

St John's School & College

College View

Inspection report

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09 December 2022

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

College View is a residential unit providing accommodation and care to young adults aged 19 to 25, who have a wide range of complex learning disabilities, such as autism and related autistic spectrum conditions (ASC) and who have special needs resulting from behavioural, emotional and social difficulties (BESD).

College View is based on the St. Johns School and College campus and is a 52 week a year service, meaning that people can live at the service all year round. The service is registered to provide accommodation for up to 10 people and at the time of our inspection, there were five people living there.

People's experience of using this service and what we found

People and their relatives told us they felt safe being supported by staff and that staff had the skills and experience to support them appropriately. One relative told us, "We are very happy with the staff that look after our [relative]. He has only been there since September and the transition was handled beautifully with short notice. All information was passed on with social stories, via videos and school staff. During August we were given the opportunity to visit, to enable him to see his accommodation at his own pace and he's been allowed to decorate his room. He loves the tea parties and socialising with friends. He calls every morning to say hello and is being helped by the staff to use the telephone himself."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture.

Right Support: Model of care and setting maximises people's choice, control and Independence

People were supported by staff to work towards their individual goals and objectives. One relative said, "We're happy with communication and feel very reassured. There seems to be enough staff and we know who to contact with any issues should they arise. [Our relative] comes home at weekends, but is happy to go back and seems to have settled in well. The staff are aiming for increased independence with lots of small things, but all are critical." During their stay at College View, staff encouraged and supported people to live as independently as possible and to have control over their lives. People were encouraged to express their views using a variety of communication methods and staff actively sought feedback which was discussed with individuals.

Right Care: Care was person-centred and promotes people's dignity, privacy and human rights. People who used the service and their relatives told us they felt supported by kind and caring staff. Staff knew people well and ensured they were supported with their social and care needs in a person-centred way.

Right Culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The culture of the service was open, inclusive and empowered individuals to express their views on how the service was run. People and relatives told us they felt confident and were supported to manage potential risks, for example when they accessed the local community. People and their relatives were complimentary of staff and the leadership of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating was for this service was Good (report published 30 January 2020).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and care delivery. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

We undertook a focused inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for College View on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

College View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

College View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. College View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 7 December 2022 and ended on 9 December 2022. We visited the service on 7 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed interactions between staff and people. We spoke with six members of staff including the nominated individual, the registered manager, administration staff and support workers. We looked at five care plans and reviewed other documentation used in the running of the service, including quality assurance and training records. We spoke with seven relatives over the telephone about their experience of the care provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe at the service. A relative told us, "We think it is a safe environment and as we have been to the house and met the staff, we believe they are keen to learn about our [relative]."
- Staff had received training in how to keep people safe from abuse. They knew how to raise concerns both with the service and to external health and social care organisations. A member of staff told us, "I've done plenty of training around safeguarding. There would be no abuse accepted here, we'd raise it straight away."
- The provider took action to keep people safe. They had worked with the local safeguarding authority to investigate concerns.
- The registered manager had undertaken analysis of accidents and incidents. This included steps they could take to reduce the risk of the incident occurring again whilst acknowledging a person's right to be as independent as possible.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as accessing the community, behaviours that may challenge and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.
- For example, we found clear guidance on how to support people who presented behaviours that could challenge. One member of staff told us, "I'm confident in the training I've had about restraint and de-escalation. We get support from the positive behaviour support team. The safety of the learners is so important, we're here to make sure that happens."
- The provider had systems in place to record and track any incidents of behaviour that challenged. These systems helped staff to drive improvement and monitor patterns or trends, in order to have a better understanding of situations that went well or triggered behaviours that challenged people. This enable staff to assess situations and reduce risks to people's safety.
- This was supported by relatives, one told us, "They have worked hard to get to a good place with [my

relative]. His behaviour is much better since attending College View and minimal restraint is needed, which I know they are keen to do. I have witnessed staff deescalating a situation and felt they used minimal restraint. The staff are open to our reasoning and listen to our perspective, but let us know very quickly if there are problems. They react quickly and send us weekly reports."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.

Staffing and recruitment

- The provider followed safe recruitment practices. This included requesting references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us there were sufficient staff deployed at the service. A relative told us, "There have been issues in the past with not being enough staff, so agency staff have been used, but I have no evidence of the staffing levels affecting my [relative]."
- We observed there were sufficient staff on the day of the inspection and staffing rotas showed that sufficient staff were in place to meet people's needs. People were able to spend time with staff on a one to one basis so that they were in control of which activities they would like to undertake.
- People had their care reviewed regularly in order to establish if staffing levels were sufficient to meet their needs. Staff told us they felt there were enough of them to offer the appropriate support. The registered manager told us, "I work with the recruitment team to enable us to be proactive in recruiting staff rather than reactive. We would only ever bring in new placements if we can meet their needs and have enough staff." Our own observations supported this.

Using medicines safely

- People's medicines were managed in a safe way. A relative told us, "Staff seem to go out of their way to ensure [my relative's] medications are correct. It's the small things that are very important and very caring." Medicines were recorded in Medication Administration Records (MARs) and included a person's allergies, special requirements and a recent photograph to identify the individual.
- Where people were prescribed 'as required' (PRN) medicines, there was clear guidance for staff on when to administer this, the maximum dose and when to inform a healthcare professional.
- Staff had undertaken training and competency checks for the administration of medicines. One member of staff told us, "We've had training and we check the meds every day for any errors."

- We reviewed medicines audits which showed that the management team checked for any potential errors and lessons that could be learnt in relation to medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits for people living in the service in accordance with the current guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were systems and processes for quality monitoring and auditing. Quality audits were undertaken and actions arising were followed up. This ensured good governance of the service and continued service improvement. The registered manager had also developed an additional system of audit that reported into the senior team, and the board of trustees and governors. This enabled senior staff to be aware of changes, performance and improvement at the service.
- Accurate, complete and detailed records were kept in respect of each person's care. When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt. Notifications had been sent to the care quality commission (CQC) in a timely manner and were completed in line with requirements. The registered manager understood their responsibility to notify local safeguarding authority of concerns. Records showed this had happened appropriately and in line with safeguarding guidance.
- There was a clear staffing structure with identified management roles. Staff demonstrated an understanding of their roles and responsibilities and told us that they had confidence in the registered manager. One member of staff told us, "I can speak to [registered manager] at any time, but we get a lot of support from other departments at the college as well."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run. A relative told us, "I have concerns about the care sector in general, but College View is going well. I can tell when things are not good as things affect [my relative], like changes in staff, but I have to give credit where credit is due."
- Relatives and staff spoke highly of the service and felt it was well-led. A relative said, "[My relative] always has a support worker and I get the impression that the staff get a comprehensive induction. I think it is very well managed." The registered manager and staff told us the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this. A member of staff told us, "We give the learners the opportunity to grow, we never say no you can't. We look at how can we do this, we take pride in that."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were actively involved in developing the service. A relative told us, "My [relative] has been

at College View for three years and is extremely happy. [My relative] can be difficult to look after, but they keep him safe and keep me well informed. They listen to our feedback and ideas, take it on board and respond quickly."

- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings were carried out regularly and relatives received a weekly progress report for their loved one.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "We work well together, we have the staff we need." A relative added, "Communication with College View is good, and we are preparing for transition for the next stage of [my relative's] life, which is independent living. His life skills are being developed. I have nothing more than praise for them and would like him to stay there for ever."
- Up to date information was made available for staff including details of specific topics, such as infection prevention and control, COVID-19 and the Mental Capacity Act, to ensure they understood and had knowledge of how to assist people.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service liaised with organisations within the local community. We received positive feedback on how learners accessed the local community. A relative told us, "No obstacles are put in [my relative's] way regarding involvement which is good as she wishes to be involved." Another relative added, "They take [my relative] out regularly and listen to my advice about his likes and dislikes. He has just had a Christmas night out which they took him to and he found it very enjoyable. He is part of the community."
- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.