

St John's School & College

Pier View House

Inspection report

St Johns School and College
17 Walpole Road
Brighton
East Sussex
BN2 0AF

Tel: 01273244000
Website: www.st-johns.co.uk

Date of inspection visit:
26 February 2019
27 February 2019

Date of publication:
23 April 2019

Ratings

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

Summary of findings

Overall summary

About the service:

Pier View House is an on-site residential unit that provides accommodation and care for up to four people who attend St Johns College. St Johns 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, including autism and related autistic spectrum conditions (ASC). The provider refers to people using the service as learners, which they will be referred to throughout the report. At the time of inspection Pier View House provided care and support to four learners, for up to 52 weeks per year. Pier View was compliant with the values underpinned in Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. Learners had access to local amenities, facilities and services such as healthcare and were supported to access these regularly.

People's experience of using this service:

- Learners were consistently supported and empowered to make day to day decisions. Where appropriate learner's consent was sought and their ability to be involved in decision making was recorded in care planning, however records did not always detail the decision-making steps taken when acting in individuals 'Best Interest'. The manager took immediate steps to address this and implemented a detailed recording tool to support learners and staff. We have recommended that the provider review relevant legislation to improve recording and evidence of best practice guidance.
- Learners were supported to receive their medicines safely with support from appropriately trained staff for the role.
- Risks to learners and the environment were effectively managed through robust assessments and people were appropriately protected from the risk of abuse and avoidable harm.
- We received overwhelmingly positive feedback and relatives consistently told us their loved ones received exceptionally high quality, compassionate and outstanding care at Pier View House. This also included exceptional communication and genuine partnership working with learners and people that were important to them.
- The manager and support staff were extremely passionate and highly motivated in promoting positive outcomes for people and maximising learner's independence at every opportunity. Learners at Pier View House were valued and treated as individuals and staff had a comprehensive understanding of their needs.
- The manager was committed to ensuring information was shared with learners in an accessible format including care plans, signage and developing meaningful communication tools. Engagement was at the heart of service delivery and integral to the manager and staff's core values.

- Learners were supported to receive highly personalised care to meet their needs and care records were person-centred to reflect people's likes, dislikes and preferences. Learners were regularly consulted and information was updated to reflect their achievements and development.
- Learner's rights and freedoms were upheld and staff treated people with dignity and respect. The provider took a proactive approach to inclusivity and staff received additional training to promote antidiscrimination.
- Where learners required additional support to manage anxious, distressed and heightened behaviour, we saw robust care planning and proactive support offered.
- Learner's had access to a wide range of activities to meet their interests, which were flexible to meet their individual needs. Learner's had easy access to the local community and facilities and were supported to attend a range of events.
- The provider ensured the delivery of high quality care through robust quality assurance processes and there was good communication between the organisation.
- The service met the characteristics of Good across the safe, effective, responsive and well-led domain and consistently demonstrated Outstanding characteristics in caring. More information can be found to evidence this in the full report.

Rating at last inspection:

This service was previously rated as Outstanding at the last comprehensive inspection. This report was published on 30 August 2016.

Why we inspected:

This was a planned inspection based on the previous inspection rating.

Follow Up:

There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Pier View House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

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

Service and service type:

Pier View House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Pier View House accommodates up to four young people with ranging complex needs and learning disabilities, which includes autistic spectrum disorder (ASD) and needs resulting from behavioural, emotional and social difficulties (BESD). The home currently provides up to 52 weeks per year accommodation, care and support to learners who access the main college campus to meet their specialist educational needs.

A registered manager was not 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. Day to day management of the service was carried out by an acting manager, who was in the process of applying to register with the CQC

Notice of inspection:

This planned comprehensive inspection took place on 26 and 27 February 2019. Due to the nature and size of the service, the inspection was announced and the provider was given 72 hours' notice that the inspection would take place.

What we did:

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:

- Two learners using the service
- Observations of interactions between learners and supporting staff
- The manager and senior leadership team including the chief executive officer
- The provider's nominated individual and head of care
- The maintenance, estates and ground manager
- The provider's health and safety advisor
- The provider's nursing team leader
- Seven members of care staff, including waking night staff
- Human resources and recruitment staff
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Business contingency plans
- Four people's care records

After the inspection we gathered information from:

- Four relatives

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Learners were appropriately protected from the risks of avoidable harm and abuse. One learner told us, "I am definitely safe, I have all the things I need around me, then I am safe." Relatives consistently told us they felt their loved ones were safe at Pier View House and one family member commented, "It's the first time I feel like I don't have to worry anymore".
- There were appropriate systems in place to protect people from abuse. The provider used electronic recording systems to ensure all incidents and accidents were recorded, monitored and evaluated through their software "Behaviour Watch".
- The provider operated an internal safeguarding team which consisted of senior leaders, internal health and education professionals and the manager, to review all accidents and incidents in a multidisciplinary forum.
- Support staff knew how to prevent, identify and report allegations of abuse. One staff member told us, "Anything we're not happy or unsure about for anything with the learners we log on "my concern" (the providers electronic database) and it gets followed up." Staff told us how they would respond to any concerns internally and organisations they could contact externally such as local authority commissioners and the Care Quality Commission to keep learner's safe.

Assessing risk, safety monitoring and management:

- Learners had individual robust and detailed risk assessments in place. Assessment of risks included risks associated with health conditions, behaviour management and activities learners participated in. Where risks were identified, there were clear actions for staff to follow to reduce and mitigate these. For example, where learners had a known risk to abscond, detailed plans were in place to manage this.
- Where appropriate, learners were involved in decisions around risk and positive risk taking. For example, where a learner was building independence to access the college site independently there were risk assessments in place to support their rights and freedoms.
- Environmental risks were assessed, monitored and reviewed regularly. These risk assessments included fire safety, emergency lighting and gas safety checks.
- In the event of a fire, learners had a personal emergency evacuation plan (PEEP) in place which was easily accessible and reflected the different responses required for day or night time evacuations.
- We looked at the provider's business continuity plan. This provided detailed actions that would be taken in different scenarios, for example loss of power supply, and how learners would be supported to remain safe.

Staffing and recruitment:

- Staffing levels were sufficient to meet learners needs. A relative told us, "They have the right amount of staff to deal with things." We also observed that learners had access to enough staff to support them to meet their needs.
- Staffing levels were based on learner's needs. At the time of the inspection due to the complexities of the

learner's care and support needs, all learner's had access to one to one support. The manager told us peoples care and support needs were reviewed regularly and we saw the provider's care calculation tool which detailed the individual levels of support required for a range of activities, including personal care support and accessing the community.

- Safe and effective recruitment processes were in place. There was a clear recruitment pathway with the relevant pre-employment checks, including disclosure and barring service (DBS) checks before commencing employment. The provider's recruitment team were responsible for all pre-employment and new staff checks.

Using medicines safely:

- Where a learner was prescribed a paraffin based cream, there were no risk assessment in place to identify and reduce the risks around safe storage of these creams, as these products are known to be flammable when exposed to a source of ignition. However, the provider took immediate action and an individual, detailed risk assessment was in place by the end of the inspection.
- Learner's had access to appropriate levels of support to manage their medicines, which was supported by individualised plans detailing people's needs, preferences and staff approaches required.
- There were clear systems in place to store, administer and dispose of medicines appropriately.
- Staff responsible for assisting learners with their medicines were trained in the safe administration of medicines. Staff had access to support from the provider's health team lead nurse, who completed bi-annual competency checks and supported staff's learning and development needs.
- Where learner's medicines were prescribed on an 'as required' basis such as pain relief, medicine care plans included person specific details on signs and symptoms to be observed.
- Where learners required the use of visual aids or communication tools to support them to engage with their medicine routines staff encouraged this through use of a Picture Exchange Communication System (PECS) and widget symbols as appropriate.

Preventing and controlling infection:

- The environment was clean and tidy. A relative told us Pier View House had a "Homely feel" and another said, "It's always clean and tidy, they do a deep clean in half term breaks".
- A learner told us, "I do all my own bedroom, I like to put my music on and get on with it."
- Learners were supported to build on their independent living skills and manage cleaning tasks in their own rooms and shared tasks in the communal areas, with individual levels of support as appropriate.
- Staff had access to personal protective equipment such as disposable gloves and aprons, and we observed staff used these consistently when appropriate.
- Staff received training in infection control and COSHH to reduce the risk of infection and potential cross contamination.
- Learner's had access to the laundry room and were encouraged to maintain their own laundry with support.

Learning lessons when things go wrong:

- The manager told us they promoted an open and transparent culture in the home between support staff, learners and relatives. Systems were in place to evaluate and develop an action plan when things had gone wrong. For example, where a learner experienced an episode of being unwell, the change in routine triggered heightened behaviour and this resulted in damage of property. The manager described how they had analysed the incident to implement actions and prevent a reoccurrence, such as using social stories to support the person during changes in their routine
- The provider's safeguarding lead worked with staff when accidents and incidents occurred to quickly address any concerns. They said, "It's important our learners have consistency between college and home, for example when we are supporting learners to have clear boundaries. We can look at what is working well

or not so well in each environment and share approaches used."

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

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

- Staff could confidently discuss the principles of the MCA and how they supported learners on a daily basis to make choices such as clothing, food and activities. A staff member commented, "We treat learners as adults, they may not always make the right choice but we tell them alternatives, if things go wrong then we learn from it."
- Relatives felt involved in decision making, they told us communication around decision making with staff was, "Excellent", "Superb", and "They give their opinions and I give my view and we come to the conclusion of what's in her best interest."
- Learner's support plans detailed where appropriate consent had been sought, however where decision specific steps were taken in learner's "Best interests", records did not reflect why, how, or when the decision had been made, who had been involved in making the decision and what else had been considered. The manager told us, "We hold annual reviews and invite everyone involved to share their views, we talk all the time to parents and update them on any decisions were making". Following feedback, the manager took immediate action to implement a robust recording tool to evidence assessment of capacity and steps taken when supporting learner's in their best interest.

We have recommended that the provider review relevant legislation to improve recording and evidence of best practice guidance.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where learners were identified to lack capacity to consent to their care and accommodation, we saw appropriate DoLS applications had been made and followed up.

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

- Comprehensive assessments of learner's care and support needs were completed before they enrolled with St Johns College. The manager told us they completed joint assessment visits across education and residential staff to ensure the service could meet learner's individual needs.
- Learner's were supported through robust transition planning which was tailored to their needs, for example tea visits or overnight stays. The manager discussed that these decisions were made on an individual basis with the learner and involved relatives and professionals.
- Staff were supported to follow best practice guidance to ensure high quality care was delivered. Staff are able to draw on knowledge from a range of internal professionals including behavioural support, registered nurses and education professionals, which was reflected in learner's support plans.

Staff support: induction, training, skills and experience:

- Staff had a good understanding of learner's individual needs. A relative told us, "The staff calibre is quite unique, they keep professionalism but they feel like friends."
- Staff told us they felt supported by the manager and senior leadership team and records reflected that staff received regular supervision and appraisals. We received consistent positive feedback from staff that they enjoyed their role such as, "I am really happy here", and "It's really rewarding working here."
- The home had a whole team approach to the delivery of care and support. Staff told us, "We are one big team", and another said, "There is no day or night staff, we are one team and we have to work consistently for the learners and you can see the benefits for them".
- Staff received a range of training appropriate to their role and new staff were supported to complete a structured induction programme, with opportunities to shadow more experienced staff. A staff member commented, "We do a range of e-learning and face to face training, we are constantly learning and refreshed."

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

- Learners were encouraged to participate in managing their diet and nutrition needs where appropriate with support from staff. One learner was proud to show us pictures of recipes they planned to make and photographs of cakes they had made with support from staff.
- Pier View House had an accessible communal kitchen and learners could help themselves to snacks and drinks at any time, which we observed.
- Learners were supported to participate in weekly menu planning and meal plans reflected people's preferences.
- Where learners had specialist diets or preferences, for example pescatarian, staff supported people to explore alternative meal options and gave information and advice to support their decision making.

Staff working with other agencies to provide consistent, effective, timely care:

- Learners were consistently supported to access health services, for example annual GP health checks and dentists. This was evidenced through individual logs of all attended appointments and any follow up actions needed. A relative also told us, "They are so confident with meeting (learner's name) physical and health needs that I signed over appointments to them, there good at helping (learner's name) learn to be independent."
- As part of specialist education provision package of services, learners had access to a range of internal professionals including the provider's safeguarding, health, education and positive behaviour support team.
- Learners were supported through education and health care plans (EHCP) to ensure key outcomes were being met and that they were appropriately supported to maximise their potential across a range of personalised targets with the right health and social care resources in place.
- As part of their placement at St Johns, learners, relatives and professionals held annual reviews where information was shared effectively.

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

- Bedrooms were personalised to reflect the learner's personalities and preferences. Comments we received from relatives included, "My daughters room is just breath-taking, staff are always making it personal", "It's a real home from home" and "It has the real personal touch which is brilliant."
- The environment was laid out across two floors which had a range of communal area's such as a lounge, computer room and kitchen, with furnishings chosen by the learners.
- There was a ground floor room which the manager told us, "Is a good environment to support learners who are transitioning to get a real sense of independence as a flat set up."
- Learners had access to a garden area and seating, which was near to the main college campus.
- The decoration of the environment was appropriate for the learners, and there was good use of visual aids, PECS and symbols around the home to promote people's independence.

Is the service caring?

Our findings

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported:

- The atmosphere was bubbly and vibrant. Interactions between staff and learners demonstrated they had established genuine positive relationships. We observed learners sharing jokes and staff engaging and recalling funny stories of past times in a relaxed and uplifting manner. A learner told us "I like the staff always laugh at my jokes."
- Staff at all levels were exceptionally passionate about promoting a strong person-centred culture throughout the home. They continually placed learners at the centre of service delivery and commented, "We are always at looking how we can make things better for them, it's their home and we want it to feel theirs". Staff at all levels were highly motivated to deliver care that exceeded expectations and told us, "Their (learners) outcomes are how we measure our outcomes."
- Relatives were enthusiastic and keen to share their views with us, they spoke highly of the care and compassion their loved ones received at Pier View House. Comments shared included, "They're like his second family", "She really listens to (staff members name), she's like a surrogate mum; I would be surprised if you found them anything but outstanding" and "I feel like me and (learners name) come first, I often wonder how they can give that much time to everyone else, you can tell they really love her and care about her."
- The manager and staff team actively encouraged an open and honest culture with the learners. A staff member explained, "It's important for the learners that we say sorry when we get something wrong, if we are teaching them boundaries and skills then we have to model that with them." This was confirmed by a relative who told us, "They're totally open and willing to listen and willing to learn and share information."
- Learner's care records were holistic and person centred. Each record had the learner's photograph, easy read symbols and widgets to make them accessible and included detailed information on family relationships. In addition, they recognised the value in thing's people enjoyed doing away from St Johns College.

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

- Staff were committed to ensuring learner's contributions were actively sought and took exceptional lengths to support people to engage. Where people's needs impacted their ability to engage verbally, staff used a range of communication aids such as social stories, PECS and widget symbols. We observed these supported learners to anticipate and be involved in making choices in their routines through visual boards, activities and individualised social stories.
- Where learners were able to use technology such as iPads, smart devices and internet access, staff supported people to use these platforms to promote choice and engagement. For example, we observed a learner with additional communication needs was supported to use an online search engine to find recipes

they would like to use in preparation for a planned baking activity.

- The manager was extremely passionate about ensuring engagement for the learners was meaningful. They told us, "We noticed the learners didn't seem to be enjoying house meeting's, so we looked at how we could improve this. We recognised that four people attending was too distracting so we made the meetings smaller where learners had similar interests". We reviewed meeting minutes which reflected since this change in September 2018, learner's participation and ability to make choices had increased.
- The ethos of Pier View ensured learners were supported to make informed choices. For example, to support decision making around meals, staff implemented a visual aid of a plate and learners were encouraged to choose picture food items to stick on to it, to represent their choices. In addition, a staff member told us, "Sometimes the food choices don't make a meal, so we can then look at what things they have chosen and work out a meal using the ingredients and offer suggestions."
- Learner's contributions were consistently valued, for example they were encouraged to chair their own meetings. The manager had put in place a visual agenda and sign in sheet to support people to be involved. Staff told us, "Where people have different needs we tailor it, some of our learners will write the minutes with support, where those who do not have that level of ability can complete the tick sheet register." They added, "This has really boosted the learner's confidence." Learners views were also recorded and stated they felt "Important and proud" to have the opportunity to chair their own meetings.
- We reviewed records of learner's monthly keyworker sessions. These recorded people's achievements, activities and any important information from the month.
- Care records were strengths based and detailed the task's people required support with, and included information on their "ability to make decisions". As an example, for a learner it reflected "(learner's name) can recognise day to day choices" and gave guidance for staff to support the person effectively.
- Relatives we spoke with consistently told us how frequent, exceptionally positive communication supported them to be involved in care planning. Comments included "It's not just face to face, we have e-mails, phone calls and photographs". Another relative said, "As a team it's vital to share information for consistency, because of this (learners name) has progressed so well from where they were; it's a genuine partnership between parents and staff which in my experience is quite unusual to find."

Respecting and promoting people's privacy, dignity and independence:

- Learner's care plans provided clear guidelines for staff on how each learner's dignity should be respected. Information included "View of myself" which detailed how individuals liked to project themselves, for example "(Learner's name) see's themselves as a trendy young person" and described the clothes they liked to wear to reinforce this image.
- Learner's preferences were sought and consistently acted upon. For example, the gender of staff supporting them was considered by the provider and implemented where possible through tailored staff recruitment to achieve best outcomes.
- The provider was proactive in supporting equality and diversity. For example, designated staff had additional training in LGBT (lesbian, gay, bisexual and transgender) and were identifiable to learners through rainbow lanyards. The positive behavioural support lead told us learners could attend pride events and they had previously been involved in supporting learners to engage in disability pride.
- Learner's freedoms were respected and they had opportunities for privacy by choosing to spend time in their room alone. Staff commented, "They like to come home from college and take some time out to relax, for some it's part of their transition back home so we give them some time to unwind."
- Staff demonstrated exceptional consideration of people's dignity. Promoting dignity and respect was at the core of Pier View House and staff's values. A relative told us, "It's the attention to detail, the small things, like they noticed (my relative) liked to brush their hair so they went out and got her a dressing table with a mirror so she can sit and brush her own hair and see herself in the mirror."
- Learner's had their own bedroom door keys where this was appropriate. The manager told us this supported the learners to maintain privacy, but also built on their skills to "get ready for independent living,

just like your own front door they have to start to remember to lock up and be in control."

- The manager and staff team were extremely driven to ensure learner's independence and skill development was at the forefront of service delivery. The manager commented, "When learners move on, we want them to be in the best position to live as independently as possible." For example, where a learner set a target to access college independently, staff supported them to work towards this in small manageable steps to achieve independence. A relative also told us, "When he comes home, he likes to show me what he has learnt. He gets things out of the cupboard, does the washing up, I really think this is because they make him feel so proud of what he has achieved that he likes doing it."
- Staff took personalised approaches to promote learners to be independent in gaining life skills, such as shopping. The manager told us, "They have their own symbol lists and they go off separately in the shop and to the till so they all get the experience and skill of paying and understanding the process."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Where learners required reassurance and behaviour management approaches staff were responsive and readily available to offer emotional support. A relative told us, "They rescued her, she can have quite challenging behaviour which they manage really well, they understand how to anticipate her behaviour and her triggers and understand she processes things slowly so it may look out of the blue, there good at making her feel good about herself after."
- The staff team described how the organisation had taken a different approach to supporting learners to manage crisis behaviour to promote a proactive culture. The home manager explained "We focus a lot more on recognising learner's triggers and using communication and re-direction. Compared to incidents in education we see much less here because the learners are settled, we know them so well and it's easier to avoid and manage their triggers."
- Learners care plans had detailed information and robust guidance to support staff to recognise and respond appropriately to their social and emotional needs. For example, they included a description of possible behavioural triggers, consideration of the environment, actions to support de-escalation and individual levels of risk posed.
- We received positive feedback from relatives that staff communication between the home and college ensured they were responsive including, "They're good at communicating and sharing information with the college, I don't have to keep repeating myself." We saw daily handbooks which shared learner's daily routines between the different staff teams and a staff member told us, "We follow up with a verbal handover, but the books help us know what sort of day they have had and if they have been anxious so we know how to support them when then come home."
- Learners had access to opportunities to engage in a wide range of activities both on-site and in the community including laser quest, swimming and local community open mic nights. A relative told us, "They're excellent at taking [my relative] out, they go to open mic night, I can't believe he's confident to do that it's amazing, it's good to mix and build those social skills, they have a good attitude to take him to things like that."
- Pier View House was situated near local amenities and staff encouraged learners to engage with their local community. A relative said, "It speaks volumes that staff are confident to support (learner's name) 1:1 in the community" and a member of staff told us, "We try to encourage our learners to try new things, sometimes it's slow steps but we want to open up their options."
- The manager discussed their passion for ensuring all learners are empowered to have choice and control. This included involving learners to be educated to risk management and building on their independence. For example, where a learner enjoyed using the internet and social media, they were supported to engage in e-safety learning at college which was reinforced by talking with their home keyworker.

Improving care quality in response to complaints or concerns:

- There was a complaints procedure in place. This included an accessible easy read format for learners using appropriate symbols. We saw these were available on the communal notice board and learners could access support to share their view's. There had been no complaints received at Pier View House since the last inspection.
- Relatives told us they felt confident in raising concerns and that action would be taken to address this. For example, a relative said, "I feel I can share my views as a parent at reviews, if I feel things are not going well I will voice my opinion." The manager told us that effective communication between parents and the home enabled them to follow up any concerns quickly.

End of life care and support:

- Pier View House is a younger adult's service, primarily aimed at developing and progressing learner's independence whilst accessing St Johns College to meet their special educational needs. The manager told us that end of life care planning has not been appropriate due to the nature of the service, however explained that staff would be supported to access training if it was required in the future.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was no registered manager in post at the time of inspection. Providers are required to ensure managers of care homes are registered with the Care Quality Commission to comply with the Health and Social Care Act 2008 and associated Regulations. Day to day management of the service was carried out by an acting manager, who was in the process of applying to register with the CQC.
- There was a clear management structure in place including the manager, senior leadership team and senior staff. Learners were supported through visual posters to identify different staff members and their role.
- The provider had comprehensive quality assurance processes in place with responsibilities delegated to different staff members across the organisation. For example, the nursing team completed regular medication audits and fed-back findings to the manager. The manager kept oversight of the homes overall quality assurance processes and completed a range of audits and daily observations.
- Management and staff were clear about their roles and requirements and communicated effectively to ensure learners needs were met and changes or concerns were shared.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Relatives told us the home was well managed and comments included; "Staff are superb and well-led" and "staff are professional and friendly". Another relative told us, "[The manager] had big shoes to fill but she has smashed it".
- The provider had a clear procedure to meet their Duty of Candour requirements. Staff told us they promoted a culture in the home to be open and honest.
- Staff consistently told us they felt supported by the manager and were encouraged to develop their knowledge, skills and interests to provide high quality care. One staff member commented, "I feel really safe with (manager's name), she gives a lot of support." Another staff member said, "I have close contact with (manager's name), she's here all the time or a phone call away."
- The manager discussed her commitment to providing high quality care and the importance of all staff feeling "valued", having opportunities to progress and leading by example.

Continuous learning and improving care:

- The manager told us they could access support across the provider's resources such as information sharing with the internal registered nurse, behaviour support and safeguarding team. They told us, "I'm really keen to learn and I am looking up different guidance and updates all the time."

- The provider encouraged feedback from learners, relatives and professionals through individual's annual reviews. Although this included a section on the residential care received, this process often focused on the learner's education provision. To address this the manager had developed an easy read survey that was due to be rolled out to seek learner's and relative's views annually around their residential placement only.

Working in partnership with others:

- The manager told us partnership working with other professionals, relatives and stakeholders is a key focus for staff at Pier View House. They discussed that learners transition to different settings when they complete their education programme and they work closely with learner's new support teams to share information and prepare learners to move on.
- St Johns College offered a range of internal resources to meet learner's care and support needs such as positive behavioural support, speech and language therapy and occupational therapy as part of their placement. To support this, the provider used electronic records to ensure information is conveyed between departments.