence of environment and equipment being maintained regularly and fit for purpose?	
Observations:	We were provided evidence of an inspection certificate for the ceiling track hoist in the changing room, completed in March 2023 by Beaucare Medical Ltd.

	Equipment within the centre, such as sensory lights, computers and other interactive technology was seen to be in good working order. Any issues with equipment are reported to the estates service within Portland College.
--	--

5.5 Is their evidence of regular building H&S checks?
Evidence of:

Gas Certificate	Date:	Requested
Electrical Certificate	Date:	31/10/2022
PAT Certificate	Date:	Requested

Observation:	All health and safety certificates are kept centrally by the Portland College team – evidence of gas and PAT certificates has been requested.
---------------------	---

5.6 Does the Service have a current legislation compliant Fire Risk Assessment?

	Date:	Requested from the health and safety team
Observation:	<p>We observed the risk assessments which are in place for each activity room within the centre; these state that fire evacuation drills are to take place every 6 months.</p> <p>We were advised that Portland College has a health and safety manager who is responsible for all fire tests and checks – we were advised that fire alarm tests are completed weekly but tend to be outside of operational hours as the alarm can be disturbing for people attending the service who may have sensory needs. We were advised that two fire extinguishers have recently been replaced – this is carried out by an external team contracted to the college.</p>	

5.7 Do the service have a maintenance schedule and a system to report, record and monitor repairs?

Observation:	There is a central hub within Portland College which takes referrals for any repairs which need doing; these requests are RAG rated by the estates team and prioritised as appropriate. The team within the day service can log-in at any point to check on the progress of any requests that have been made. The college has contact with contracted electricians, plumbers and gas specialists who are on call 24 hours. The day service was seen to be maintained to a good standard.
---------------------	--

5.8 Does the service have a system for reporting, recording, escalating, and managing incidents and accidents (RIDDOR)?

Observations:	Accidents and incidents are reported via the central College team who complete the investigation; the day centres managers have access to these records for monitoring purposes and will receive an online alert if there are any updates. There is a monthly health and safety meeting held for the whole college and the day service will send a representative who will feed back any updates.
----------------------	---

Summary of Findings

Positive Feedback

- Support plans are person centred and provide detailed information about the person's routines and preferences while at the centre
- Staff spoke positively of their experience of working at the day service and said that they felt supported by the management team.
- The service was seen to have many activities tailored to the specific needs of the people attending the service. Additional effort has been put in place for those who may have additional sensory needs.
- Internal surveys show a majority of positive responses around the experiences of people attending the service.
- Staff were seen to be positive about their roles within the day service and we observed numerous positive interactions throughout the day between staff and people using the service.

Areas of Concern:

- Ensure application forms are dated
- Ensure capacity assessments are reviewed and updated if required
- Some documents still required from the central team within the college.

Outcome

Sign Off

Quality and Contracts Manager	Lisa Swift	Date	14/07/2023
-------------------------------	------------	------	------------