

St John's School & College Framfield House

Inspection report

63 Sutton Avenue
Seaford East Sussex BN25 4LN
Tel: 01323 872940
Website: www.st-johns.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 30 March 2015 and was unannounced.

Framfield House is registered to provide accommodation and personal care for a maximum of nine adults with learning challenges and some behaviours that challenge. The young people all attended the Provider's nearby school or college and were referred to as "learners." Relatives told us, "X receives quality care at Framfield and is encouraged to develop and grow as an individual."

The service had a registered manager. 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 2008 and associated regulations about how the service is run.

All learners were able to communicate verbally to some degree. At the time of our visit there were eight permanent residents. The house comprised three stories and a basement and there were ten bedrooms in total.

Learners told us they felt safe with the care staff and there were sufficient staff to meet people's needs. Staff had received the necessary training to recognise signs of potential abuse and knew what to do if safeguarding concerns were raised. There was evidence of discussions

Summary of findings

and joint decisions about the use of restraint. Staff had the required competency to meet people's needs. Staff received on-going supervision and appraisals to monitor their performance and development needs. Relatives told us they felt safe with the number of staff on duty. Medicines were sourced, stored and administered by trained staff and recordings around medicines were accurate.

Staff told us they had a good induction and were given on-going relevant training to help them achieve the best outcomes for people. Learners at the service all had capacity to make decisions, but staff were aware of the Mental Capacity Act 2005 and understood its implications. Learners were able to give consent and were fully involved in care planning. Staff told us, "It's a lovely home and it's their home." Staff we spoke with had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted.

Staff talked about people in a caring way and they were very respectful. They knew people and their needs well and were able to describe to us the support people required and how it was provided in a way that met their individual needs. Relatives were happy with the way the service supported their loved ones.

There was clear input from learners in care plans around the writing and review of a range of risk assessments to keep them safe. Learners were involved in planning the menus and received a balanced and nutritious diet. Specially tailored menus were provided for people with specific dietary needs. Learners' day to day health needs were met either with the support of relatives or staff at the service who made sure all external healthcare appointments were arranged and attended.

The provider operated a key-worker system and staff knew the learners and their needs well. Learners were actively involved in all aspects of their care planning and were encouraged to attend weekly learner meetings to organise menus and activities. There was also an annual Learners' Voice Conference where they could raise concerns or suggestions. Learners were encouraged to be as independent as possible both in the service and out in the wider community.

Records showed that the Care Quality Commission (CQC) had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

Relatives told us there was good two-way communication staff and the manager was very approachable. The provider took account of feedback from learners, their relatives and staff to drive improvement and ensure the quality of the service.

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?

The service was safe.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the safeguarding team.

There were adequate numbers of staff to provide learners with the appropriate support to meet their needs.

There were systems in place to ensure that staff were suitable to work with people who used the service.

People were kept safe by risk assessments which were regularly reviewed.

Good



Is the service effective?

The service was effective.

Staff had appropriate induction, regular update training and were supported to obtain further relevant training to support them in their role.

Learners were involved in all decisions concerning their care.

Learners were involved in weekly meetings to decide on menus.

The service supported learners to keep health appointments and arranged for health professional visits if necessary.

Good



Is the service caring?

The service was caring.

Learners were treated with kindness and their privacy was respected.

Learners were fully involved in developing their support plans and encouraged to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

Learners' care plans were very individual and developed to support their development.

Learners were supported to maintain relationships with people that mattered to them.

Learners were supported to complain if they needed to and felt they would be listened to.

Good



Is the service well-led?

The service was consistently well-led.

There were quality assurance systems in place to drive service improvements.

Staff held a clear set of shared values based on respect for people they supported. They promoted learners' preferences to help them be as independent as possible.

Good



Framfield House

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 30 March 2015 and was unannounced.

Because of the small size of the home the inspection team was made up of two Inspectors.

Before the inspection we looked at information provided by the local authority including the Quality Monitoring

Team. We reviewed records held by the CQC which included notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the home including previous reports, safeguarding notifications, complaints and information received from members of the public.

During the inspection we spoke with the manager, three staff, and two learners. We looked at records, including three support plans, daily records, activity charts, risk assessments, medicine records and observed care throughout the day. We also looked at five staff recruitment files, records of staff training, supervision and appraisal. After the inspection we spoke with three relatives and contacted two healthcare professionals attached to the college.

Is the service safe?

Our findings

Learners at the service felt safe. One told us they felt safe as, “There is always someone around.” One relative told us, “It is a very safe environment for them.”

Staff had a clear understanding of safeguarding, including the service’s own policy. They knew what constituted abuse and told us they would not hesitate to report it. They were also aware of the whistleblowing policy and told us they would feel confident that they would be taken seriously and treated fairly if they needed to report anything. We saw notices prominently displayed in the entrance hall with contact details for the local safeguarding team. The provider had their own safeguarding leads and this included two nurses who were attached to the school and college.

Recruitment processes were thorough and included procedures to ensure that the learners were kept safe from the risks of unsuitable staff. This included the obtaining of two relevant references and applying for Disclosure and Barring Service (DBS) checks to ensure people did not have previous criminal records which might affect their suitability as employees. Checks were also carried out to confirm potential staff members’ identities and interviews included a section around safeguarding.

There was a keyworker system in place and they used a system called behaviour watch to record and monitor incidents and learn from them. This was an all- electronic recording system, using Antecedent, Behaviour, Consequence (ABC) forms on the system. The provider was able to look at how staff managed situations and provide support and debriefing sessions to them as needed.

Learners were supported to be as independent as possible. One person who visited an out of town relative regularly had mobile phone contact during the trip with their keyworker to ensure they were safe and did not get lost. This was underpinned by extensive risk assessments within support plans. Risk assessments were thorough, comprehensive and practical and addressed a range of behaviours that were not respectful or acceptable. Assessments were completed with detailed individual information including triggers for behaviour and coping mechanisms.

Fire drill notices were displayed in symbolised versions which meant that people with limited reading ability would be able to make their way to safety in the event of a fire. Staff told us there were fire bell tests every week and a fire evacuation drill each term. These were recorded and reviewed for possible improvements.

Emergency lighting and fire equipment was serviced and tested regularly and all staff had signed to show they had read the fire policy. Learners’ care plans included sections entitled ‘Protection Plan’, considerations around DoLS and Personal Emergency Evacuation Plans (PEEPs). This ensured that in the event of a fire or other emergency staff were aware of what support learners needed to get them to safety quickly.

Antecedent, Behaviour and Consequence (ABC) forms were completed by staff following any incident or accident. These were used in reflective practice to consider ways to prevent, diminish or re-direct behaviours that challenged.

Medicines were stored securely and administered safely by trained staff. Medicine Administration Record (MAR) sheets were accurate and completed correctly. There were no controlled drugs in use at the time of our inspection but staff knew how to store, record and administer them safely if the need arose. The sourcing, management and auditing of medicines was carried out by nurses attached to the service’s school. Homely remedies and as required (PRN) medicines were subject to written authority of the learner’s GP. On trips out, learners medicines and MAR sheets were taken by the accompanying staff to ensure the safe administration of medicines.

There were two dedicated cleaners employed each day who worked to schedules. These were overseen by a senior support worker who made sure that safe levels of hygiene were maintained throughout the house.

The service had a policy in relation to missing persons. The priority was their “safe return.” Any learner who went missing unexpectedly was treated as a missing person and subject to an individual assessment. If it was considered necessary the police would be informed and provided with a list of contacts, places frequented, GP and dentist details, and current medicines. Learners were offered support on their return.

Is the service effective?

Our findings

People we spoke with were happy with the support they received from staff, particularly their keyworkers. Relatives told us that staff had been effective in supporting learners to become more independent and manage their health challenges. One relative said “The staff have been very good at supporting x in challenges with their weight. They have been using a special slimming diet cook book with them.”

Staff told us they received good inductions, particularly in relation to the personalities and support needs of the learners. They received all appropriate training including safeguarding, MCA and DoLS and were supported to attain further qualifications specific to the needs of their key learner. Subjects available included Autism and Pathological Demand Avoidance Syndrome. They were knowledgeable about the learners individual support needs and well informed about safeguarding. One told us, “The best thing about working here is feeling you can make a difference.” Another said, “We see vast improvements in young people.” Staff had weekly team meetings and told us they felt listened to. Staff file showed they received regular supervision with their seniors.

We observed staff interaction with one learner who was waiting for a lift to go into town. They were chatting amiably and the staff member was encouraging the learner who was playing a computer game at the time. Another person who was still in bed was being gently encouraged to get up as they were also going out. The manager said this person may require two support workers, so they were waiting for one support worker to return from taking other learners out. She told us that while one to one support was fine in the house, they wouldn't take the risk on a trip outside. This had all been subject to a risk assessment agreed by the learner and recorded in their care plan.

She told us that learners sometimes displayed behaviours that challenged. This was usually verbal but in the case of two learners this was occasionally physical and staff were all trained to support learners through this by de-escalation, diversion or sometimes avoidance. While it was always a last resort, where physical intervention was considered, it was part of the learner's care plan, and had been discussed and agreed with the learner and their parents or guardians. All staff had been appropriately trained for this. More generally, the service used reflective

behaviour forms to record incidents of disruptive behaviour. Following discussion with the learner sanctions would be agreed, such as restrictions on time for on-line computer games, with their consent.

Support plans were detailed around communication. They dealt with learners' particular attention and listening skills and how they were affected by mood and fatigue levels. Support workers were encouraged to pay attention to body language and facial expressions and taught methods to help learners manage their emotions. Newer members of staff received support from support workers who were more experienced and skilled. Support plans stated that learners should receive, “Support from team who are experienced and skilled in working with people who have learning disabilities and communication difficulties.” Staff had received training in various disciplines to achieve the best communication with learners. Some learners needed visual information such as widget symbols, PECS or photos as well as verbal to achieve effective communication.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager told us they had not submitted any applications to the local authority for DoLS as all of the learners had capacity. The service's MCA policy was based around the presumption of capacity, but also dealt with best interest meetings, Independent Mental Capacity Advocates (IMCAs) and “least restrictive options.”

The manager told us that where possible the service always involved the learner in reviews and important decisions affecting their support plan or life in general.

House meetings were held weekly to discuss meal choices. One learner was responsible for drawing up the menu each week. This was managed to take account of learners' specific dietary needs. There was a record kept of all people's allergies, including staff. One learner with a specific allergy had a tailored calorie rich diet. Another learner with a specific dietary issue was being supported to make the condition more manageable. The condition required that they had their blood taken weekly and followed a specialised diet. The service had involved a dietician in their care planning and arranged relevant training for staff. Records showed that this regime was having positive results.

Is the service effective?

The service supported learners to keep medical appointments. Many maintained their regular home GP appointments with their parents. Health was monitored by the service and referrals made when necessary. One

relative told us staff identified health issues quickly and made appropriate referrals. They said, “Staff at the home picked up on an eyesight problem we weren’t aware of and arranged for x to see the optician.”

Is the service caring?

Our findings

We observed relaxed conversations between learners and staff. They knew learners very well. Learners we spoke to told us they got on well with the staff and were involved in planning their activities and daily life.

Staff talked about people in a caring way and they were very respectful. Staff had a good knowledge of people and their needs and were able to describe to us the support people required and how it was provided in a way that met their individual needs. Relatives told us they were happy with the way the service supported their loved ones. One said, “They manage to be friendly, while remaining professional and setting clear boundaries.”

Support plans showed clear evidence of learners’ involvement in planning care and reviews in areas such as Positive Behaviour Support plan, Reports and Reviews, Learner Support Plan and Learner Essential Information. They also identified areas where support was needed to enable learners to be independent safely, including triggers to behaviour changes and how staff should support them. People we spoke with told us they were always involved in their support plan and reviews however we saw in one support plan that there was no evidence to confirm this. There were spaces for the learner to sign to say they had agreed to what was written but these were blank.

Learners supported by the service had range of needs and their plans showed the staff knew them all well and were sensitive to their needs. Learners who had the skills to be able to live independently but were unable to do so for social reasons were supported to be independent. One visited a nearby town on their own. Some learners stayed in contact with their family via mobile.

Minutes showed that house meetings were held weekly where learners discussed meal choices and each week one learner drew up the menus. They also discussed activities, concerns and any issues. The manager told us they were looking at developing this to enable learners to discuss how they think their week went, including how they felt about the support provided by staff.

The ethos of the service revolved around the aims ‘Empowering voice, enabling choice’. Staff aimed to prepare people for total independence, or enable them to become as independent as possible by structured support plans and keyworkers who knew them well. Two of the learners were fully independent and able to go out unaccompanied.

Learners’ independence, privacy and dignity were given appropriate consideration and the service’s policy on Personal Relationships and Sexuality stated that the service had a “duty of care to ensure students’ rights and freedom of choice are maintained, whilst protecting them from abuse.” In this way learners’ independence were promoted and privacy respected while maintaining their safety. Care plans included a section titled ‘Pathways to Independence.’ This was a checklist of self-help personal and social skills including areas from laying the table for dinner to personal care, managing money and going out unaccompanied. We saw that staff were respectful in always knocking and waiting for a response before entering someone’s room or not entering when that was what the learner wanted.

Guidance within support plans showed that that staff were knowledgeable about each learner and sensitive to their needs. Examples of this included, “Requires support and assurance from staff when in situation of frustration and anxiety” and “Ability to get on with others, enjoys interacting, ability to build strong bonds with peers.” The latter carried the advice to staff, “Ensure interaction with other learners is monitored, to clarify the other learners’ desire to be friendly.” This helped ensure other learners’ space and dignity was respected.

Support plans contained people’s likes and dislikes and social needs. For example, one learner’s support plan recorded they liked to share most things but not their x-box. Another’s stated that they liked to go out into Brighton to see their girlfriend fortnightly and were supported to do so. Learners told us they were supported to be independent. One said, “We decide most things that we want to do.” This demonstrated that learners were supported in line with their preferences.

Is the service responsive?

Our findings

People were called 'learners' following discussion with them and had been referred to the service by local authorities following careful pre-assessment and visits.

We spoke with one learner who told us they liked their room. They had posters up that they had chosen. They told us they spent their time mostly doing what they wanted. They also told us they liked cooking and made a good curry. Some learners had helped re-decorate their own rooms; others had been involved in choosing the décor.

Each learner had their own Individual learner risk assessment profile. Learners told us they built up relationships with each other and kept an eye out for each other. The service applied a risk matrix to assess risk areas where learners might be vulnerable. This was to minimise the risk of bullying, peers encouraging inappropriate behaviour, e-safety risk - from people on social media - forming unhealthy relationships with people and damage to property. Staff were all aware of these areas.

Support workers told us they would offer support and guidance as appropriate, such as encouraging learners to move away from peers if necessary. The service closely monitored social media use, restricting its use to half hour a day for some learners where risks around social media were identified as high. This policy had recently been reviewed and was subject to regular three monthly reviews or more frequently if there were any untoward incidents.

The timetable of learner activities was displayed in symbolised format so that everyone was aware of the opportunities available including computer based activities, film and music club, skiing on a nearby artificial ski-slope and ten-pin bowling. There was also a clear easy-read display telling learners what day of the week it was and what the weather was like. This helped the learners choose what they were going to wear and what activities they would be involved in that day. This supported them in being independent. There was also a bus timetable displayed for people and in particular for one person who liked to visit an out of town relative regularly.

One learner was elected as the learner governor and attended meetings as student representative. They had been voted in to the post by learners at the college

affiliated with the service. The service also held an annual 'Learner Voice Conference' for all to attend and express themselves. This showed that the provider took account of learners' concerns, suggestions and complaints.

Learners were supported in learning self-care skills such as clothing and dressing, personal hygiene, bedtime, sleeping and planning meals to accommodate learners' eating and drinking likes and dislikes. When the provider redecorated rooms some learners helped and picked colours of their choice. Learners were able to make their own hot or cold drinks whenever they wanted.

Care plans were subject to detailed termly review to monitor suggested or required improvements or additions. They were supported by weekly entries, key-worker monthly reports and an annual report to re-examine objectives with suggested aims such as 'develop x's everyday language and communication skill', 'develop ability to arrive at school punctually' and 'develop x's literacy, numeracy and phonological skills.' Ways of achieving the objectives were discussed with the learner by their key-worker.

Learners' care plans were very individual and developed to support their development. Learners were involved in writing this support plan. One person's care plan included a transition plan towards living at home and their expressed vocation of working with animals. A three year education plan had been developed to underpin this aim. Each learner had an individual learning plan. This included targets such as accessing social activities, improving social skills, gaining support for voluntary employment, improving communication skills and becoming as independent as possible.

In order to support learners and improve their daily interaction with people and the world at large the service employed Occupational Therapists who specialised in Sensory Integration Therapy.

The therapy is based on the idea that some people struggle to receive, process, and make sense of information provided by the senses. Therapists assess a person's sensory difficulties and then develop a personalised treatment programme in which they use the most appropriate techniques and tools to overcome those difficulties.

The service also had a Positive Behaviour Policy designed to help learners develop more appropriate behaviour and

Is the service responsive?

skills to improve their quality of life. The service were committed to life principles that their staff should promote, including Dignity and Respect, Individuality, Community Presence, Rights, Choice and Independence. Their aim was to 'understand and reduce the frequency of challenging behaviour,' and ensure the person had every opportunity to progress on their learning pathway and improve their quality of life.

Learners who were approaching employment age had a work skills assessment and their education was tailored to support them. This was completely voluntary. One learner had embarked on a Diploma course in BTEC in Construction but did not have to continue if they didn't want to.

The service responded to people's needs as individuals. One relative told us, "X has some dislikes around food. When he was unwell, the staff made him toasted sandwiches as he likes them a lot."

The service had a complaints policy which detailed a process for dealing with formal and informal complaints. All were logged and formal complaints were acknowledged within five days. There was an escalation process if people were satisfied with the response, culminating in an appeal to the governing body. All complaints were collated and subject to auditing and analysis. Complaints forms and the procedure were both displayed in easy-read symbolised format.

Is the service well-led?

Our findings

The organisation which runs the service is a charity which has been in existence for 126 years as an organisation. Framfield House been open for 12 years. It was used previously for children services but now supports young adults. The service's statement of purpose was 'provide a warm, homely, caring and supportive environment to people with learning disabilities aged 19 and over who attend St John's College for their educational placement.' This was clearly evidenced on the day of our visit and from conversations with learners, staff and relatives.

The service in its present format had only been open since September 2014. Satisfaction surveys had been sent out to relatives and they were still waiting for the results. Relatives told us, "The home is well-managed. There is an open door policy and good communication via texts or e-mails." Another said, "I am very impressed with the way the home is run. There is good communication between the home, school and us."

The service had a policy to send a survey out to relatives on an annual basis and keyworkers contacted relatives weekly or more often if there was a problem. Relatives told us they felt listened to. Following a call from their parents, one person's bedtime routine was changed to make it the same as when they were at home.

Learners were involved in weekly meetings. Staff recorded discussion and actions points from those meetings. We saw that the provider had addressed action points from previous meetings, such as reviewing night time staffing arrangements. Learners told us that their suggestions were always put in place as long as it was practical.

The service had a registered manager. 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 2008 and associated regulations about how the service is run.

Staff told us they were informed of any changes occurring at the service and policy changes. This meant that staff received up to date information and were kept well informed. Staff told us there was an open culture and they could talk to the registered manager about any issues. Staff told us that the manager was very 'hands on and approachable.' Another said, "The support the team all give each other is the best thing about working here." Staff had weekly meetings and the minutes were recorded so that issues raised which needed action could be checked. Staff were aware of their responsibilities and work they were accountable for. They demonstrated a clear understanding of what was expected of them.

A senior member of staff gave a clear account of their role and responsibilities to include providing support to people who used the service, supporting staff through mentoring and supervision and completing rotas to ensure adequate staffing levels. They told us the registered manager was always available to them including out of hours and always responded to issues they reported.

Staff were aware of the service's whistleblowing policy that was available to all staff. They told us they would not hesitate to report any concerns they had. Records showed that all staff had signed to say they had read the whistleblowing policy. We found the provider and staff shared a clear set of values. Staff demonstrated a caring attitude and spoke respectfully about the people they supported. Staff understood the need to promote people's preferences and work with them to become as independent as possible. One staff member told us, "We see vast improvements in young people."

CQC had been informed of reportable incidents as required under the Health and Social Care Act 2008. The registered manager demonstrated she was aware of when CQC should be made aware of events and the responsibilities of being a registered manager.

We saw evidence that care plan reviews were audited with comments such as, "Please review learner targets, please ensure you are monitoring targets."

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.