

St John's School & College

Framfield House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Framfield House is a residential unit providing accommodation and care to 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 those who have special needs resulting from behavioural, emotional and social difficulties (BESD). Framfield House is based in Seaford, approximately 13 miles from the college campus and is a 38 weeks a year service, meaning that people can live at the service only during term time. The service is registered for a maximum of nine people. At the time of our inspection, there were nine young adults living at the service.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

Information regarding people's DoLS, MCA and Lasting Powers of Attorney (LPOA) was not always clear in their care documentation to ensure staff were aware of specifics, including who was legally entitled to make decisions on a person's behalf. Information did not include who had been involved in conversations when decisions had been made. However, the impact for people was low as staff knew people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager had created an open and positive culture. Staff felt well supported and the home had a warm and welcoming atmosphere. People were fully involved in the service and had opportunities to give feedback. Staff were well motivated, proud to work at the service, and morale was very high. Systems were in place to monitor the service and drive improvement. One relative told us, "I wish [person] could live here permanently. Its calm, welcoming, homely, clean and spacious. Framfield is well-led and a home from home."

Systems supported people to stay safe and reduce the risks to them, ensuring they were cared for in a person-centred way. People and relatives told us they felt the home was a safe place to be and felt comfortable to raise concerns with staff. Staff knew how to recognise the potential signs of abuse and knew what action to take to keep people safe.

Staff were trained in administering medicines. People were protected by the prevention and control of infection and we observed staff wearing gloves and aprons when supporting people. There was enough staff to support people safely and the registered manager had safe recruitment procedures and processes in place.

Staff knew people extremely well and tailored their support accordingly. Staff had a good understanding of the care and support needs of people and had developed positive relationships with them. People were supported to live as independently as possible and told us that their needs were met. Activities took place on a daily basis and people were encouraged to participate if they wanted to.

People and relatives told us that staff treated them with kindness and we observed friendly interactions throughout the day. People were supported to ensure their health needs were responded to and health needs were reviewed on a regular basis. People had their privacy and dignity protected.

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

Rating at last inspection: Outstanding (report published on 24 July 2017).

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Framfield 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This comprehensive inspection was carried out over two days by one inspector.

Service and service type:

Framfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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:

This inspection was announced. We gave the service 24 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 inspection:

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We spoke to three people and spent time observing the interactions between people and staff in public areas of the home, in order to help us understand their experiences. We requested feedback from three relatives and spoke to ten members of staff, including the registered manager, head of learner services, team leader, senior support workers and support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure staff had the right guidance to keep people safe from harm. One person told us, "I feel really safe living here and staff are always around to talk about problems. Staff listen to us and never ignore."
- Staff received safeguarding training, they knew how to recognise potential signs of abuse and how to raise concerns in line with the provider's policies and procedures to the local authority.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and monitored to keep them safe. Risk assessments gave guidance to staff on how to support people to manage and reduce any risks. For example, we found clear guidance on how to support people who were at risk of self-harm and those who presented behaviours that could challenge. One member of staff told us, "Each person has a placement plan which gives guidance about people's behaviours. If a situation arose, we would get the others out of the room and support the person to try to calm them."
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved.
- Staff received health and safety training and staff knew what action to take in the event of a fire.

Using medicines safely

- Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. There was guidance for administering 'as and when required' medications. Staff received regular training and competency assessments were carried out to ensure their practice remained safe.
- We observed medication being given and saw people were supported safely with their medication needs. We found evidence of regular auditing of medicine, including checks on accurately recording administered medicines, including checks completed to ensure medicines administered accurately.
- Risk assessments were in place for people who were competent to manage their own medication, with some supervision from staff.

Learning lessons when things go wrong

- Systems were in place to record and identify lessons learned and improvements were made when things went wrong. One member of staff told us, "We use an electronic system to record incidents. We would report behaviours or anything out of the ordinary and use the information to look for patterns and how staff can reduce people's behaviours such as urinating in inappropriate places. We discuss incidents at staff meeting on Fridays, we have great communication and are good at sharing information and looking at

actions."

- The registered manager analysed accidents and incidents, including near misses, on a monthly basis to identify any emerging patterns, trends and learning. For example, errors with medication. The last medication error was eight months ago where a staff member forgot to check the person had taken all their tablets. Once the staff member realised they contacted 111 for advice, reported the incident and completed refresher training in administering medication.

Staffing and recruitment

- Staffing numbers were reviewed and assessed dependant on people's needs. We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this. A relative told us, "There is a good staff level and I feel that I can speak to whoever is on duty and they will always help."
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols. Staff recruitment folders included employment history checks, suitable references and appropriate checks, such as Disclosure and Barring Service (DBS), to ensure potential staff were safe to work within the health and social care sector.

Preventing and controlling infection

- People were protected from the risk of infection and we observed staff using personal protective equipment (PPE) such as gloves and aprons.
- Staff had training in infection prevention and control and information was readily available in relation to, washing hands, food hygiene, and cleaning products. One relative told us, "It's spotless and really well kept. My son is encouraged to tidy and clean his own room. Communal spaces are tidy whenever I visit."

Is the service effective?

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The registered manager carried out a pre-assessment before people moved into the service and care was delivered in line with best practice guidance. The assessment process helped to form people's care plan and to understand their care and support needs. Care plans were further developed as staff got to know them.
- Care plans confirmed that people, their relatives and professionals (where possible) were involved in the process and they consented to care and treatment. Relatives told us they were involved in discussions about their loved one's care. One person told us, "We meet with our keyworker to talk about our care once a week."
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process. Staff had a good understanding of equality and diversity. This was reinforced through training and the provider's policies and procedures.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to deliver effective care and support.
- Staff received training in a range of areas through face to face and on-line sessions. Training records confirmed the training staff had received. Specific training was sought to ensure staff had the right skills to support people. For example, one member of staff said, "I had never done epilepsy training before and learnt a lot from this training. Steps were made very clear in what to do in the event of seizures, how to manage the time you have during the situation and what needs to be focused on first. I learnt about the different types of seizures and I was advised on what to do and what not to do in an emergency."
- Staff completed an induction when they started working at the home. Staff were given opportunities to achieve qualifications in social care and new staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care expected from care workers. Staff also had the opportunity to achieve further recognised qualifications.
- Staff received regular supervision and appraisals and staff told us they felt supported by the registered manager and their colleagues.

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

- People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. People's weight was monitored on a regular basis and where appropriate they were referred to the Speech and Language Team (SALT) for advice and guidance.
- People were given a choice of food at mealtimes and alternatives were available. People were encouraged to choose what they wanted on the weekly menu. One person told us, "I like the food here and really like pizza once a week and BBQ sticky ribs and we get to choose McDonalds."
- Staff understood people's dietary requirements and preferences and were aware of special diets such as

religious requirements, gluten free and those who were vegetarian.

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

- Staff worked well with other agencies to provide people with timely care. Care plans included detailed information about health needs and when staff must involve other agencies in people's care. The registered manager gave an example where staff have supported one person to attend exercise classes to help reduce their weight. This positive support has encouraged the person to look at healthier snacks and meal choices.
- People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GPs, social workers, dieticians and psychiatrists. One relative said, "Staff call me after appointments and I get a monthly report. (Person) regularly gets his ears checked and staff always let me know how it went."
- People's oral health care needs were assessed, and staff supported them with their oral health care needs on a daily basis.

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

- People's needs were met by the design and adaptation of the building. We found the decoration and physical environment had been well thought out to meet their needs and promote their independence.
- Framfield House had a homely atmosphere with a garden for people to enjoy. There were spaces for people to spend time together, be with family and friends or enjoy time alone.
- People's bedrooms were spacious and truly personalised to their individual taste with their own possessions. Some people's bedrooms had been designed to replicate their bedroom at home, to help them feel comfortable and give them familiarity.

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

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.

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.

- The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- DoLS information was recorded and staff were able to tell us who had a DoLS in place and specific conditions.
- Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. We observed staff giving people choice and giving people time to respond. One member of staff gave an example, about how at house meetings on a Monday, people give their meal choice for the week and are supported to make choices through visual aids. This is the same for activities. Staff always talk

to people about any risks involved in their decisions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question is now Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the previous inspection the service was rated as Outstanding in Caring due to their approach in supporting people to express their views and increase their independence. At this inspection we found the support people received to be of a Good service.

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

- People were treated with kindness and staff had developed positive relationships with them. We observed friendly and warm interactions between the staff and people. Staff adapted their communication style and body language and recognised signs if someone was becoming distressed or anxious, offering reassurance.
- Staff had a good understanding of equality, diversity and human rights and people's differences were respected. People were supported to observe their faith. The registered manager also told us how staff had received training in LGBTQ awareness and wore a rainbow lanyard, to help people feel supported and safe in celebrating and expressing their sexuality.

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

- People were able to express their views and were actively involved in making decisions about their care, support and treatment, through reviews and daily interactions. For example, the service has developed personalised 'feelings and emotions' boards in each person's room to enable them to express themselves. This has led to people being empowered to express their feelings and let staff know how they feel, enabling them to self-regulate.
- Each person had a 'key worker' who worked closely with them to promote their individual rights and how they wanted their care delivered. They also liaised with family members and the college to provide weekly and monthly updates.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff had a good understanding of promoting independence. Each person had an individualised plan in place to support staff with helping them to become independent and learn key life skills. One person told us, "I have learnt how to use the bus or train. How to use the kitchen utensils and cooking meals from scratch. Each person has a day where they cook with a member of the staff and do laundry and cleaning."
- We observed staff knocking on people's doors and being respectful. One relative told us, "Staff introduced a timer when my son showers, this has allowed him to take control over his lengthy showers without any intervention from staff."
- Records and personal information were held securely to promote confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question is now Good. This meant people's needs were met through good organisation and delivery.

At the previous inspection the service was rated as Outstanding in Responsive due to their approach in providing person centred care, maintaining and building relationships, supporting people to express their views and increase their independence. At this inspection we found the support people received to be of a Good service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their interests, hobbies and increase their well-being and happiness. One person told us, "We go bowling, swimming, to the theatre, shopping and cinema. We had a Christmas party where all the neighbours joined us for a mince pie. At home we have movie evenings, we do baking, have beauty evenings, go trampolining. Lots to do."
- The registered manager and staff actively supported people to be part of their local community and to get involved. People were supported to learn how to use public transport independently and accessed different activities such as football, getting themselves to and from college. This independence has increased people's confidence and reduced their anxieties when out in the community.
- People were supported to maintain relationships with those important to them and develop new friendships. One person told us, "I am a mentor for another person living here. I look out for them if we are on an outing. I feel really privileged to help out." Relatives told us they were made to feel welcome when they visited.

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

- Staff knew people well and were able to deliver personalised care that was responsive to their needs. People's care plans were holistic and promoted their health and wellbeing. Staff had an excellent understanding of people's social, cultural, sensory and physical needs that influenced how they received their care. Care plans covered every aspect of the person's life and gave staff guidance around their wishes and how they were best supported.
- People, their relatives and professionals, where appropriate, were involved in developing and reviewing care plans. One person told us, "I am always involved and informed about any decisions and changes. I meet with the staff regularly to review my care."
- Changes in people's health or care needs were quickly communicated and updated in their care plans. One member of staff told us, "All staff share ideas and suggestions on how best to work with people. Lots of testing things out with them, it's progressive."

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.

- The registered manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans if appropriate.
- The registered manager and staff had ensured people's communication needs were personalised to empower them to express themselves fully using visual aids and pictures. The registered manager gave an example, where some people had cochlear implants. Staff received additional training to ensure staff could support them appropriately. They also had aqua implants, so they could go swimming therefore it was important that staff had a good understanding on how they worked.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy in place. People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary. The complaints procedure was displayed across the home and in accessible formats. One relative told us, "I would complain if I needed to. But never needed to"
- Systems and processes we saw showed that complaints would be responded to appropriately and in a timely manner.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- DoLS, MCA and Lasting Powers of Attorney (LPoA) information was not clear in people's care files to ensure staff were aware of specifics, including who was legally entitled to make decisions on a person's behalf. Information did not include who had been involved when decisions had been made. We discussed this with the registered manager who took immediate action following the inspection to update people's care plans. Whilst the impact to people was low as staff knew people well, this is an area that needs to be embedded and monitored going forward.
- Staff understood their roles and responsibilities and spoke highly of working at the service. Staff told us, "We promote independence for each person, developing and trying to prepare them for independent living and life skills. We are inclusive."
- We saw evidence of staff competency checks being carried out and regular audits to help the provider and registered manager identify areas for improvement and any patterns or trends.
- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. The registered manager had created an open and positive culture that delivered high-quality, person-centred care. One relative said, "Its brilliant, I love it."
- There was a clear person-centred approach to people's care. The staff team worked together collaboratively to achieve good outcomes for people. One person said, "They always listen. I asked for a double bed in my room and the manager sorted it. Staff don't want to see you upset and homesick."

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 registered manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

- People, staff and relatives were engaged and given opportunities to be involved in the service, through daily feedback, care reviews and weekly meetings. One relative told us, "Any suggestions are listened to e.g. if a routine needs to be tweaked. I can always speak to staff and they will try any strategy I suggest."
- People, their relatives and staff took part in yearly surveys. Feedback from the surveys was very complimentary. The registered manager was proactive in listening to ideas and taking on board suggestions, such as changes to the menu, activities and ensuring that people's transition to the service was smooth.
- There was a strong emphasis on team work and communication. Handover between shifts were thorough and staff had time to discuss matters relating to the previous shift and share any concerns. Staff told us, "The service is amazing, we have good banter and we work really well as a team."

Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and attended meetings with other registered managers and the provider, to learn from others and share good practice.
- Systems were in place to continuously learn, improve, innovate and ensure sustainability. The registered manager carried out quality assurance audits to ensure good quality care was maintained.
- We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.

Working in partnership with others

- The registered manager and staff proactively worked in partnership with healthcare professionals and education to promote positive outcomes for people.