St John's School & College

# Borradaile House

## Inspection report

Borradaile House
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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? | Outstanding |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We inspected Borradaile House on 19, 20, 21 and 22 April 2016 and it was an announced inspection.

Borradaile 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 young people who have special needs resulting from behavioural, emotional and social difficulties (BESD). Borradaile House is based next to the college campus and is a 38 weeks a year service, meaning that people can live at the service only during term time. At the time of our inspection, there were eight people living at the service all of whom were male. Six learners live within the main house, with another two living in a self-contained flat below. The provider has five separate residential locations in the Brighton and Hove area. This report relates to Borradaile House. 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.

Learners living at Borradaile 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 physical or 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 to reflect each individual learner's preferences and routines. When changes were needed these were done as quickly as possible, such as recognising group living wasn't right for one learner, leading to a flat being developed for this learner to have their own space. Staff worked closely and co-operatively through partnership working to make sure learners had access to ongoing support, to remain at college if they wished and to make sure when they moved on the appropriate arrangements had been made for them.

Learner's experience of their care and support was overwhelmingly positive. They were involved in the planning and reviewing of their care records and were able to direct their care, and were assisted innovatively to learn how to manage their anxieties and emotions. They discussed and shaped the activities they wished to take part in and were listened to. They took part in socially inclusive activities in their local communities and well as at the college. Learners had work experience and work placement opportunities as well as working in college departments. Learners benefitted from new and creative methods of communication and staff worked proactively to help learners to make choices and decisions about their care and lifestyle. Learners were supported to be as independent as possible, taking responsibility for their medicines, and learning new skills.

Outstanding 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 happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One learner told us, "I like living here". 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.

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, "It's been amazing what they have done with [my relative] and what he eats. He was so fussy and had such limited eating habits. They have got him eating things that we wouldn't have believed possible. We'd have ended up wearing it if we'd served it to him". Special dietary requirements were met, and weight was monitored, with permission. Health care was accessible for learners and appointments were made for regular check-ups as needed.

Learners were encouraged to express their views and had completed surveys. Feedback received showed they were satisfied overall, and felt staff were friendly and helpful. Learners and their relatives also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. One member of staff told us, "St John's is incredibly supportive and understanding around staff". The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive 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.

### Is the service effective?

Good

The service was effective.

Learners were supported by staff who had access to an excellent training programme, which could be tailored to provide personalised training reflecting individual the learners needs. Staff were supported to develop and excel in their roles and to create innovative ways 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?

Good

The service was caring.

Learners were treated with kindness, compassion and reassurance. Their privacy and dignity was respected by staff

who promoted their individuality.

Creative methods of communication enabled learners, no matter how complex their needs, to be involved in their care and support. Learners felt involved and empowered to learn and try new things.

Learners were able to test and try new opportunities to explore areas of independence they had previously not considered.

## Is the service responsive?

**Outstanding** ☆

The service was responsive.

The service was 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 care plans. Detailed care 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.

# Borradaile 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 was 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. The service was last inspected in October 2013 and no concerns were identified.

The inspection took place on 19, 20, 21 and 22 April 2016 and was announced. 48 hours' notice of this inspection was given, which meant the provider and staff knew we were coming. We did this to ensure that appropriate office staff were available to talk with us, and that learners using the service were made aware that we may speak with them to obtain their views.

The inspection team comprised of two inspectors and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we asked the provider to complete 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 planned to make. This enabled us to ensure we were addressing any possible areas of concern and look at the strengths of the service. We reviewed the information we held about the service, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

As part of this inspection we spoke with three learners living at Borradaile House. The majority of learners living at the service were unable to speak with us due to either complex communication needs, or their specific condition. We therefore observed the care and support being provided, and we also spoke with a relative by telephone. We spoke with the registered manager, the college principal, staff employed by the provider within human resources, maintenance, the transition team, the care management team, a nurse, a mental health nurse, a councillor, a speech and language therapist (SALT), an occupational therapist (OT) and five care staff. We spent time reviewing the records of the service. We looked at three staff files, medicines records, accident/incident and safeguarding recording, staff rotas and records of audit, quality control and health and safety documentation. We also reviewed four care plans and other relevant documentation to support our findings.

Good

# Is the service safe?

## Our findings

Learners and their relatives told us they felt safe whilst living at the Borradaile 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, "Safe, yeah". A relative added, "I have no concerns at all about [my relative's] safety".

To make the most of their college experience learners 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 the learners safety. For example, one learner living at Borradaile House enjoyed using the computer and accessing the internet. However, assessments and guidelines were in place for staff and the learner, as certain types of websites and content could overstimulate them and impact on their behaviour, mood and wellbeing. A member of staff told us, "We look at risk in terms of how we can give the learners the chance to do things, not to see if it's too dangerous".

Systems were in place to identify risks and protect the learners from harm. Each person's care 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 people faced. A care 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".

When people became upset or distressed staff helped them to stay safe using strategies which they had been involved in developing with other staff who knew the person well, and specialist teams in the college. For example, we saw that one learner was walking around the service at a fast pace. Staff were aware that this learner was becoming agitated and they calmly spoke with them and suggested they might like to hold their favourite ball. With encouragement, the learner got their ball and became less agitated. It was clear that staff were knowledgeable of individuals, could recognise when they were becoming distressed and knew what to do to minimise this. Staff said accidents and incidents and near misses were recorded and reported to senior management and the specialist teams, such as the safeguarding team. These were then analysed for trends or patterns, so action could be taken to prevent them reoccurring. A care 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 the learners 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 learners 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 person 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 motor vehicle to transport learners to activities and outings. Each vehicle was fitted with a device to track the speed and location of the vehicle at all times for the safety of the learners. 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.

The learners were protected by systems to recognise and report suspected abuse. They could raise concerns directly with staff, 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 and around the college to provide information and promote the profile of safeguarding to staff and the learners. Information was displayed in formats using plain English, large print, pictures and symbols, which reminded learners 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 Borradaile House. This was to ensure there were sufficient staff with the right skills, experience and understanding of the learners to meet their needs. Staff confirmed there was flexibility in the staffing levels to make adjustments, so staff could work individually with learners when needed, or provide additional help when learners were ill or taking part in social events. One member of staff told us, "We have some vacancies, but we cover them and keep the staffing numbers correct. The staffing levels are fine and we can always use staff from one of the other houses". 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 that learners had access to staff who knew and understood them providing continuity of care. Care staff and college support staff worked closely together, both in the service and in the classroom to ensure a consistent approach. Our own observations confirmed there were sufficient numbers of staff available to keep the learners safe and meet their assessed needs.

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. 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.

We looked at the management of medicines. 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 as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be

identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to the 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. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

# Is the service effective?

## Our findings

We found areas of good practice in the effectiveness of the care provided at Borradaile House. Learners told us they felt confident in the skills of the staff and they received effective care that met their needs. One learner told us, "I'm happy here". A relative added, "This is the first home that [my relative] has been in, where we can sleep soundly at night. The staff are brilliant and their training is excellent and tailored to individuals". Learners living with very complex needs were supported by a range of staff with an excellent understanding about the support and care they required.

Staff told us that the provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Borradaile 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 member of staff told us, "The induction made me completely aware that sometimes it may be tough working here. It was useful and I was given time to learn. Shadowing other staff was very valuable". 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 said, "I get supervision regularly". We saw documentation which confirmed that regular supervision meetings had been scheduled.

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 councillor, a 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 really excellent. I requested further training around autism awareness and this was made available for me".

Additionally, 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 specialist 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. A care manager told us, "We use training that is BILD (British Institute of Learning Disabilities) accredited. 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, "The behaviour training was excellent. It was really practical and you felt really knowledgeable about why you were doing it".

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, training could be assessed and given accordingly. The benefit of this to the learner's was that training could be delivered quickly to respond to any individual changes in their needs. This also enabled the provider to give 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. For example, one learner used Makaton regularly to communicate. Their relatives explained this to the care managers. Despite staff having already received Makaton training, further training was implemented to aid staff in the ability to communicate with this individual. By working together, the teams were able to deliver training which helped them to empower the learner to communicate more effectively. The learner's relative told us, "Once they [the staff] realised about [my relative's] Makaton, they went out of their way to get extra training. He's like a different boy since he's been at Borradaile House, we think it's excellent". A care 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 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).

The learners' 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 learners 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 the learners safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, however nobody living at Borradaile House was under DoLS.

We found areas of outstanding practice in the effectiveness of the care provided at Borradaile House. Learners and their parents felt confident in the skills of the staff and they received effective care that met their needs. One learner told us, "I'm happy here". A relative added, "This is the first home that [my relative] has been in, where we can sleep soundly at night. The staff are brilliant and their training is excellent and tailored to individuals". 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 service had innovative and creative ways of 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, training could be assessed and given accordingly. The benefit of this to the learner's 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. For example, one learner used Makaton regularly to communicate. Their relatives explained this to the care managers. Despite staff having already received Makaton training, further training was implemented to aid staff in the ability to communicate with this individual. By working together, the teams were able to deliver training which helped them to empower the learner to communicate more effectively. The learner's relative told us, "Once they [the staff] realised about [my relative's] Makaton, they went out of their way to get extra training. He's like a different boy since he's been at Borradaile House, we think it's excellent". A care 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 was contributing to the development of best practice, and had commissioned a specialist consultant to develop this specific training and strategies for staff, to give them the skills to understand and deliver person centred and safe management of difficult behaviours. A care manager told us, "We use training that is BILD (British Institute of Learning Disabilities) accredited. 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, "The behaviour training was excellent. It was really practical and you felt really knowledgeable about why you were doing it".

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 councillor, a 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 really excellent. I requested further training around autism awareness and this was made available for me".

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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 said, "I get supervision regularly". 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).

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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 care plans clearly detailed whether learners had any allergies or special dietary requirements. Where required, staff supported the learners to eat and drink and maintain a healthy diet. A member of staff told us "We have full house meetings around food, but also one to one discussions about what the learners want to eat. We cater for dairy intolerance and one learner has cultural food that is appropriate for them". The registered manager added, "We let the learners choose what they want to eat. Some need a high calorie diet and others we encourage to try new things". A relative told us, "It's been amazing what they have done with [my relative] and what he eats. He was so fussy and had such limited eating habits. They have got him eating things that we wouldn't have believed possible. We'd have ended up wearing it if we'd served it to him". The staff cooked dinner for the learners, but learners were encouraged to assist with food preparation and washing up. The registered manager told us that any specialist diets were respected, and where required learners weight and their food and fluid monitored. We saw that some learner's required a high calorie diet to gain weight and that input had been sought form the provider's SALT.

Learner's received support which effectively managed their healthcare needs. Care plans included detailed information on their healthcare needs and how best to provide support. A relative told us, "The staff are always contacting me about [my relative's] health. They always update me on anything that has happened, they know him so well". The provider's real time behaviour monitoring system allowed staff to share information around the learners health needs with other teams. We saw that 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 described how email alerts were followed up by senior management to make sure action had been taken to respond to any changing needs. For example, through analysis of health related incidents, it was recognised that one learner's epilepsy could be triggered by temperature. Plans and guidance had been put in place to ensure that staff assisted the learner to wear suitable clothing

and ensure that temperatures remained appropriate to help manage their healthcare needs.

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. A member of staff said, "We completely know if anyone is poorly. The other morning [a learner] woke up with a rash. We recorded it and contacted the nurses". 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.

Good

# Is the service caring?

## Our findings

Staff were highly motivated and overcame obstacles to deliver kind and compassionate care. Learner's and their relatives told us caring relationships had developed with staff who supported them. The service understood their needs and supported the learners in creative and innovative ways to maximise their independence, offer choice and allow them to express their views. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One learner told us, "I like living here". A relative said, "The staff are like our extended family".

Learners' were positively encouraged to communicate and make decisions about their care and support. The registered manager and staff provided learners with choice and control around the care they received, and they were empowered and encouraged to make their own decisions. Learners were free to do very much what they wanted, and could choose what time they got up, when they went to bed, how and where to spend their day [when not at college] and what they wanted to wear. One learner told us, "I go to bed early at 9:00pm and get up at 11:00am [at the weekend]". Staff were committed to ensuring that learners remained in control and received support that centred on them as an individual. One member of staff told us, "All the learners get choices about what they want to do. Sometimes we explain what would be best for them, for example getting to bed at a reasonable time if they have college in the morning, because we don't want their education to be impacted. Other than that, they let us know what they want to do". Another member of staff said, "We make the care person centred to the individual. It's all about what they want to do". A care manager added, "We use pictures and prompt cards to help the learners make choices, for example to plan their days". Throughout the inspection, we observed them being given a variety of choices of what they would like to do and where they would like to spend time.

Staff were exceptional in encouraging and enabling learners to be as independent as possible. A member of staff told us, "We always promote independence for the learners, whether that be around cooking or washing. We start with the things they like doing and go from there". Another member of staff added, "[Learner] couldn't make any food at all. We've encouraged him to make his own food and he does now. There is a learner here who has had independent travel training and now uses the buses in town on his own". We saw that learners were given the opportunity to gain skills to promote their independence, such as assisting with preparing meals and carrying out household tasks such as laundry and tidying their rooms. Additionally the provider encouraged learners to gain vocational skills. Learners worked in the college restaurant and work placements were set up in a local shop. The provider also liaised with their business partners to provide opportunities. For example, we saw that all the stationary for the college was ordered by the learners. This gave learners valuable vocational experience, through carrying out authentic business transactions for the college. A care manager told us, "The work placements start with a proper interview like you would have for any other job. We want the skills that the learners are getting through education transferred into the care setting, for example cooking skills". Another care manager added, "It is not just work skills, but all skills to be independent. It's about them learning to go out to gigs and be in the community and forming relationships". The learners' advances in independence ranged from being able to access local buses, to preparing snacks and drinks, and managing their personal care routine. Through promoting independence in creative and individualised ways the service encouraged the learners' personal

development, which lead to a greater measure of choice and aspiration.

Considerable lengths were undertaken to ensure that learners were matched with care workers they were compatible with, to ensure that positive relationships could develop. A care manager told us that learners were matched with care workers they were compatible with. If they felt a care worker was not suited to a particular learner they were able to change them. We saw that the care management team used the real time behaviour monitoring system to analyse incidents and ensure that compatible staff worked with the learners. They told us, "We use recording of staff involved in any incidents, to see if it was a particular member of staff that the learner may have reacted with. This also feeds into the staff member's supervision and training to help them develop". We saw records which supported this and saw that staff were selected to work in Borradaile House, based on their skills and compatibility with the learners who lived there. A member of staff told us, "Borradaile House is quite a relaxed house, it's quite low key. It suits learners that way and we match staff with the same view". Additionally, at each handover meeting between shifts staff discussed who would be working with which learner, based on the learners needs, the kind of mood they were in and the day that they had planned.

The service has a strong, person centred culture and used creative ways to make sure that learners' had accessible, tailored and inclusive methods of communication. We observed that staff were skilled in using different approaches and ways of communicating with learners, that was appropriate to their needs. Additionally, written methods of communicating information had been used, with illustrated symbols and pictures to aid the learners understanding. Developing alternative methods of communication was important to enable all learners, no matter how complex their needs, the opportunity to communicate with others. Learners benefitted from departments within the college who could assess their communication needs and offer, or develop a range of systems, devices or strategies. This ranged from the simple, but creative use of pictures and photographs to using electronic communication devices and iPads (hand held computers which give visual images or audio sounds). We tried to speak with one learner, who repeated each question that we asked, but did not answer. A member of staff suggested that we write our questions down for the learner to read. It was clear that the member of staff knew the best ways to communicate with this learner. We also saw that one learner could not communicate verbally. While dinner was being prepared in the kitchen, there was music in the background. The learner moved his head forwards and backward which meant he didn't really like the music. Staff understood this and he was encouraged to choose a different song. This learner had limited communication, but both he and the member of staff we were able to communicate together and understand each other. All members of staff at Borradaile House were able to use Makaton to communicate with learners who used it.

Staff were highly motivated and inspired to offer care that was kind and compassionate. Staff spoke with kindness and enthusiasm for the learners they supported and it was clear that they knew them well. One member of staff told us, "I love working here. It's really it worth it when you get the little breakthroughs with the learners, like when you get clear communication and changes in their behaviour". The registered manager told us, "We want to do our best for these wonderful learners. We are a supportive team and we want to know the learners and understand them. It is about gaining trust with each other. Being open and honest and for the learners to know that when you say you are going to do something you deliver". 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 had access to the internet to keep in touch with parents through visual communications as well as over the telephone.

Staff had an in-depth appreciation of the learners' individual needs around privacy and dignity, and care was taken to alleviate any discomfort whether this was physical or emotional. We were told how one learner had significant issues with anxiety. We saw how through input from several departments at the college, that

a routine of relaxation had been developed for this learner. The routine involved carrying out specific exercises to relieve tension, and they had been provided with a 'feelings' key ring, that contained information on how to analyse feelings and also included prompts for the learner on how to start a conversation. Other learners needed help to make sense of their environment and the company of others. Sensory equipment had been provided which they could use at times of stress such as weighted blankets, and all learners had a 'sensory diet' chart displayed, which showed the things they liked which relaxed them. A relative told us, "He [my relative] always seems so happy at Borradaile House. The staff know what makes him happy".

When a learner became anxious or upset the care management team and other relevant staff such as counsellors and occupational therapist were alerted. We saw that the staff used the real time behaviour monitoring system to analyse potential 'spikes' in the learners behaviours and discomfort, such as at the beginning and end of terms, valentine's day and the build up to Christmas. They used this data to implement strategies to manage emotions, such as not putting up Christmas decorations too early. Confidentiality was respected, and the principles of privacy and dignity were understood by staff. One staff member told us, "Some of the learners here are on one to one care, but we respect their privacy. The others go to and from their rooms as they please, we don't disturb them. They are young people who do their own thing". We could see that privacy and dignity was discussed at staff meetings and incorporated into the learners care plans. Learners were treated with dignity and interactions with staff were warm and respectful. We saw staff engaging positively with the learners and using language that was appropriate and relevant to young adults. Staff were seen to 'high five' with learners when they agreed on something and it was clear from these interactions that staff and the learners got on well. Personal information was stored securely, and records kept electronically needed a password to access.

Outstanding ☆

# Is the service responsive?

## Our findings

We found examples of outstanding practice in person centred care provided by Borradaile House. The service was flexible and responsive to individual needs and preferences, and found innovative and creative ways to enable the learners to live as full a life as possible. Learners received care that promoted their health and wellbeing, and staff had an excellent understanding of the learner's social, cultural sensory and physical needs that influenced how they received their care. A relative told us, "The staff at Borradaile House are in contact with us all the time. We receive monthly updates about how [my relative] is getting on. The communication and the way they meet his needs is excellent".

The staff proactively looked for ways to ensure that learners' received care that was personalised to meet their individual needs and preferences. Part of providing this person centred care was also making sure learners had access to the appropriate equipment and living environment. One learner at Borradaile House had complex sensory needs and struggled a great deal with transitions and change. This learner's room was on the top floor of Borradaile House and he had on several occasions flooded the house, as he enjoyed being in the bath. It would have been an easier option to move the learner to a different room, which had access to a wet room, so that his bathing could continue without the risk of flooding. However, care managers felt that moving the learner out of the room he had become so attached to would cause him anxiety and upset. Therefore, the provider made the decision to turn the bathroom of the learner's room into a wet room with a floor drain. This ensured that the learner could have the continuity of staying in the same room, and still enjoy the activity of bathing which gave him pleasure and helped meet his sensory need. By converting the existing bathroom into a wet room, the learner's anxieties had been significantly reduced, as they had not needed to change rooms, therefore improving their experience of being at college and their quality of life. The registered manager told us, "It would have been much easier to move [learner], but he loves his room, so now he can stay here and have his wet room". Guidance for staff had also been developed in relation to the temperature and layout of this learner's room, to help provide the most calming and empowering environment possible for this individual.

The arrangements for social activities were innovative and developed in partnership with the learners to meet their individual needs. The learners were fully involved in choosing the activities that took place and pursuing their interests. We observed staff and learners interacting and discussing activities. A relative told us, "The staff are all on the same wavelength as the learners, they know the activities they like to do and I think the staff like them as well". We observed staff and learners interacting and discussing activities. One learner had an interest in VHS video tapes. The learner told us, "My favourite is Only Fools and Horses. I like comedies, yeah, I like to laugh".

The learner's key worker added, "[Learner] loves VHS tapes and not DVD's. He goes to charity shops to look for VHS tapes". Another member of staff told us, "[Learner] likes to go to the park, so we do our key worker sessions at the park now. It helps him engage and it has built his confidence". Learners' had benefitted from the social opportunities and activities that had been organised. Another member of staff told us, "We work closely with the learners to give them self-confidence. They are young people and we want them to socialise with other young people". 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.

There was regular involvement in community activities. 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, "We give good diversity in activities. We want the learners to try new experiences". Learners' were given freedom of choice in what they would like to do in the afternoon after college. Some went to the gym, or played basketball or football. One learner was making a birthday card for his friend, and we observed another learner enjoying watching television in the living room. Many of the Learners went out with their support workers when college finished and came back before dinner. Records showed that learners' were regularly supported to take part in activities such as table tennis, using the sensory room, bowling, getting a takeaway, barbeques, walks to the beach or a drive to nearby towns. Activities took place seven days a week and the activities that had been organised were displayed for the learners to choose from. Shift patterns for staff were organised, so that all day activities would not be interrupted or need to be cut short. This meant that learners had the freedom to choose activities that interested them, and which could take place further afield and go on all day if required. Having limited restrictions around timings and staff working patterns enabled far greater choice of activities for learners and enhanced the lifestyle they were able to lead in their spare time.

Exceptional approaches to support learners through transition into college, into work or when leaving college were in place. An important part of the process of going to live at college was the learner's assessment and the pre-admission systems. 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 had an individualised experience of this depending on their needs and the best way to help them through this transition. Staff visited learners in their own homes, schools or other placements to assess their personal needs. Staff said they were able to work alongside learners to gain an insight into their preferences and interests. This was vital for learners with an autistic spectrum disorder who liked to have very strict routines or those with very complex health needs. Learners and their relatives could spend time at the college learning about the facilities, the opportunities on offer and visiting the service. The learner's backgrounds and life stories were explored during their assessment and initial days at college. Preferences, likes and dislikes and routines important to them were highlighted and included into their care records. Staff commented that although this information was important it was vital they revisited and reviewed the learner's wishes and needs in light of the new experiences they were having at college. One member of staff told us, "The Transitions team carry out assessments to ensure that the right learners go to the right service. We organise visits to the service first, as for some it will be their first time in care environment. We invite learners to come for tea and go on an activity with the other learner's in the service. Eventually they can stay the night. We look at the suitability of the service, what are the other learner's like, and will they make friends. We then adjust the staff at each service to match their skills with the learners needs. Learners get an info pack with pictures, plus they get an induction day before term with the other learners, their family staff and care workers to orientate themselves". Personalised care plans were developed from this knowledge of learners' and other information provided from social and health care professionals. Learners were involved in monitoring and reviewing these wherever possible, so they reflected their current routines, likes and dislikes and aspirations.

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. The provider challenged decisions made by external bodies on behalf of learners if their future aspirations were threatened. For example, representing learners who had been refused funding for another year at college.

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". We saw an example of how one learner at Borradaile House had struggled to adapt with the move from their home to college. However, with support from the Transitions team, they had engaged an advocate to support them to manage their transition into a suitable care and living environment once they had finished college.

Care and support was planned proactively in partnership with the learners. The delivery of care was personal to each learner and responsive to their changing needs. This was set out in the learners care plans. Care plans contained information about all aspects of daily care needs as well as any risks to health or wellbeing. Care plans were very detailed and the learners' views and thoughts were clearly taken into consideration when devising the care plans. It was clear by the level of detail and personal information that the learners and their families were involved in developing their care plans and subsequently reviewing them. A relative told us, "We spoke about everything beforehand in terms of [my relatives] care. The staff at Borradaile House keep us updated all the time and we review the care together. We talk about behaviours and how to de-escalate situations". Learners and staff felt care plans were personal and contained the level of detail required to provide safe, effective and responsive care. They were written from the learner's point of view and contained extremely comprehensive details around likes, dislikes, preferences and what was important to them. The learners care plans contained information such as specific behaviours they exhibit, what they liked to wear, and how they preferred staff to address and speak with them. For example, one care plan explained that a learner wished to take pride in their appearance, and we saw that this was the case. We saw details in another care plan that instructed staff to talk with the learner about his favourite buses, as this helped him to engage. A further care plan detailed how a learner wished staff to know that they did not like dogs or being outside when it got dark, and they should be mindful of this when out in the community. Recording logs and feedback from learners, staff and the registered manager showed that these plans of care were being followed. A member of staff told us, "Some of the learners have very specific routines. One learner has specific clothes that he likes to wear for college and each t-shirt has to be right. We follow the care plan, as his routine is very rigid".

Positive behavioural support plans were also completed. This is a tool for understanding and managing behaviour, such as what occurs before the behaviour and may have triggered it, what happens during the behaviour and what does it look like and the consequences, what are the immediate and delayed reactions from everyone involved. These plans identified patterns of emerging behaviour and were continually reviewed and monitored, and any incidents of behaviour both positive and negative were analysed. This data was used by all staff and external stakeholders to develop the most appropriate way to provide care to the individual. A care manager told us, "Care 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. A report is then written to analyse the behaviour, which is then

used to update the care plans. The analysed data shows improvements or decline in behaviour and we are looking for trends. 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.

Information was readily available on the learners' religious, cultural and spiritual needs. Learners' had discussed with staff their spiritual and cultural beliefs which were reflected in the way they were supported with their personal care, nutrition and social activities. For example, food needed to be prepared in a specific way for some learners, or some chose to have a certain gender of staff helping them with their personal care needs. For some learners' with an autistic spectrum disorder (ASD) staff needed to be aware of routines which were very important to them and for staff to respect these. For example, one learner had their routines displayed in their room to prompt themselves and staff. They also had a selection of pictures to use to illustrate their feelings, emotions or activities.

The provider took a key role in the local community and was actively involved in building further links. For example, the provider had accessed local services that had provided bicycles and tandems for the learners to enjoy evening cycle rides. Learners were also encouraged and supported to engage with services and events outside of the service. 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 festival and involvement with the Brighton Fringe Festival.

We looked at how concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. A relative told us, "I've not needed to complain, but we would speak to the staff at Borradaile House". Staff told us they would encourage learners to raise any issues they may have. One said, "We would always help someone to complain". Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded.

Good

# Is the service well-led?

## Our findings

Learners, relatives and staff spoke highly of the service and felt that it was well-led. One learner told us, "The staff are the best thing here". A relative told us, "I think it would be selling the college short to say it was good, it's outstanding". A care manager told us, "We move mountains to try and ensure we create positive outcomes for young people". A further member of staff said, "I love working here".

The provider had a clear set of values in place, which were understood and followed by staff. We discussed the culture and ethos of the service with the management and staff. A care 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 said, "The college is excellent. They just really understand autism". A member of staff added, "St John's puts everything they can in place to not fail the learners. There are a lot of compassionate people here who like their job". A further member of staff said, "We always maintain the highest levels of accountability. We're here for the learners to succeed".

There was a positive culture in the service, the management team provided strong leadership and led by example. The registered manager and senior managers regularly supported staff and provided hands on care. One member of staff told us, "[The registered manager] supports me and encourages me. He's there when you need anything. If you go to him, he advises you". Staff told us they were happy in their roles and enjoyed working at the service. One member of staff told us, "St John's is incredibly supportive and understanding around staff". Another member of staff said, "We're a good team". A care 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".

Staff spoke highly of the registered manager and we saw that management at the service was visible, approachable and supportive. One member of staff told us, "[The registered manager] is very approachable". Staff commented they felt supported and could approach managers with any concerns or questions. One member of staff told us, "We are encouraged to ask questions and raise anything. I feel comfortable doing that". The service had a strong emphasis on team work. Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We're a strong team, we always support one and other". Another member of staff said, "We work together as a team".

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, such as around activities and food. 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, their parents and other stakeholders were also asked to provide feedback as part of the college's quality assurance process, through satisfaction surveys.

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, "There is good communication and we have regular meetings", and "Handover is really useful. We determine who is assisting who and what the learners are doing". 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, "We are always kept up to date with everything. We have email groups to share information and updates". They added, "We are involved with the service and how it runs. For example, staff help with the recruitment process and give feedback".

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 registered manager also conducted internal audits, including medication, care plans, infection control and the environmental risk assessments of the service. Areas for further improvement where identified were followed up at the next audit, such as updating care plans. These actions 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. The provider also received regular updates form organisations such as SCIE (Social Care Institute for Excellence) and BILD (The British Institute of Learning Disabilities) in order to remain up to date with relevant developments in the sector.

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. We were told that whistleblowers 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.