

# St John's School & College Framfield House

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This inspection took place on 13 June 2017 and was announced. At the last inspection on 30 March 2015 the service was rated Good.

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 learners aged 7 to 25, who have a wide range of complex learning disabilities, such as autism and related autistic spectrum conditions (ASC) and young learners 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 learners 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 seven young adult learners living at the service all of whom were male. The provider refers to people using the service as learners, which they will be referred to in this report.

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

The service had positive culture that was exceptionally person-centred, open, inclusive and empowering. Staff went the extra mile to share information with learners and provide explanations in a way that empowered them to make informed decisions and become more independent

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

Learners living at Framfield House were supported with exceptional care, dedication and understanding. Transitions for learners to and from their care setting at college were bespoke and planned thoroughly. For learners with complex physical or emotional needs a great deal of planning and preparation was involved. When changes were needed these were done as quickly as possible, such as recognising the living arrangements were not right for one learner, leading to an entire floor of the service being dedicated for this learner to have their own space.

Learners mattered and the care was exceptionally personalised. Each person had a trusted member of staff, known as a keyworker, who took a lead role in each person's care and wellbeing. They continuously looked for ways to ensure learners had positive experiences and led fulfilling lives. Staff knew about learner's lives, their interests and talents and encouraged them to become more independent and try new things. 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. Information was shared and explanations given to learners to help them form their own opinions and make their own choices and decisions.

Staff were enthusiastic and happy in their work. They felt supported within their roles and held the management team in high regard, describing a management approach, where managers were always available to discuss suggestions and address problems or concerns. There was a strong emphasis on team work and communication sharing. The registered manager and staff had a 'can do' attitude and were solution focussed.

Staff were aware of their role in safeguarding learners from abuse and had received appropriate training. We saw risk assessments had been devised to help minimise and monitor risk, while encouraging learners to be as independent as possible. Staff were very aware of the particular risks associated with each person's individual needs and behaviour.

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.

Recruitment practices were robust and new staff received and induction to the service which included shadowing experienced staff before working unsupervised. Staff received the training and support they needed to undertake their role.

The registered manager was aware of their legal responsibilities and kept up to date with good practice. They had also formed links with the local community. Accident and incidents had been recorded and monitored to identify trends and themes. Systems of audit were in place and where improvements had been identified, action had been taken to rectify this.

## 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. Risks were managed in the least restrictive way.

Staffing numbers were sufficient to 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 completed training to meet their needs. Staff were supported to develop in their roles.

Staff worked in accordance with the Mental Capacity Act 2005 and had a good understanding of Deprivation of liberty safeguards.

Learners were supported to eat a healthy diet and access health care support when needed.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Learners were treated with kindness, compassion and reassurance. Their privacy and dignity was respected by staff with whom positive relationships had been formed and who promoted their individuality.

Staff went the extra mile to support learners to become independent and take charge of their own lives.

Learners benefited from staff who took care to reduced their anxiety levels and promoted their wellbeing.

Learners were involved in their care and support and empowered to make their own decisions.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The service was uniquely 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.

The registered manager and staff were passionate about providing a high standard of care for learners. Staff and relatives spoke highly about the management team and the service being delivered to learners.

Staff shared the provider's vision and values to ensure learners benefitted from the best possible person centred care.

There was an effective quality assurance system in place to ensure any improvements needed within the service were identified and the necessary action was taken to implement change.

# Framfield 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 13 June 2017 and was announced. This was to make sure learners would be in to speak with us on the day. It was also so that the provider had time to arrange for sufficient numbers of staff to be deployed on the day to facilitate the inspection without disrupting learner's daily routines. At the last inspection on 30 March 2015 the service was rated Good.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three learners, three relatives, the registered manager, the head of care, the CEO/Principal and three members of care staff.

We observed the support staff provided to learners in the communal areas and also looked at records, including three learners' care records, staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some learners using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

Learners were protected from harm and kept safe. A relative told us, "[My relative] needs a lot of one to one and he gets it". Another relative said, "They take safeguarding very seriously". A member of staff added, "We are well trained, we are keeping ourselves and the learners safe".

Learners were protected from the risk of abuse. The provider had systems in place to help protect learners from potential harm. Staff knew what action to take if they had any concerns and how to protect learners from abuse and avoidable harm. They had received regular training in keeping learners safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Information was made available to learners, to ensure that they knew what to do and who to contact should they have any concerns. We saw that learners had been given 'Prevent' and radicalisation awareness training. This is a way to ensure staff were able to identify children and young people at risk of being drawn into terrorism.

Robust risk assessments were in place for learners which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of learners having risk assessments in place to manage their money, access the community, to cook and to attend events. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which 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. Learners' ability to evacuate the building in the event of a fire had been considered and where required they had an individual personal evacuation plan. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

Staff took appropriate action following accidents and incidents to ensure learners' safety and this was recorded. This information was also analysed for any trends and any follow up action to prevent a reoccurrence was updated on the person's care and support plans and shared with staff.

There were sufficient care staff available to meet learners' individual needs. The provider had systems in place to monitor each learner's level of dependency and to identify the number of staff needed to provide care safely. Relatives and staff told us, and records confirmed, that staffing levels were maintained. Learners were seen to be well supported and we saw good examples from care staff where learners were provided and assisted with care promptly when they needed it. Staff told us, and records confirmed that staff duty rotas were flexible and managed around the needs of learners and their activity schedules ensuring they had the support they needed when they needed it. For example, we saw that one learner had been allocated two members of staff to assist him at the service, despite not receiving funding to do this. The registered manager told us that these extra staff were used as it improved the learner's college experience and supported him to manage his behaviours more effectively. A relative told us, "Numbers and quality of staff have never been a problem. When he wanted to attend football activities in Surrey, they managed to accommodate it by planning for extra staff availability. They work extremely hard to accommodate what students want". A member of staff added, "Yes there are definitely enough staff. We have learners requiring

two to one and one to one care. We always have enough staff to cover and staff are willing to pick up extra shifts, so that the learners never miss out".

Learners were protected by safe recruitment practices. The provider had a recruitment policy in place to help ensure that correct checks would be completed on all new staff. Records confirmed these procedures had been followed. The service also had a probationary period in place and a disciplinary procedure, which could be used when there were concerns around staff practice.

Learners had received their medicines safely and as prescribed. Medication had been administered, stored safely and recorded in line with the service's medication policy. Regular audits had been completed and staff had attended medication training and received regular competency checks.



# Is the service effective?

## Our findings

Learners were supported by staff who had the skills and experience to enable them to provide effective care and support with their health and dietary needs. Relatives told us they had confidence in the staff team who provided consistent support. One relative told us, "They do behaviour charts, so we can actually see how they use evidence of his behaviours and responses, to improve understanding and how they work with him. We've seen they promote good liaison with the GP and psychiatrist".

Staff received the training and support needed to deliver safe and effective care. Newly recruited staff completed an induction which included completing training and shadowing experienced staff. This helped new staff to understand how the service works and also to gain information about learners and their care needs prior to working unsupervised. One member of staff told us, "The training is really good and practical. We also carry out training here in the home to simulate a live environment, rather than that of a training room. Any sort of training that is relevant they will do. Training is really supported. If it benefits the learners, they would never say no". Another member of staff said, "The training I received on induction was excellent. It made me feel confident and supported".

Staff confirmed they received regular training and support through supervision meetings with their line manager and team meetings. One member of staff member told us, "I get supervision half-termly, but I can ask for supervision whenever I want". They felt they had the knowledge and skills to carry out their roles and responsibilities as a care worker. They had also been provided with specialist training relevant to the learners they provided care and assistance to, such as training in how to support learners who had autism, complex needs and may present behaviour that challenges others.

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, so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that the management team had a good understanding of MCA and DoLS. Learner's had capacity to make day to day to day decisions, which had been assessed and documented within their care and support plans to help ensure they received appropriate support. Staff demonstrated an awareness of these assessments and confirmed they had received training in MCA and DoLS.

Learners continued to be supported to have sufficient to eat and drink and maintain a balanced diet. Their nutritional requirements had been assessed and their individual needs, including their likes, dislikes and dietary needs were documented. Staff had a good understanding of each individual person's nutritional needs and how these were to be met. The food on offer was age appropriate for the learners and they spoke positively of the mealtimes. On the day of our inspection learners and staff were enjoying a barbeque that

was being cooked expertly by one of the learners with others assisting.

Learners were supported to maintain good health. They had access to healthcare services and received health checks and medication reviews. Each individual had a detailed health action plan and staff liaised with professionals and families to ensure they responded to every health need.

## Is the service caring?

### Our findings

Learners were supported by kind and caring staff who knew them extremely well and who were exceptional at helping them to express their views. Learners were encouraged to be as independent as possible and empowered to take responsibility for their own lives and make their own decisions. One relative told us, "[My relative] loves it [at the service]. He is anxious by nature, he likes the ability to live quietly and to walk along the beach. There are always staff available to support him in what he wants to do. He is a complex boy. They have done their best to understand him and to reduce his anxiety. What needs doing, gets done quickly. He gets to have a say, for example voting for his favourite food". Another relative said, "What stands out is the development [my relative] has made in the home. I can't express enough how they have come to know him and understand him. They can separate out their understanding of him as an individual, and of autism. They recognise people with autism are individual and different from each other. They have helped him become more independent as a young man. His time in the home has been more productive than in the school".

Staff consistently shared information with learners and provided explanations in a way that empowered them to make informed decisions and become more independent. Weekly house meetings took place and there was a strong emphasis on involving learners in every aspect of the day to day running of the service. They were involved in choosing and preparing their own meals, cleaning their own rooms and the communal areas of the service and doing their own laundry. A relative told us, "The growth in his life skills has been incredible, such as cooking, shopping, washing his clothes. He enjoys cooking for the house and that has been recognised and encouraged, and built on". Records confirmed this and one learner told us, "At the house meetings we choose meals and activities to do together, but people do their own activities as well". The registered manager added, "We added a section to the house meetings for staff to complete, to ensure that anything suggested by the learners is actually happening".

At one house meeting the general election was discussed and an easy read document was developed for learners to assist them with understanding the election process and its purpose. Learners decided they wanted to hold an election party, and cakes and bunting were made in the colours of the political parties. Subsequently a meeting was held to discuss the results of the election and what this meant for the Prime Minister. Additional election meetings had been scheduled to discuss further news on the political situation. A member of staff told us, "The election was a big deal, so we explained it so they could understand, it is important that they know what is going on outside the home". This demonstrated that staff empowered and supported learners to be valuable members of society and to exercise their rights to vote as citizens.

Many of the learners had arrived at the college with limited daily living skills. However, staff had identified areas where learners could develop, increase their independence, take more responsibilities and create exceptional outcomes. As a result of a discussion around managing finances, staff were now supporting one learner to improve their understanding of the concept of saving money. Another learner had been supported to apply for a job and they now worked in a local charity shop. This work experience had increased their confidence and self-esteem and provided them with valuable vocational skills to use when they moved on from the service. A further learner who initially could not make a cup of tea or get dressed independently had been supported to develop their own morning routine and could now get ready

independently. A member of staff told us, "The staff team around the learners is brilliant and we give them as much help as possible to develop their skills to give them the best chances for the rest of their lives". A learner said, "I've learnt to get about a lot more. I can go to different shops on my own". Another learner added, "I've learnt to cook for myself and now I look after myself better. I know to have a shower without having to be told. This is an independent house, we are all learning and we help each other. I have a best friend here and we can do lots together".

Staff had a common aim to achieve positive outcomes for learners. They knew learners well and had a good understanding of how best to support them. They gave us examples of individual personalities and character traits. They spoke about the learners they cared for, their personal history, what they liked to do and the activities they took part in. One member of staff told us "It's great to see the learners' progress". Learners were relaxed with staff, sharing jokes and laughing together. They were happy and comfortable with the support provided and staff were kind and caring in their approach. One learner told us "It's the staff who make it here. They understand my disability and look after me, which makes it safe for me. You don't have to do anything you aren't comfortable with. Sometimes I have a bad day at college. There's always someone to talk with and help me solve my problems. I can express my feelings as they know me so well. They respect my feelings, and I respect them. The house is all about supporting each other, and respect'. A member of staff added, "We definitely have good relationships with the learners, it is an extremely caring culture and we all want the same outcomes for the learners. We're very proud".

Staff demonstrated a strong commitment to providing outstanding care. They excelled at providing consistency which had a positive impact on learner's wellbeing, reduced their anxiety levels and provided stability. We saw support plans and risk assessments that staff followed to support learners when they were feeling anxious. For example, we were told how one learner became anxious in the evening, which had a detrimental effect on other learners at the service. The provider had introduced a therapist to provide hand and foot massage to reduce their anxiety. This had proved successful, therefore all staff at the service had received training in massage from the therapist, so that a consistency of massage could be given. The registered manager said, "Providing a consistent approach to massage and using a massage ball makes [learner's] anxiety reduce, it is calming and makes him ready to settle. This in turn creates a settling environment for the whole house". We saw that some learners were supported with mindfulness techniques and encouraged to use fidget spinners and stress balls. The registered manager told us, "We work hard to help the learners manage their emotions and cope. We develop strategies to follow and give training to staff".

Learners were consistently consulted and involved in decisions about their care, and had a key worker who co-ordinated their care, and looked after their wellbeing. We saw examples of outstanding individualised support given to learners by their key workers. For example, one member of staff told us, "I saw [learner's] room and it looked just like mine at his age. I saw so many games that he had that I liked, that I knew we were so much alike. [Registered manager] spotted this and made me his key worker and there has been a dramatic improvement with [learner]. He used to have an issue with hygiene, but I say 'If you have a shower quickly, then we can play this game'. That is how my mind works and it has built his confidence, so that each day now he showers and washes his hair independently. I knew we were going to get along". With support from this key worker, the learner had been given the confidence to get a haircut which improved their self-esteem and confidence further. One learner told us, "My key worker keeps my family informed about anything, but all the staff are really nice, they care for you. Everyone gets on really well here. It was strange at first, but you have all the time you need to get used to it. Staff were helpful right from the start. If I was worried about anything I'd tell any of the staff, I trust them all. I can't think of anything I don't like here, because they always ask what I want to do".

Learner's bedrooms were personalised to reflect their own interests and their privacy was respected and consistently maintained. Staff knocked on doors and waited to be invited in before entering the room. Staff were polite and courteous when interacting with learners and information held about them was kept confidential by being stored in locked cupboards. Staff were mindful of not discussing learner's care in front of others. One member of staff told us, "From the very start I was told about knocking on doors, its common politeness". Learners were supported to maintain relationships with people that mattered to them and regularly received visitors. Additionally, it was evident that although learners were able to communicate verbally, staff knowledge of the learner was key to engaging and communicating with them. Staff gave us detailed information that supported our conversations with learners and without this insight it would not always have been possible for us to engage effectively with some learners. Learners were observed to be relaxed with staff, communicating effectively and appropriately, sharing jokes and laughing together.

## Is the service responsive?

### Our findings

We found examples of outstanding practice in person centred care. 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 their needs. A relative told us, "One of their strengths is flexibility. [My relative] by nature is testing and he varies in who he will accept as a carer. They are accommodating of his choices, within reason. He is challenging, needs a lot of planning. The staff balance his individual needs with the needs of the house as a whole. They have no problem going with the things people like, there's no pressure on [learners] to do things they don't like or feel ready for".

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 making sure learners had access to the appropriate living environment. One learner had complex needs and had struggled with his initial living arrangements of being in close proximity of other learners. The provider made the decision to allow this learner to live alone on the entire top floor of the service. The top floor of the service had three bedrooms, however two rooms remained empty. By providing an entire floor whereby the learner could go to have time alone, knowing that they would not be disturbed had significantly reduced their anxieties and improved their experience of being at college. The head of care told us, "From a financial point, we could rent out the other two rooms on this floor, but we want [learner] to have an environment that suits him". Guidance for staff had been developed in relation to how to interact and provide care on this learner's floor, to ensure the most calming and empowering environment possible.

Learners were consistently involved in developing their care and had a key worker who co-ordinated their care, and looked after their wellbeing. They reviewed and updated each learner's care plan with them regularly. Everyone had relatives involved in their care reviews and decisions on care, and one relative told us, "We are fully involved in termly and annual support planning. The key worker is central, they have open discussions with us and we learn from each other. For example, they struggled with promoting food choices, but we were able to say how to manage meal times, they were prepared to listen and it worked. He is comfortable there. If he is having a hard time, I know from them right away, so we can work together, so we reinforce what we each achieve. As a result he understands social behaviour much better and can go anywhere, because social aspects of his development have received attention". A member of staff added, "Key working is really important. It's my favourite part of the job, as we are responsible for building relationships with the learner and their family, and to guide their experience in the house".

Positive and fulfilling relationships had been built between learners, family and their key workers. A learner told us, "Music is my big thing, I sing in a band and my college worker plays guitar with us. We are rehearsing for a public performance". A relative told said, "He has a key worker, and another staff member deputises for the key worker to maintain continuity. He sees his key worker as a friend, who takes him out to socialise. For us to know he can and does confide in his key worker, for example if he has problems at college. He listens and accepts their advice, it mirrors what we would do when he is home. Staff will tell us how we can support their work with him, such as where we can add our praise for progress he has made. That's an example of

how they use continuous contact with us. We will all miss the home when he leaves, we trust them and he sees it as home from home. It has just been a massive learning opportunity". A member of staff added, "All the learners get the right amount of time with their key workers, which is really good. For example, I spent all Saturday with [learner]". We saw a further example of a learner being matched with an older key worker, as the most significant people in their life were older relatives. This helped the learner identify with their key worker and engage more with staff.

The arrangements for social activities were innovative and developed in partnership with the learners. They were fully involved in choosing the activities that took place and pursuing their interests. One learner told us, "I love being here, I feel at home. It's a good staff team and we have lots to entertain ourselves. There's consoles, trips to the pub, going to the gym". Another learner added, "What I like most here is the activities. You can try lots of things". A member of staff told us, "It's all about supporting the learners. They have ideas about what they want to do, but don't know how to access them, so we facilitate it". The registered manager added, "We always try to support whatever the learners want to do. We can be flexible on everything". There was extensive involvement in community activities. Learners were given freedom of choice in what they would like to do after college. Records showed that learners' were regularly supported to take part in activities such as bowling, barbeques, walks to the beach, attending gigs and events, or visits to nearby towns. A relative told us, "They [staff] are all cheerful and have bent over backwards to see him happy. In London he was in a drama group, so they took him to a number of plays until they found a drama group locally that he has joined. Now they are looking for a choir he can join". Activities took place seven days a week and shift patterns for staff were organised, so that all day activities would not be interrupted or need to be cut short. A member of staff added, "Their whole time other than at college or medical appointments is their choice. We make sure the learners can do what they want. We shift plan in line with conversations we've had at the house meeting to give the learners what they want and we have enough staff to do it. It can all change at the last minute, but I can't think of a time when we have ever had to say no". The service had fostered positive links with the community. We saw that learners had performed at the Brighton Fringe Festival and the registered manager reported good relationships between the service and its neighbours. We were told how learners delivered invitations to neighbours to join a Christmas party, which several accepted.

Personalised care plans were developed from the excellent knowledge of staff about the learners'. Learners were involved in monitoring and reviewing these wherever possible, so they reflected their current routines, likes and dislikes and aspirations. The delivery of care was personal to each learner and responsive to their changing needs. For example, staff had planned specific routines and ways to communicate with learners, in order to get the most from them in terms of attending college and living collectively at the service. 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, "They keep us informed and we feel very involved in his support planning. The key worker rings weekly and the manager rings monthly. They use the records meaningfully". Care plans were written from the learner's point of view and contained extremely comprehensive details around likes, dislikes, preferences and what was important to them. They 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 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. Positive behavioural support plans were also completed. This is a tool for understanding and managing behaviour. It records what occurs before the behaviour and what may have triggered it, what happens during the behaviour and what does it look like. Consequences of the behaviour are recorded, as well as 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 to develop the most appropriate way to provide care. Recording logs and feedback from learners, staff and the registered manager showed that these plans of care were being followed.

Exceptional approaches to support learners through transition into college, 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. Learners 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 in order to work alongside them 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. We saw how two learners had several visits to the service in the summer holidays to personalise their rooms in readiness for the start of term. A relative told us, "In the education side his problems worsened on transition, so they had to work hard on supporting him on the residential side by liaising with his former school and trying to get his local authority more involved". When learners were moving on, staff gave information and guidance to learners and their parents. A relative told us, "Staff work well with the educational side. They have offered and given support to looking at potential follow-on placements for when he finishes here".

We looked at how concerns and complaints were responded to. A relative told us, "I feel I can raise any complaint and they would respond appropriately". Staff told us they would encourage learners to raise any issues they may have. The complaints procedure and policy were accessible and displayed around the service in easy read format. Complaints had been handled and responded to appropriately and any changes and learning recorded. Complaints recording documented full involvement with the learner throughout the process, their views on what outcome they wanted, the steps taken and the outcomes achieved.



## Is the service well-led?

### Our findings

People told us that the service was well-led. A relative told us, "The support structure is amazing, better than anywhere he has been before. Staff form a network of support, in fact his learning in the residential environment has been more important than the college learning, important as that is". Another relative added, "It's a well-run home; we haven't had to query anything. It's clear how to contact, but we really haven't had to. They can prove what they have done and what effects they have achieved".

The service was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. They told us their ethos, in line with St John's School and College statement of purpose, was to provide a structured yet challenging environment, in which people are presented with opportunities to improve upon practical and social skills for living. We observed the registered manager demonstrating these values consistently during the inspection. They interacted warmly with learners, who clearly recognised them and were at ease engaging with them on first name terms. The registered manager worked holistically with the provider and the staff team to support learners to increase their level of confidence and independence. They told us, "We enrich learners' lives and give them the best experiences possible in the time they are with us. We are creating memories for the rest of their lives and giving them the skills to pursue their dreams. I'm passionate about the learners".

The service ensured that learners and their relatives, had the opportunity to give meaningful feedback about the quality of the support they received. Learners could request a personal meeting with the registered manager whenever they wished, and were supported to do this. A relative told us, "They are always asking us and [our relative] if we are happy and whether we want anything to change. We were very happy with the manager being promoted into the job. She has always been accessible and able to take the initiative". A member of staff added, "There is good communication and regular team meetings. We plan for the care the learners want, so that we don't just repeat everything". We saw examples of new blinds, pictures and a vegetable garden being put in place in light of feedback from learners.

The registered manager believed the service was well-led and expressed confidence in the staff team and care delivery. They told us, "I'm confident in the staff team and I am immensely proud of them. We always reflect on practice and learn. We're all learning every day. I invest a lot of time in this team. I take advantage of inset days to deliver training and make improvements in terms of monitoring and improving records. I have an open door to them". Staff agreed with this and told us they felt very well supported by the registered manager and management team and that a positive culture had been developed. A member of staff told us, "I genuinely love working here and love the learners. [Registered manager] is really hands on and always in the house. She always knows the backgrounds of things for any problems. The team is really good, with lots of positive characters and passion in leadership and direction. I'm so proud of how far we have come, we have that culture which really makes it really effective". Another member of staff said, "I love it here, it's probably the best job I've ever had, it's like being with family. I feel so comfortable, I couldn't ask for more, I've had so much support. We are supported through all challenging situations, the support afterwards is as good as it gets. [Registered manager] is excellent. I can approach her at any time. I can't fault her, she is so supportive and understanding. I feel cared for as well as working here". A staffing structure, with clear roles

and responsibilities, provided effective monitoring and accountability. The registered manager told us, "We have restructured the staffing levels to deliver better care. It has tightened up lines of communication and improved working relationships. This has resulted in increased enthusiasm and motivation".

The provider had a range of effective monitoring systems in place to assess the quality and safety of the service. An annual quality survey was completed where the provider gathered feedback from staff, learners, families and external stakeholders to determine what the service was doing well and where it needed to improve. Regular audits were carried out, looking at areas such as accidents and incidents, safeguarding, complaints, the administration of medicines and the safety of the environment. Learners were 'tracked' after they had left to find out how effective the service had been for them. The provider was committed to continual improvement and an ongoing action plan had been developed. Areas of improvement included achieving accreditation from the National Autistic Society, and the implementation of an employee communications/engagement strategy. This involved a newsletter being published twice per term, and site specific employee forums set up to focus on wellbeing and communication. Further developments included improving the quality of independent monitoring reports to support in developing and improving residential services, and we saw that a consultant had been commissioned to provide more detailed and in depth reports and analysis.

The registered manager told us they used a variety of methods to keep themselves informed about developments and best practice, and disseminated what they had learnt across the staff team. This included CQC's briefing for providers of adult social care and regular updates from the provider, Autism Sussex, the Grace Eyre Foundation and the British Institute of Learning Disabilities (BILD). They told us, "We have a team meeting every Friday and share any significant information with the team".

The provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.