

# St John's School & College

## Borradaile House

### Inspection report

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Date of inspection visit:  
13 May 2019

Date of publication:  
09 July 2019

### Ratings

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

# Summary of findings

## Overall summary

### About the service

Borradaile is a residential home providing accommodation and care to eight young adults who attend St John's School and College. Borradaile is based in Brighton on the college campus. There were eight young men living at the home at the time of the inspection. The young men living at the home are referred to as learners by the provider and within this report. Learners can live at the home for their three years at the college, 38 weeks a year, during term time.

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

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

People were protected from the risk of harm. Risks to people were assessed and reduced and staff supported people to take positive risks to improve their independence. Medicines were managed safely, and the home was clean and hygienic.

People were supported to eat a balanced diet and had access to health professionals as required. Staff received training specifically related to people's needs. 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.

People received support from a staff team who were kind and caring. A relative told us, "The staff are kind and caring, they look after him and support him to do the things he likes." People's choices were listened to and supported, and their views were sought by staff. People's independence was promoted, and they were given opportunity to develop their skills. People's privacy and dignity was respected.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them

having as many opportunities as possible for them to gain new skills and become more independent.

People were involved in the planning of their care and support. Their care plans were individualised and reflective of their needs and preferences. People had access to a range of activities and the home had strong links with the local community.

The home was well managed. Staff spoke highly of the management and support they received. One member of staff told us, "The senior staff are outstanding and have given me good guidance and direction." There were quality assurance and monitoring systems in place to support the people to receive high quality care. People and staff were engaged in the running of the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (The report was published on 26 July 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Borradaile House

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Borradaile is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who lived at the home about their experience of the care provided and observed their interactions with staff. We spoke with three members of support staff, the operations manager, registered manager, human resource staff and maintenance staff.

We reviewed a range of records. This included three people's care records and two people's medication records. We looked at two staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a relative of a learner who lives at the home and one health and social care professional who supported a learner living at the service.



## Our findings

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

There were systems and processes in place to keep people safe. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding and there were systems and processes in place to protect people from the risk of harm. The provider had a dedicated safeguarding team whom staff could call for support and discuss any concerns they had. One member of staff told us, "It is about keeping people safe from supporting their well-being to implementing safety measures to reduce the risk of harm. If I had any concerns I would report that to my line manager, I believe my line manager would act on my concerns."
- A relative told us their loved one was safe. They said, "He is safe, he has never voiced any complaints about his safety, he always seems happy and settled."
- Staff told us they were confident senior staff would listen and act should they raise any concerns about the care people received.

Assessing risk, safety monitoring and management

- People were supported to take positive risks. Staff had a flexible approach to risk management which ensured good outcomes for people. For example, one person was at risk of burning themselves when cooking as they did not have awareness of hot surfaces. Their risk assessment guided staff on how to support the person to reduce this risk whilst still supporting them to cook and develop these skills.
- People had positive behaviour support (PBS) plans to help keep them and others safe. These provided a person-centred approach to supporting people who display or are at risk of displaying behaviours which may challenge. . These were used effectively to mitigate individual risks to people. For example, one person was identified at risk of behaviour that could challenge. Their risk assessment gave staff good guidance to identify triggers to this behaviour and techniques to support the person proactively before the behaviour escalated.
- A health and social care professional told us they thought the person they supported was safe. They said, "I have seen up-to-date risk assessments for them; the service seems overall safe."

Staffing and recruitment

- There were enough numbers of staff to meet people's needs. A member of staff told us, "There are enough staff and we work together to make sure everyone's needs are covered."

- Recruitment processes ensured staff were safe to work with learners before they started working at the home. A member of the Human Resource (HR) team described the providers safe recruitment processes which included checks of staff's suitability and character before they started work.

#### Using medicines safely

- Medicines systems were organised, and learners were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff who administered medicines were trained and had regular competency checks which supported their practice to remain safe.
- Staff understood people's visual clues when they were in pain and required 'as required' (PRN) medicines. For example, one person bangs their head, staff recognised this was a sign they were in pain and we saw records that pain relief was given in these instances. There was guidance in place to support this practice.

#### Preventing and controlling infection

- People were cared for in a clean and hygienic environment. There was a cleaning rota in place which staff took part in.
- Staff had training in infection control and information was readily available in relation to cleaning products and cleaning processes.

#### Learning lessons when things go wrong

- Accident and incidents were managed safely, and lessons learned to improve the care people received. Incident reports were analysed to reduce the risk of a similar incident happening again. For example; One person experienced a few incidents of unpredictable behaviour. The registered manager analysed these incidents and worked with staff and the organisations behaviour support team to create strategies to support the person. Staff identified triggers, and these were documented and known by the staff team at the home, this had reduced the number of behavioural incidents the person experienced.
- The provider had a system which allowed for senior managers to oversee and analyse incidents to ensure lessons were learned.



## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Learners received an effective service that met their individual needs. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Learners physical, mental and social needs were fully identified, and their support was delivered in line with their assessed needs.
- Learner's needs, and choices were assessed prior to them moving into the home and regularly thereafter. The assessment process involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals.
- Protected characteristics under the Equality Act (2010), such as disability and sexual orientation were considered as part of their initial assessment. This demonstrated that learner's diversity was included in the assessment process.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to deliver effective care and support. Staff received a range of training opportunities relating to the care of people living at the service. This included epilepsy awareness, managing seizures, positive behaviour and emotional resilience. Where people had specific care and support needs staff were given training in these areas. For example, staff had recently received autism training which involved experiencing the world as a person living with autism may do. A member of staff told us, "It demonstrated a sensory overload and, if someone with autism is living like that all day every day it must be so frustrating. I am now more aware of how to support people with autism. It has also helped my advice to new staff."
- New staff received a robust induction which centred around people living at the home. A member of staff told us, "The induction was detailed and in-depth, it set me up to know what I am doing. The best thing about it was that information was repeated so you could take it all in and had the opportunity to really learn."
- Staff received regular support and supervision. A member of staff told us, "I have regular supervision, it helps as we can have open discussions and have time to talk to someone and ask advice. I don't have to wait until supervision (the registered manager) is really supportive and responsive at any time."

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

- People were supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes. This was reflected in people's care plans.
- Staff were aware of learner's individual dietary needs. For example, one person had severe allergies to nuts, which was known by staff and clearly documented in their care plan.

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

- Learners were supported to access healthcare services as and when needed.
- Staff worked well within their team and across organisations to meet learners needs in a timely way. For example, one person required an optician's appointment but did not like to attend appointments. Staff worked with the local opticians and developed social stories to support the person to attend their appointment. Social stories are individualised short stories using words and pictures, that support people to understand information in a personalised way with the aim of reducing anxiety for people. Staff had supported the person to go to the opticians and become used to the environment before their appointment which was something the person had not done before.
- The provider's wider staffing team support staff to meet people's health needs. For example, the college has onsite nursing staff and counsellors available to learners whilst at the college and at the home. These professionals also provide advice and support to staff if they have any queries regarding a learner's health.

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

- People's needs were met by the design and adaptation of the building. People could move freely in communal areas and the garden which were secure. There were areas where people could freely watch films, listen to music and use the computers.
- Learner's rooms were personalised and reflected their individual interests, they could decorate these as they wished.

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

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

People can only be deprived of their liberty to receive care and treatment 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of the principles of MCA. One staff member told us how they don't make assumptions about people's capacity and the importance of giving people clear information and time to understand this to support their decision making.
- We observed staff ask learner's for consent before supporting them. One member of staff was seeking a person consent to go back to the home to collect their things for a swimming class. They did this using the persons method of communication and waited for a 'thumbs up' before they supported them.
- Some learners were subject to restrictions due to the complex nature of their needs. DoLS applications were detailed and decision specific to ensure outcomes for learner's were met in the least restrictive way.

Staff had a good understanding of DoLS and what this meant for a learner living at the home.

## Our findings

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

Learners received caring and compassionate support. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. We observed positive interactions between one learner and a member of staff who they appeared comfortable and happy with. A relative told us, "The staff are kind and caring, they look after him and support him to do the things he likes."
- Staff spoke passionately and respectfully about the learners and the challenges they faced due to their needs.
- Learners were supported to maintain relationships with their families and develop friendships that were important to them. For example, one person had made a friend at college who lived in another of the provider's homes. They were supported to meet up outside of college, spend time at each other's houses and go out for meals. Staff told us they supported people to eat their meals together, if they wanted to, to build friendships and a family atmosphere within the home.
- Learners were supported to maintain their personal identity. They were encouraged and supported to dress how they wished and in a way that reflected their personalities.

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

- People had access to information in a format which reduced barriers to communication. Staff had a good understanding of how people communicated and expressed themselves. For example, one person had significant communication needs. The person uses a mixture of Makaton and British sign language, which the staff have training in. Staff have developed links with a local school for deaf people to support their knowledge and how they support this person. We observed them communicating effectively with staff about a trip swimming.
- People were supported to be involved in decisions about their care and given support to express their views. For example, learners had regular meetings with their key workers where they could discuss their care, how they were feeling and activities they wanted to take part in.

Respecting and promoting people's privacy, dignity and independence

- Staff had a visible person-centred approach to supporting people. From our discussions with staff it was

evident that they were committed to supporting people to be as independent and active as possible. For example, when one person moved to the home they were unable to complete daily tasks such as personal care and laundry independently. Staff worked with them consistently to support their independence and they can now separate their laundry and make their breakfast independently.

- People's privacy and dignity was respected. People's care plans reflected human rights and values such as people's right to privacy, dignity and choice.
- Staff understood the importance of confidentiality and did not discuss personal information about people. People's care plans were stored in a lockable room which supported their information to remain confidential.

## Our findings

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

Learners received support that was responsive to their needs. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised to meet the needs of individuals. People were at the centre of care planning and fully involved in the process.
- Staff knew learners well which supported personalised care. For example, staff knew that two people responded well to sensory activities. They worked with these people to introduce sensory activities such as using exercise balls. This was then developed to support them to go trampolining and they have had one installed in the garden due to their enjoyment of this activity.
- Learners were active in their local community and had access to a range of activities that met their interests. A relative told us, "They really do activities well, he does all the things he enjoys and more. He is really dedicated to exercise, staff support this, and he now attends a local sports group regularly." Activities were an important part of people's lives and were led by people's choices. For example, one person liked being out and about and visiting the local pub. Staff had worked with them and the staff at the pub to support their independence in ordering drinks, which they can now do. A member of staff told us, "He likes to be independent and we like to encourage that. We supported him to develop his confidence by going to the same bar where the staff knew him, and we could facilitate conversation."
- Learners had access to different technologies to meet their needs. Some enjoyed using laptops and electronic tablets to listen to music, access social media and watch films.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff supported people's communication needs effectively. These needs were assessed, and care plans guided staff on appropriate, individualised techniques to support the person.
- People used a range of communication techniques. For example, one person had trouble with their sleep pattern and responded well to social stories. Staff created a social story with the person around sleeping

which they responded positively to.

Improving care quality in response to complaints or concerns

- There were systems in place to deal with concerns and complaints.
- The service had not received any recent complaints. The registered manager responded to complaints in a timely manner and in line with the provider's policy. The complaints policy was adapted to a pictorial format to aid learners understanding of making a complaint.

## 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.

Learners received a service that was well-led. This meant the service was consistently managed. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the home was positive and enabled people to live how they wanted to. There was a relaxed and friendly atmosphere within the home. It was clear that people living at the home were the focus by the personalised support they received. A member of staff told us, "Staff morale is good, we are supportive of each other. As a new person I would say the senior staff have been outstanding. I have had to learn everything, and I was really impressed with their knowledge. I have been well supported so far."
- The provider and registered manager were committed to continuous learning. For example, managers were supported through regular management meetings where they can share best practice and learn from each other. Learning from CQC inspections at other homes had been shared to improve practice across the provider's home.

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 provider and registered manager had a good understanding of the duty of candour. The registered manager promoted an open and honest service and lead by example. They were accessible to learners and staff throughout the inspection and there was an open-door policy for all.
- The registered manager described a situation where medicines had not been counted correctly which identified an issue in the medicines stock for a person. They worked openly with the providers nursing team to rectify the issue.

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

- Management of the home was effective, and the registered manager understood the regulatory responsibilities of their role. Staff and a relative were complementary of the management of the home. A member of staff told us, "I think the home is well managed (the registered manager) is very approachable."



Another member of staff said, "The management are nice, and they are really approachable, they make sure you are ok." A relative told us, "The home is well-managed. The manager is available and keeps good communication with me. I am updated weekly about my son which makes me feel involved."

- Systems and processes were in place to assess, monitor and improve the quality of the service being delivered. These included regular checks of different aspects of the services provided including; medicines, care plans, fire safety and maintenance. Any issues identified were actioned promptly. The operations manager had planned further improvements to the oversight of the service to include a monthly manager's report which will support identifying improvements needed to continue to drive the quality of the service.

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

- Learners, staff and relatives were engaged and involved in the service provided. Daily feedback was sought through their engagement with staff and through key worker meetings and care reviews.
- The provider understood the importance of engagement and the Chief Executive Officer (CEO) of the organisation visited the home for 'tea and chat' meetings regularly to talk with learners and staff.
- Staff were engaged in the running of the home and felt listened to. They attended weekly staff meetings where they discussed their roles and improvements they could make.
- Learners, staff and their relatives' feedback was captured informally through day to day discussions and via annual surveys.

Working in partnership with others

- The management team and staff had developed good working relationships with other professionals to ensure people's needs were met.
- A health and social care professional told us that they thought the home was well managed as staff knew the needs of the person they supported well.
- Learners had links to the local community and staff and the management team had worked collaboratively to develop these networks. For example; one person had a passion for singing and supported them to go to a local community singing group.