

St John's School & College

Pier View House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected Pier View House on 19, 20 and 21 April 2016 and was an announced inspection.

Pier View House is a residential unit providing accommodation and care to four young adults who attend St John's School and College. St. John's is a special educational needs (SEN) school and specialist college that provides education, care and medical therapy to young people aged 7 to 25, who have a wide range of complex learning disabilities, such as autism and related autistic spectrum conditions (ASC) and young people who have special needs resulting from behavioural, emotional and social difficulties (BESD). Pier View House is based on the college campus and is a 38 weeks a year service, meaning that people can live at the service only during term time. The provider has five separate residential locations in the Brighton and Hove area. This report relates to Pier View House, and at the time of our inspection, there were four women living at the service. The provider refers to people using the service as learners, which they will be referred to in this report.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager had oversight of the running of the service but had delegated the day to day operation of the service to a manager.

Learners living at Pier View House were supported with exceptional care, dedication and understanding. Transitions for learners to and from their care setting at college was bespoke and planned thoroughly. For learners with very complex emotional needs a great deal of planning and preparation was involved. By liaising and co-ordinating with relatives, other professionals and authorities, staff and the environment were prepared for each individual learner's preferences and routines. Staff worked closely and co-operatively through partnership working to make sure learners had access to ongoing support and to make sure when they moved on, the appropriate arrangements had been made for them. A relative told us "It's all very well thought out, individualised and focused on the young person. It's not just about the fact they have a space, it's about making sure it's right for the young person, that's what makes it special".

Learners were involved in the planning and reviewing of their care and discussed and shaped the activities they wished to take part in. One learner told us "I have a plan, we always have a plan, and (staff member's name) is supporting me. We're doing gardening this afternoon". They were assisted innovatively to learn how to manage their anxieties and emotions. In relation to a therapy session a learner commented "It helps me forget about things, helps me relax, feel less stressed". A relative told us "They approach her needs and differences in a way which is helping her to progress; it is just amazingly different what they do here".

Learner's experiences of their care and support was overwhelmingly positive. A learner told us "I love it here. My keyworker is awesome. We get on really well. Everything she's into are the things I like". A relative commented "People who know her well say to me (learner's name) looks so different, so well, they've got

the sparkle back in her eyes. They've got their confidence back. The difference they have made to (learners name) is enormous".

Staff worked proactively to help them to make choices and decisions about their care and lifestyle and supported them to be as independent as possible, and learning new skills. Learners took part in socially inclusive activities in their local communities and well as at the college.

The service was exceptionally well led. Staff were enthusiastic and happy in their work. They felt supported within their roles and held the management and senior management team in high regard, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. A member of staff said, "It's a great place to work, everything about it is person centred and supportive".

Team work was effective. Staff had a common aim and purpose to achieve positive outcomes for learners. They excelled at providing consistency which had a positive impact on learner's wellbeing, reduced their anxiety levels and provided stability.

Training resources equipped staff with the skills, knowledge and understanding to meet the challenges of supporting learners with diverse and complex needs. They said the learners were "at the centre" of everything they did. Staff were supported to develop individually, to voice concerns which they were confident would be listened to. Bespoke training had been developed to ensure that learners remained safe and had their health and wellbeing protected at all times. Staff were passionate, committed and motivated to make sure the learners journey through college was a positive experience.

Learners were encouraged and supported to eat and drink well. There was a varied daily choice of meals and learners were able to give feedback and have choice in what they ate and drank. A relative told us "They're eating well and look so much healthier than they did before. That's increased their confidence as well". Health care was accessible for learners who were encouraged to make their own appointments.

Learners were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One learner told us, "I feel safe definitely. I can talk to the staff anytime if I'm feeling stressed out or worried about something". A relative told us "I think she's absolutely safe. I don't have to worry at all". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Learners were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and staff knew what to do.

The provider had robust systems in place to assess the quality of the services provided and identify areas for improvement.

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.

Staff were trained in how to protect learners from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure learners received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Risks were managed in the least restrictive way.

Is the service effective?

Good ●

The service was effective.

Learners were supported by staff who had access to an training programme, which could be tailored to provide personalised training reflecting individual the learners needs. Staff were supported to develop in their roles and to meet people's needs.

Staff were confident in applying the Mental Capacity Act 2005 to help with best interests decisions. Deprivation of liberty safeguards were applied appropriately. Learners were supported to eat a healthy diet, taking into account their individual dietary requirements and nutritional needs.

Personalised systems were in place to monitor the learners' health care needs. Close links with a range of health care professionals were maintained to monitor and improve the learners' health and well-being.

Is the service caring?

Outstanding ☆

The service learners received was exceptionally caring.

Learners were treated with kindness, compassion and

reassurance. Their privacy and dignity was respected by staff with whom positive relationships had been formed and who promoted their individuality.

Learners benefited from strategies and therapies that reduced their anxiety levels and promoted their wellbeing.

Creative methods of communication enabled learners, to be involved in their care and support. Learners were involved and empowered to make their own decisions.

Learners were supported to become independent and take charge of their own lives.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive to learner's individual needs.

The service was exceptionally flexible and responsive to the learners' individual needs and preferences, and found innovative and creative ways to enable them to live as full a life as possible. They were supported to access the community and follow diverse hobbies and interests. The support received promoted positive care experiences and enhanced their health and wellbeing.

Learners and their relatives were consulted about their care and involved in developing their support plans. Detailed plans outlined their care and support needs. Staff were knowledgeable about the learners support needs, their interests and preferences in order to provide personalised care.

Learners knew how to make a complaint if they were unhappy with the service.

Is the service well-led?

Good ●

The service was well-led.

Learners, relatives and staff spoke highly of management. Systems were in place to obtain the views of learners and continually improve the quality of care, which empowered learners to feel part of the organisation and involved in the running of the service.

The ethos, valued and vision of the organisation were embedded into practice. Staff were happy in their roles and felt well supported.

The provider had systems in place to monitor the quality of the service, drive improvement and ensure that they aware of and up to date with legislation and developments within the sector.

Pier View 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 was the first inspection of this service which was registered with the CQC in September 2015. The inspection was announced and was undertaken by two inspectors over 19, 20, 21 April 2016. The inspection was announced so that the provider could make sure there were sufficient staff on duty to facilitate the inspection without disrupting the routines of the people who used the service (referred to as learners throughout the report) and so that they could arrange for staff to be available for us to speak with.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications and the information provided at the point of registration with CQC. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with three learners the registered manager, the care manager of Pier View House, the principal of St Johns College, four care staff and one member of staff from the providers human resources department. We also spoke with a physiotherapist, a speech and language therapist, a nurse, a mental health nurse, a councillor employed by the provider plus a behavioural therapist who worked for the provider in the capacity of a consultant and training provider. As not all the learners were able to give us their views, we observed the support they received from staff and spoke with one relative to gain their views of the service provided.

We looked at the care records for four learners as well as other records relating to the management of the service such as minutes of meetings attended by learners, staff team meeting minutes, accident and incident records. We also looked at the recruitment records for three staff, staff training records, staff supervision trackers, staff duty rotas, quality assurance audits and health and safety records.

Is the service safe?

Our findings

Learners told us they felt safe whilst living at the Pier View House. They had been given information about how to stay safe both on the college campus, using the internet and when out and about in the local community. Their awareness of safeguarding procedures was reinforced through individual meetings and house meetings. One learner told us, "I feel safe definitely. I can talk to the staff anytime if I'm feeling stressed out or worried about something". A relative told us "I think she's absolutely safe. I don't have to worry at all".

Systems were in place to identify risks and protect people from harm. Each learners support plan had a number of risk assessments completed which were specific to their needs and also to the environment of the service. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff described how they monitored and reviewed the risks learners faced. The registered manager told us, "We have a meeting every Monday with all care managers and the safeguarding team to review and analyse any incidents and risks. Any changes would be updated in the learner's support plan and risk assessments. We also detail any involvement with professionals".

The registered manager explained that some learners were autistic and could feel anxious and unsafe if their daily routine was disrupted, or the plan for the day was not followed. This could lead to them displaying behaviour which had a negative impact on themselves, such as through self-injurious behaviour or to others such as by being verbally or physically aggressive towards them. Staff were fully aware of this and consistently followed the robust plans in place to minimise the risk of this happening. They had insight into how learners displayed they were feeling anxious and unsafe and could recognise when this was happening. They had access to information about what could trigger this behaviour, what to do if the behaviour occurred, how to react when the behaviour first emerged and then advice on what to do subsequently.

Staff had received training in how to support learners if they became distressed and displayed behaviours which could result in harm occurring to themselves or others. For example, they had completed training in de-escalation and intervention techniques including physical intervention. They told us that when interventions were needed they had been trained to use the technique which was the least restrictive. All physical intervention techniques had been developed specifically for the individual and had been written and agreed by a multidisciplinary team of professionals. Staff told us they rarely used physical intervention. One member of staff told us "We've all been trained. There's only (learners name) that might need it, but they are so much calmer now, there hasn't been a need to use it for a long time. I've never been around when it's happened, but I feel confident I'd know what to do." A relative of another learner who could display self-injurious behaviours commented "Staff don't panic or stress about when it happens they just get on with it. They are always looking out for her triggers and are alert the whole time. She still has her moments, but not as many, it's the support she's getting that has made the difference I have no doubt about that." Records confirmed incidents involving behaviour of this nature had reduced.

To make the most of their college experience people were encouraged to try new experiences whilst

managing any risks they might face. Potential hazards did not restrict them and staff were supported by other teams throughout the college to find ways of minimising risks to promote people's safety. For example, one person had told staff they wanted to try scuba diving. Staff told us as the learner had never attempted this before, and they supported them to 'go snorkelling' in the safety of a swimming pool. A relative of another learner told us the staff encouraged their daughter to try new experiences. They said staff were aware that trying new things could cause their daughter to become anxious, which in turn could lead to them displaying self-injurious behaviours. They explained staff were mindful of this and balanced the risk of this happening by "Encouraging her whilst at the same time not pushing her too far". They told us staff instilled confidence in their daughter to try new experiences by reminding her they were there to help, reinforcing to her what she is capable of, being relaxed in their approach and not putting her under undue pressure. They said this approach was "Giving her what she needs to grow and progress to be as independent as she can be".

Staff said accidents and incidents and near misses were recorded and reported to senior management and the specialist teams, such as the safeguarding team and behavioural therapist. These were then analysed for trends or patterns, so action could be taken to prevent them reoccurring. The registered manager told us, "When an incident is recorded, it is sent in real time via email. Staff can access the information and use it to plan the care needed. We can monitor the incidents for trends and this enables us to look for triggers and determine what caused the incident to occur. It allows staff to notice warning signs and what interventions helped the situation". Staff told us and our own observations confirmed that teams within the college worked together to reduce incidents, and to integrate and embed strategies to help keep people safe.

Systems were also in place to assess wider risk and respond to emergencies. We were told by the registered manager that the service operated an out of hours on-call facility within the service, which people and staff could ring for any support and guidance needed. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Each learner had a personal evacuation plan in place should they need to leave their residence in an emergency. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. Staff had access to information about who to call and what action to take in an emergency.

Learners were protected by systems to recognise and report suspected abuse. They could raise concerns directly with staff in the service, or by contacting the safeguarding team face to face, by email or telephone. Support was available 24 hours a day. There were prompts displayed in the service to provide information and promote the profile of safeguarding to learners and staff. Information was displayed in formats using plain English, large print, pictures and symbols, which reminded people and staff of what to look for and how to report it. Staff had completed training in the protection of children and adults and had an excellent understanding of their roles and responsibilities. They described the types of abuse they might come across and how they would raise concerns to appropriate staff. Staff were confident that any concerns around abuse would be raised, no matter how small, and indicating they knew management would respond appropriately. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly.

Thorough planning took place in respect to allocating staff to work in Pier View House. This was to ensure there were sufficient staff with the right skills, experience and understanding of people to meet their needs. Staff confirmed there was flexibility in the staffing levels to make adjustments, so staff could work individually with people when needed, or provide additional help when people were ill or taking part in

social events. One member of staff told us, "There's always enough staff. If someone can't come in then cover is arranged. We'd only use agency as a last resort. I've never worked with agency staff." The registered manager said, "We can cover sickness and annual leave with bank staff and we can access staff from other houses as needed. We adjust the rota and staffing levels as needed, for example to cover planned activities". Staff described how they worked closely with other services at the college, so they could work across different services if needed. This made sure people had access to staff who knew and understood them providing continuity of care. Care staff and college support staff worked closely together to ensure a consistent approach. Our own observations confirmed there were sufficient numbers of staff available to keep people safe.

Safe recruitment practices were followed when they employed new staff. All records we checked held the required documentation. DBS checks had been carried out by the provider to ensure that potential new staff had no record of offences that could affect their suitability to work within the care sector. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Comprehensive records were in place to detail the character and competency of new staff. Gaps in employment history were investigated and previous social care employers were asked to provide references. Staff were not allowed to work until all relevant documents were in place.

Learners received their medicines safely. Senior care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Staff told us that they administered medicines to learners in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. Medicines were ordered appropriately and robust stock control ensured that medicines which were out of date or no longer needed were disposed of safely. One learner told us they were being supported to complete a medication administration training course, so they could manage their medicines independently. Staff confirmed this and told us they were completing the same training course as the staff. They told us the learner administered their own medicines one day a week and that staff supervised them doing this.

Is the service effective?

Our findings

We found areas of good practice in the effectiveness of the care provided at Pier View House. Learners had confidence in the skills of the staff and they received effective care that met their needs. One learner told us, "The staff are amazing; (staff members name) is awesome". A relative told us, "I don't have to worry anymore, I have total confidence in the manager and all the staff. The care they give is absolutely fantastic. I can't praise them enough, they do a fabulous job". Learners living with very complex needs were supported by a range of staff with an excellent understanding about the support and care they required.

The provider had a flexible approach to providing training and developing their staff to deliver outstanding care that met the learners' individual needs. Through the advanced use of IT systems, the provider operated a real time behaviour monitoring system which highlighted incidents of behaviour that individual learners exhibited. We were told that in light of incidents, bespoke training could be assessed and given accordingly. The benefit of this to the learners was that training could be delivered quickly to respond to any individual changes in their needs. This also enabled the provider to develop and deliver prompt training to mixed groups of staff, so that there was a crossover of training to key staff involved in both the college and care services. As a result of orthopaedic surgery before they moved into the service, the staff team had been given specific training by the provider's physiotherapist on how to support the learner to complete their physiotherapy exercises. Staff confirmed this had been helpful and had enabled them to provide appropriate support to the learner which was ongoing. By working together, the teams were able to deliver training which helped them to empower the learner to stay safe and develop the skills of staff to meet this individual's needs. When needed, counsellors and therapists were available to learners and staff in the evenings and at weekends. This gave them insight into the environment and the dynamics between learners and staff and increased their understanding of how learners responded to the techniques that staff were using. It also allowed them assess how effective the training was and provide staff with additional training and support when needed. The registered manager told us, "We have embedded a culture of training, with shared strategies and joined up working across the organisation". We saw this was the case and feedback from all staff across all departments we spoke with demonstrated that they had received specific training that was aimed at providing effective care to the learners.

The provider had worked in partnership with other organisations to make sure they were training staff to follow best practice. The provider had implemented robust and effective training for staff in the way they managed behaviour that may challenge others and the use of restraint and physical intervention. The provider had commissioned a behavioural specialist /cognitive behavioural therapist as a consultant to develop specific training and strategies for staff, to give them the skills to understand and deliver person centred and safe management of difficult behaviours. The training they delivered was accredited by BILD (British Institute of Learning Disabilities) and the physical restraint techniques staff were trained to use were non-pain based. The registered manager told us, "As an organisation, we reviewed our training around behaviours and we determined that it needed adapting to meet the needs of the learners". Staff were very complimentary of this training, one member of staff told us, "We've all had training on what interventions to use and when. We learnt why people do things as well, so we have a better understanding of the person". Another member of staff said, "I did the restraint training it was an intensive four days, it was hard but it was

really good. I've never needed to use it, but I'd feel confident to". In addition to being trained to use these techniques they also received specific training from the consultant in how to apply the techniques with certain individuals and understood that physical restraint would only be used as a last resort.

In addition to completing training the provider considered as mandatory, such as food hygiene, health and safety and equality and diversity, staff had also received training that was specific to the needs of the learners, for example around positive behaviour support and autism awareness. Bespoke training delivered by health professionals employed by the college and external training agencies was also available for staff. For example, a counsellor and mental health nurse, speech and language therapist (SALT) and an occupational therapist provided personalised training for staff to help meet the learner's individual needs. These specific training areas included inclusive communication skills and the use of Makaton (Makaton is a language programme using signs and symbols to help people to communicate), and the care of people with epilepsy and behaviour that may challenge others. A member of staff told us, "The training is amazing it's really helped me to understand how to support people in a way that helps them to be independent and to reach their potential". Another staff member commented "The best thing about the training is that it helps people to progress and be as independent as possible". A therapist commented "The therapy was working so well I wanted to increase the support to both the learners and staff. I requested additional staff, and they agreed. We are employing a counsellor in September who will work two evenings a week. This will mean we can support more learners and more staff. It's not just the work we do with the learners that has an impact; it's educating the staff and improving consistency that really makes the difference and that is happening".

The provider operated a robust and effective induction programme which prepared new staff for their role and enabled them gain an understanding of learners needs. As part of the induction new staff were introduced to the running of Pier View House and the learners living at the service. The induction programme was designed to establish a staff team who had the skills and knowledge to carry out their roles and responsibilities effectively. Staff told us they had received a good induction which equipped them to work effectively with the learners. One staff member told us, "The induction was intensive. It covered everything we needed to know. We did lots of training, and I shadowed staff before I started to support learners on my own". Another member of staff commented "The induction training was excellent". A further staff member told us "The best thing about the induction was the first two weeks when we observed how the staff interacted with the learners and how they approached individuals". We saw that new starters completed a survey at the end of their induction, to enable the provider to monitor and review the effectiveness of the induction process.

Staff received ongoing support and professional development to assist them to develop in their role. Staff we spoke with confirmed they received supervision and an annual appraisal to assess their competency and training needs. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. Staff told us they appreciated the opportunity to discuss their role and any concerns. One member of staff told us they felt supported through supervision and commented "I feel supported. I can speak to my manager anytime not just in supervision, but when I have supervision I can say what training I'd like to do and it's sorted". We saw documentation which confirmed that regular supervision meetings had been scheduled.

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 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. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's capacity to consent and make decisions had been assessed in line with the Mental Capacity Act 2005 (MCA). The registered manager and staff clearly described their responsibilities in respect of mental capacity, best interests and deprivation of liberty safeguards. Mental capacity assessments had been completed where people were unable to make decisions about their care or support as part of their admission. Significant people were identified, such as their parents or social and health professionals, who would be involved in best interests' meetings. Staff told us they explained the person's care to them and gained consent before carrying out care. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty.

Learners were supported to eat and drink a balanced and nutritious diet. There was a varied menu and learners could eat at their preferred times and were offered alternative food choices depending on their preference. There was a visual meal plan displayed that offered choice, and nutrition support plans clearly detailed whether learners had any allergies or special dietary requirements. Learners were supported to choose and prepare their own food and, where required, staff supported and encouraged them to maintain a healthy diet. Learners told us they had meetings to decide what food they would like on the menu each week. They showed us a menu that was illustrated with pictures showing the food that they had chosen. One learner told us they were learning how to prepare and cook food at college and practiced these skills in the service. They told us they had chosen the evening meal and commented "I'm cooking bolognaise tonight, but I'm having penne with it not spaghetti, I prefer that". A relative told us they were very happy with the food their loved one was provided with. They commented that since moving into this service they were eating a more balanced diet than previously and was a healthier weight. They told us "She's eating well and looks so much healthier than she did before. That's increased her confidence as well".

Learners received support which effectively managed their healthcare needs. Support plans included detailed information on their healthcare needs and how best to provide support. The provider's real time behaviour monitoring system allowed staff to share information around the learners health needs with other teams. Information was readily available on healthcare professionals involved with the learners, along with their relevant contact details. Care records demonstrated that when there had been a need identified, referrals had been made to appropriate health professionals. Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about the learners' health care needs and were able to describe signs which could indicate a change in their well-being. One member of staff told us, "We have access to the system to keep us up to date about anyone's health". We saw that if learners needed to visit a health professional, such as a GP or an optician, then a member of staff would support them to make the appointment.

Is the service caring?

Our findings

Staff had a caring, compassionate and fun approach to their work with learners with whom caring relationships had been developed. Staff were highly motivated and overcame obstacles to deliver kind and compassionate care. They supported learners in creative and innovative ways to maximise their independence, offer choice and allow them to express their views. Everyone we spoke with thought learners were well cared for and treated with respect and dignity, and had their independence promoted. One learner told us "I love it here. My keyworker is awesome. We get on really well. Everything she's into are the things I like". A relative told us "The staff genuinely care. I can't praise them enough. It's truly extraordinary how well they have got to know her in such a short time, they've just got it. She knows the people around her care and are there for her". They felt the support their loved one received had increased her confidence and improved her self-worth. They commented "People who know her well say to me (learner's name) looks so different, so well, she's got her sparkle back in her eyes." They went on to say "She's got her confidence back. The difference they have made to (learners name) is enormous".

The provider went to extraordinary lengths to ensure that learners were supported by caring staff with whom positive relationships had been formed and sustained. One member of staff explained they had been the key worker for one learner when the learner was using the provider's children's services. They told us they had been asked by the provider to support this learner through their transition from children's services to provide continuity of care and commented "I was so pleased when they asked me if I'd like to move over with her. I genuinely want to see her grow and mature and I want to support her to do that". The manager explained that this learner found it difficult to form relationships, so in this instance it was important for the learner to have someone they knew to support them through the transition into adult services and to provide them with some continuity and stability. They told us this strategy had worked well and had helped the learner to settle in to their new surroundings and minimise the distress this may otherwise have caused them. Each learner had their own keyworker which is a named member of staff that co-ordinated all aspects of their care. The registered manager explained they took time to make sure they matched learners to staff members who would be their key workers, by looking at shared interests, how well they interacted with each other and how much they enjoyed each other's company.

Staff used creative methods to provide learners with emotional support and help them to manage their anxiety levels. A member of staff explained the college counsellor had identified that the learners at Pier View House may benefit from Mindfulness sessions to help them to relax. They told us the staff team had been provided with an introduction to Mindfulness and had been supported to introduce Mindfulness sessions to each of the learners. Mindfulness is a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations and is used as a therapeutic technique. The counsellor told us that the team had "embraced" this training and having seen the benefits on the learners were "self-motivated and inspired" to provide the sessions. Staff explained how each learners' Mindfulness session was adapted specifically to them and that the impact of the sessions had resulted in learners feeling more relaxed. One learner told us "It helps me forget about things, helps me relax, feel less stressed. I like the taster sessions (food samples) we do at the end". A

relative of another learner told us their daughter was "Undoubtedly less anxious" since moving into Pier View House. They felt the Mindfulness sessions had contributed to this and commented "The Mindfulness sessions are incredible. They approach her needs and differences in a way which is helping her to progress; it is just amazingly different what they do here". We were also told that as Mindfulness sessions had had such a positive impact on learners, a member of staff had been identified to work as a Mindfulness champion and help roll out training and provide advice to staff across the organisation.

The staff excelled at providing consistency. This had a positive impact on learner's wellbeing, reduced their anxiety levels and provided stability. Staff told us when one learner was feeling anxious and unsafe they would ask staff to change the plan for who would be administering their medicines. They told us if they veered from the plan in anyway, this could result in the learner thinking that other elements of the plan and their placement would not be followed, which would make them feel insecure. This in turn could lead to incidents of behaviour that could affect the learner's wellbeing. We heard the learner asking if they could change the plan, so that a different member of staff would administer their medicines. Each member of staff they asked gave the same response which was that they would follow the agreed plan and the medicines would be administered by the staff member specified on that plan. This response had a positive impact on the learner who accepted what they had been told and carried on with their routine and activities without displaying any further signs of being anxious. A relative of another learner who displayed self-injurious behaviour when anxious told us "The whole team work in a very integrated way. The consistency in the support they give is remarkable. They all give the same message. It's not always what (learner's name) wants to hear, but this consistency has undoubtedly led to her feeling less anxious".

Staff went to considerable lengths to promote individual learners' independence. Visual aids were available which reduced the learner's reliance on staff for information and promoted their independence. For example, staff had worked with learners to establish what prompts they needed to help them remember their routine and then made bespoke visual reminders and tick sheets for them complete. These including things such as remembering to charge their hand held devices and what they needed to take to college each day. A relative told us "(Learners name) needs lots of visuals, little reminders. If she wants one making she asks the staff and they do it straight away. This really helps her". The names of the staff on the duty rota and the names of the provider's safeguarding leads were accompanied with photographs, cupboards in the kitchen and in learner's rooms were illustrated with pictures of what they contained and the menu was illustrated with pictures.

Staff consistently encouraged learners to increase their independence and took the initiative to make the most of everyday opportunities to promote this. One learner told us they had asked staff to make a GP appointment for them. They said that staff had responded by suggesting to the learner they make their own appointment. At the suggestion of a member of staff, they been supported to phone their local GP surgery to make their own appointment and they were clearly proud of this. They commented "I rang the doctor myself the other day. I'd never done that before" and "They (the staff) help me to be independent, that's my goal, to be independent and live in my own flat." They also spoke about how much they enjoyed doing the house shopping at the local supermarket and using the 'self-scan' facility which they had learnt to use. A relative told us they felt their daughter was being supported to become independent and commented "They are giving her what she needs to grow and progress to be as independent as she can be". Staff spoke about supporting learners to become independent as being central to everything they did, and told us learners had developed their independence skills since moving in. One staff member commented "There's such a difference in the learners since September; they've matured so much". Another staff member stated "We used to prompt (learners name) about things, but it's more reminding her now she's more independent". A learner told us they were proud of the fact they could do things for themselves and that they had increased their independence by helping out around the house by cooking for others, loading and unloading the

dishwasher and cleaning their own room. They told us that other learners had chosen which tasks they'd like to undertake at a house meeting and commented "(learners name) loves doing the Hoovering. That's her job. That's what she wanted to do".

Staff knew learners incredibly well and demonstrated a thorough understanding of their preferences and personalities. Learner's backgrounds and life stories were explored during their assessment and initial days at college. Their preferences, likes and dislikes and routines important to them were highlighted and included in their care records. The keyworker met with their allocated learner regularly to talk about their support and their goals for the future which they helped them to plan for. Staff were observed treating learners with kindness, sensitivity and professionalism. They interacted positively with learners; they were attentive, listening and responding to people, laughing and joking with them and giving reassurance if needed. A relative told us they felt all the staff were kind and caring and commented "It is a very personalised service which makes people feel they matter".

Learners were empowered to make their own decisions and staff respected the decisions they made. The registered manager and staff provided learners with choice and control around the care they received. Learners told us they that they were free to do very much what they wanted. They said they could choose what time they got up, when they went to bed, how and where to spend the day when they weren't at college and what they wanted to wear. One member of staff told us "Empowering the learners, giving them choices and supporting them to be independent is what it's all about". Learner's records clearly guided staff on how to support them to ensure they were able to make choices and decisions about their everyday life. Learners had discussed with staff their preferences in relation to how they preferred to be supported and their preferences were incorporated into their daily routines. For example, skin and hair care for some learners needed to be done in a specific way, or at a specific time of day. Staff team meeting minutes documented one learner had expressed a preference for their hair to be washed in the afternoons when they returned from college rather than in the mornings. Another learner had expressed a preference for their evening routine to start slightly earlier as they had said this made them feel more relaxed and less rushed and this had been incorporated into their plans.

Staff took care to maintain and promote learners well-being and happiness; for instance, staff told us that one learner struggled to build and maintain relationships with others and although knew a lot of other learners, they did not have any close friends. They explained how they had supported them to build friendships with other learners, for example by supporting them to invite learners on trips out. The learner confirmed this and told us they had also been invited to celebrate another learner's birthday with them. It was evident that this meant a lot to the learner who told us one of the reasons they enjoyed living at Pier View House was because they had made friends. Staff meeting minutes detailed that two of the learners had been enjoying spending time with each other. Staff told us they were actively encouraging these learners to spend time together and develop their relationship.

Learners were supported to maintain relationships with people that mattered to them. Learners could have visitors at times they wished and staff described how they kept in touch with parents and promoted positive relationships with them. Learners used the internet to keep in touch with parents through visual communications as well as over the telephone. An advocacy service was available and information about this service was made available to learners.

Each learner had their own room which had been personalised to reflect their personality. For example, one learner had displayed their own art work and photographs in their room. Other rooms were more minimalist in décor and contained items which helped that person to make best use of their personal space. One learner told us they had been shopping with staff to choose and buy the curtains for their room which they

were clearly happy with.

Learner's privacy and dignity were respected and promoted. The guidance contained in their support plans promoted their privacy and dignity. Staff told us about how they protected the learner's dignity such as when helping them with personal care or when out in the community. Staff communicated with learners effectively and respectfully. For example, if a learner was sitting down staff would crouch down or sit with them and focus solely on that conversation. Staff told us that they were trained to focus on the person and their needs. Personal information was stored securely. Records kept electronically needed a password to access and paper records were stored in locked cupboards.

Is the service responsive?

Our findings

Exceptional approaches to assessing learner's needs, planning and supporting them through transition into Pier View House were in place. Staff worked closely with learners to make sure they were at the centre of the process and their views and opinions were respected. Learner's needs were robustly assessed before they were offered a place. As part of this process staff visited learners in their own homes, schools or other placements to assess their personal needs and to gain an insight into their preferences and interests. The processes also included meeting with the learner and their relatives or carers to discuss their needs. The information gathered was used to compile a pen portrait of the learner which detailed key information about them, such as their family and cultural background and whether they were sensitive to sound or touch. It also included their likes, dislikes, interests, method of communication, any routines that were important to them and their medical history. It also contained a description of any challenging behaviours they may display, what the antecedents, triggers and flash points were and any known management techniques in place. A relative told us "It's all very well thought out, individualised and focused on the young person."

The provider went to extraordinary lengths to ensure learner's placements at Pier View House were successful on every level. As part of the assessment process specific consideration was given to how well learners interacted with each other and whether they were likely to gel as housemates. Staff demonstrated they invested a considerable amount of time and effort into assessing what the impact of individual learners' behaviours and personalities were on the other learners they would be living with and assessing whether the dynamics between learners worked for all concerned, before offering them a place. Staff, a learner and a learner's relative told us part of the transition included visiting the college for two days and staying at Pier View House overnight. This was to undertake more detailed assessments of the learners needs and independent living skills, help them to get to know the learner and to observe how they interacted with others. One relative told us following an overnight stay staff had told them they were not completely sure if the service would be suitable for their loved one because they were not confident they would fit in with the other learners living there. They told us the provider asked if the learner could come back for another day's assessment and commented "They have to make absolutely sure that everyone would get on and be 100% sure it would be good for everyone. The impact is huge if they don't get it right; they were completely honest about that. It's not just about the fact they have a space, it's about making sure it's right for the young person, that's what makes it special".

Learners care and support was planned proactively in partnership with them. Personalised support plans were developed from the information gathered from the assessment and transition processes and other information provided from social and health care professionals. Each learners support plan was written from their prospective and promoted their development of skills, knowledge and understanding including personal, social and emotional skills all of which were continually monitored and reviewed. A Positive Behavioural Support (PBS) approach was promoted to increase the quality of life for learners. The formulation of an Individual Positive Behavioural Support Plan (IPBSP) and continued analysis of learners behaviours were seen as fundamental to achieving this goal. As part of the analysis they looked at what had occurred before the behaviour and may have triggered it, what happened during the behaviour, what it

looked like, what the consequences were, and what were the immediate and delayed reactions from everyone involved. IPBSP's were continually reviewed and monitored, and any incidents of behaviour both positive and negative were analysed. This helped to identify emerging patterns of behaviour, for example whether acts of aggression were displayed to push people away or make people come to them. The data was used by all staff and external stakeholders to develop the most appropriate way to provide care to the individual learner and support them to understand why they had reacted the way they had. A relative told us "They are very good at managing it (the learner's behaviour) and trying to understand it. They are incredibly intuitive about that".

The registered manager told us, "Support plans are developed using a full functional behaviour assessment of individuals. We get information we hold from the system, plus we interview staff and speak to the learners to triangulate the information". They explained that a report was then written to analyse the behaviour, which was then used to update the support plans. The analysed data showed improvements or decline in behaviour which helped them to identify trends. They told us "We're not looking solely at what is happening when an incident occurs, but what is happening when things are good and there are no incidents, what was happening at this time? This helps create a quality life change". We saw analysis and documentation that supported this and how this information fed in the individual learner's care plan and informed decisions around the care they received. This enabled staff to adjust and tweak the learner's routine in order to provide the most suitable and person centred care delivery.

The providers systems ensured that any changes in learners care needs were communicated to staff and support plans were updated without delay. Daily notes commented on learner's involvement and the care they had received. Any changes in learner's needs were highlighted and other staff were alerted to make sure they were responded to appropriately. Occasionally learners became unwell and needed additional support from staff. Systems were in place to escalate concerns to teams around the college so that all necessary help and support was provided to maintain the learner's well-being. Staff described how email alerts were followed up by senior management to make sure action had been taken to respond to changing needs. For example, when learners became anxious or upset, the behaviour support teams and psychologist were alerted and relevant sections of the learners support plan were then reviewed and updated. Staff explained they received an e-mail alert to inform them when a learners plan had changed, and that they had the opportunity to read the updates on the provider's computer system before they started each shift which meant they were always kept up to date.

Staff went the extra mile to plan in detail the arrangements for learner's social activities, making sure they met learner's individual needs. In addition to support plans specifying learner's routines, their individual activities were planned for each day. The registered manager and staff explained that it was crucial for learners' wellbeing, particularly those who were autistic that every effort was made to ensure that their daily routines were followed and planned activities took place. They told us in order to enable staff to do this the afternoon shift started at 2.30pm which gave the staff at least an hour and a half before the learners returned from college at 4.00pm to have a hand over of the events of the previous shift and plan the following shift. This was an extremely effective way of ensuring that events from the previous shift were handed over. At a handover meeting we heard staff plan in detail each learners routine and plan how the activities learners had chosen would take place that shift. The plans detailed which staff would support which learners, over what timeframe and where. Following this, staff took time to prepare for the activities they would be supporting learners to participate in. For example, one staff member made sure they had the equipment they needed for a learners mindfulness session ready in the front room, and another made sure they had the equipment they needed for an activity that was planned to take place in the garden. This meant staff were available to provide one to one support to learners from the minute they returned from college. It also meant learners could start their activities as soon as they were ready to do so, which

minimised the risk of any anxieties and frustrations that waiting may cause them. The plans for the activities were shared with the learners when they returned from college, so they were aware of who would be supporting them to do what activity, when, and were illustrated with pictures to aid their understanding. Our observations confirmed the plans were followed. One learner told us "I have a plan, we always have a plan, and (staff member's name) is supporting me. We're doing gardening this afternoon". The relative of another learner told us "It's vital for (learners name) to know whose going to be around, which staff are going to be on, what the plan is for the day. She can become extremely anxious if her routine is not followed. They (the staff) make sure she has this information and her routine is followed. She's definitely less anxious because of this".

Learners benefited from regular involvement in community activities that they enjoyed. Activities and outings were organised in line with the learner's personal preferences and staff supported them in the community. A member of staff told us, "The learners choose where they want to go. We let them know about things that are going on. Sometimes we meet up with learners from the other houses and do things together". Records confirmed this and showed that learners' were regularly supported to take part in community activities on an individual and group basis such as going to the cinema, walks and drives into town or to the beach and attending various cafes and community or college events. One learner had their own sewing machine and was supported to go to a community sewing group and to go to church on alternate weekends.

Staff used innovative and individual ways of involving learners so they felt consulted, empowered, listened to and valued. Learners were involved in monitoring and reviewing their support plans wherever possible, so they reflected their current routines, likes and dislikes and aspirations. Staff met with the learner their key worked on a regular basis to discuss with them their support plans and future goals. This helped the learner to have control over their lives and the direction and pace of travel towards their independence. Staff compiled a monthly report which summarised the progress the learner had made towards meeting their individual goals, any health concerns and any accidents and incidents. A relative told us they were kept up to date with their loved one's progress and received a copy of the monthly report. They commented "I receive a lengthy report every month, it's very thorough. I get updates over the phone in between times". learners were fully involved in their placement plans and worked creatively with staff in preparation for their annual review. Staff told us in an effort to engage learners in the process they supported them to produce a power point presentation to illustrate their achievements. Learners spoke enthusiastically about this and told us they had each chosen a music soundtrack to accompany their presentation. A relative told us they and their loved one had been fully involved in the review process. They commented "The placement review was so refreshing. (Learners name) came to the review meeting, she can find it quite stressful because she knows it's all about her, but it's the most relaxed I've ever seen her at a review. That was because of the way they organised it. They are very, very supportive to her and to parents as well".

Staff from Pier View House worked in collaboration with the wider staff team and the college to ensure that learners received consistent support that maximised the opportunities for learners to practice newly acquired skills. Staff explained that it was important that the skills learners were learning at college were reinforced at Pier View House and vice versa. To assist this, key information about each learner was passed between care staff and education staff each day. They explained that for some learners they associated a skill with the place they were learning it and when appropriate they prompted the learners to practice these skills in both the college and the home environment. It was clear from the records and the conversations we had with staff from across the organisation this strategy was effective. A learner confirmed with us they practiced the cooking and food preparation skills they were learning at their work experience at the college cafe at Pier View House.

Exceptional approaches to support learners through transition of leaving college were in place. When learners were moving on staff worked closely and co-operatively with other social and health care professionals to make the transition as smooth as possible. Staff told us how they gave information and guidance to learners and their parents on moving on from college. They provided advice and assisted learners and their relatives with the transition to a more independent lifestyle, such as supported living care services and housing options. We saw that input from other services and support networks were encouraged and sustained. A member of staff told us, "We track the settings and destinations where learners move on to, to see how successful they are and what their future plans are. This is then used to develop networks to help us assist other learners with their transitions". We saw examples of the provider co-ordinating and negotiating with funding authorities, education departments, social and health care professionals from areas all over the country. These links were integral in promoting the learners well-being, safety and quality of life, and establishing and maintaining these links throughout the person's time at college and beyond were essential for times of crisis or when planning transition.

We saw that alumni from the college were invited back to talk with new and current learners about what to expect when starting and leaving college. These events assisted learners to understand what to expect when they moved on from college. Through information passed on by their peers, this helped learners gain confidence and insight into potential future care settings and the kind of choices they could make. Another member of staff added, "We are aware of the input we have into improving the learners' future. Our aim is to reduce the care and support they will need in later life". One learner told us they were working towards moving into a supported living flat when they left college and a relative of another learner told us "They are already looking to the future for her and talking about how they will maintain links with her when she moves on".

Learners were consulted about matters concerning the operation of Pier View House. Fortnightly house meetings gave each individual a chance to say how they are feeling, offer suggestions on how things can be changed or improved, plan menus, plan activities and discuss any issues which they may have. Key worker sessions also enabled individuals to discuss concerns on a one to one basis. The views of the learners were listened to and where possible acted upon. In addition to this there was also an annual learner voice conference which provided opportunity for learners to have their say about St John's, what is good about it and what can be done to improve it. The conference also enabled learners to see what services were available to them after their time at St John's.

Learners and a relative told us they knew how to raise concerns or issues and would talk with staff or the registered manager. Information about how to make a complaint was produced in easy to read formats and displayed around the college and in Pier View House. Learners also told us they could raise concerns with their key worker or at house meetings. There had been no formal complaints in the last twelve months. The registered manager described what action taken they would take in response to any complaints made which included making sure close contact was maintained with a complainant.

Is the service well-led?

Our findings

Learners, relatives and staff spoke highly of the service and felt that it was extremely well-led. One learner told us, "The staff are amazing". A relative said, "It a fabulous place, I cannot praise them enough". The registered manager told us, "We move mountains to try and ensure we create positive outcomes for young people". A member of staff said, "It's a great place to work, everything about it is person centred and supportive".

Staff spoke very highly of the manager, registered manager and senior management team. They commented they felt supported and could approach their managers with any concerns or questions. One staff member told us "(Registered manager's name) is very approachable I can go to them at any time". Another commented, "I find (the manager) really supportive. She's always willing to help and advice, if she's not here then I can phone her or one of the other managers. There's always someone to go to. I never feel on my own we're a real team". A further member of staff told us "The manager is very supportive. I can go to them anytime or the seniors if I'm not sure". A relative commented "I met the registered manager before (learner's name) started and knew what she was about, she's spot on. There's good leadership right from the top and this filters down. The manager is absolutely superb and as a manager she shines".

The provider had a clear set of values in place. We discussed the culture and ethos of the service with the management and staff. The registered manager told us, "We have a very high impact on young people. We have an embedded culture of shared strategies across the organisation". A relative told us "They have the best interest of the young people at heart and this is at the centre of everything they do. It is a very thinking organisation". A member of staff commented "Learners happiness and independence is paramount to everything we do". Another member of staff told us they felt the ethos was "Empowering learners, giving them choices and supporting them to be independent".

There was a positive culture in the service, the management team provided strong leadership and led by example. The manager and senior managers regularly supported staff and provided hands on care. One member of staff told us, "The manager is hands on. They work late one night a week and work on the floor so they have real insight into what we do". In connection to their loved one's first review a relative commented "It was very professionally run by the vice principal". Staff told us they were happy in their roles and enjoyed working at the service. One member of staff told us, "This is the best job I've ever had I can't speak highly enough of it and that's really true".

The provider's leadership ensured staff worked effectively, had a clear direction and common purpose. The registered manager told us how as a management team they had decided to change the job titles of care staff to match those of the education staff to create a culture of teamwork. They told us, "Teamwork improves the lives, skills and wellbeing of the learners". A staff member told us "I love working here; everyone is so friendly and so supportive. I don't think I would have stayed if they weren't; it's not the sort of job you can do if you're not supported we make a great team". Another member of staff commented "There's good team work which works well". Therapists and health care workers spoke highly of the team work, one commented "I feel extremely valued by the management team who respect my views, consult

with me and ask my opinion all the time. The senior leadership team respect my professional standpoint. There are good relationships with all the care staff and managers". Another commented "Management are incredibly supportive, proactive and pro therapy. They have a very good understanding of our remit, are open to suggestions and listen to us". A third commented "There's an edge about this place a real common aim. There's a lot of pressure prioritising the support, but we relish it. Communication is effective and interlinked with teams across the organisation and externally." Therapists told us the care workers followed through the advice they gave and that they had regular contact and meetings with them to reinforce guidelines and help continuity. A relative commented "They work very closely as a team in an integrated way which includes us as well".

Staff liaised regularly with other stakeholders. For example, co-ordinating and negotiating with funding authorities, education departments, social and health care professionals from areas all over the country were integral in promoting the learners well-being, safety and quality of life. Establishing and maintaining these links throughout the learners time at college were essential for times of crisis or when planning transition. The provider challenged decisions made by external bodies on behalf of learners if their future aspirations were threatened. Additionally, the provider had accessed local services that had provided bicycles and tandems for the learners to enjoy evening cycle rides. They also had links with other organisations that provided activities and social events for people with learning disabilities and advocated for their rights.

The provider had systems and mechanisms in place to drive continual improvement. The board of governors, with considerable experience and specialist knowledge, monitored and supported the senior management team. An external consultant was used to conduct quality audits and feed back to managers. The manager also conducted internal audits, including medication, support plans, infection control and the environmental risk assessments of the service. Areas for further improvement where identified were followed up at the next audit. These were monitored by senior management. Robust monitoring of accidents and incidents ensured themes or trends were identified and the relevant action was taken to prevent them reoccurring. Senior management confirmed that it was paramount to ensure that lessons were learnt from such events, improvements were made and quality was maintained. A staff member told us "If something goes wrong we always reflect on it and look to see how we can do things differently, how we can improve".

The provider and registered manager took part and engaged in organisations and associations to keep updated with the current best practice and developments in the sector. They received regular updates from organisations such as SCIE (Social Care Institute for Excellence) and BILD (The British Institute of Learning Disabilities) which they incorporated into their policies and procedures to ensure they were following best practice. The provider had registered with the Autism Accreditation Scheme and their review was planned to take place in autumn of 2016. The Autism Accreditation programme is a continuing accreditation process. Services carry out a self-audit process against standards, using set criteria, until they are ready to undergo a formal review that consists of verification of the audit, observations of practice and discussions with key stakeholders by a team of professional peers. The Autism Accreditation aims to set and encourage high standards of provision for autistic adults and children based on a personalised model of support. The registered manager had signed up for the National Skills Academy for Social Care Registered Managers' Programme, and had attended conferences provided by the National Autistic Society (NAS) and the Pathological Demand Avoidance (PDA) society. They also received newsletters from CQC and the Challenging Behaviour foundation.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager's would support them to do this in line with the provider's policy. One staff

member told us "I'd have no hesitation in speaking out at all". Another commented "If there was something I was concerned about I'd speak out and I know they'd take it seriously". We were told that whistle-blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for those using health and social care services.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities, meaning we could check that appropriate action had been taken when required. The registered manager was also 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. A relative told us "They are open and honest. If there is anything at all they speak to you about it; there's open communications between us".

There were systems in place for learners to provide feedback on the service. On an individual level any concerns they raised or suggestions for improving their care and support were used to improve the service. Learners had weekly meetings and could also talk with representatives of the college and advocates. A care manager told us that both formal and informal reviews were carried out regularly. Learners were also asked to provide feedback as part of the college's quality assurance process.

There were also ways in which staff could express their views through individual meetings with their manager and at team meetings. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. One member of staff told us, "Communication between us works really well, we have handovers, team meetings and a communication book. If you've been off it's all there for you to read up on and someone will hand over to you what you've missed". We saw that a weekly meeting took place between managers and relevant departments at the college to review behaviours and incidents and create plans and strategies to improve care. One member of staff told us, "There is good communication across all of the departments at the college and we have regular meetings". They added, "We have good ideas, we are creative and get regular feedback from the managers".

Learners had a variety of ways to get involved in shaping the service they received. The college was celebrating its 130th year and we saw that the learners had been involved in organising the celebrations, which included a two day music and arts festival and involvement with the Brighton Fringe Festival. Learners had also designed stained glass windows for the college chapel and had developed a healthy living recipe book to collect recipes from the learners.