

St John's School & College

Preston Drove

Inspection report

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05 March 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Preston Drove is residential home that provides accommodation and care for up to five 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 Preston Drove provided care and support to five learners, for up to 52 weeks per year. Preston Drove was situated within the local community and 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. The location of Preston Drove offered learners easy access to neighbouring shops, take ways and public transport facilities to the local and wider community services.

People's experience of using this service:

- Staff told us they felt supported by management to carry out their role effectively, however records we reviewed highlighted staff had not received regular supervision in line with the providers own policy.
- The provider had comprehensive quality assurance processes in place to monitor, review and drive improvements across the service, however this did not address monitoring of staff supervision schedules.
- 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 positive feedback from relatives and a social care professional that learners received a good standard of care and support at Preston Drove.
- Learners were supported to receive personalised care to meet their needs and care records were person-centred to reflect people's likes, dislikes and preferences.
- Learners' 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 people were identified to lack capacity to make particular decisions around their care and treatment, we saw steps had been taken by the provider to record individual assessments of capacity.
- Where learners required additional support to manage anxious, distressed and heightened behaviour, we saw robust care planning and proactive support offered.

- Staff supported learners to build on their independent living skills and learners were encouraged to participate in daily living tasks with appropriate support.
- Learners were supported to maintain good diet and nutrition, and staff were flexible to accommodate people's preferences, cultural and religious needs.
- Learners had access to a range of activities to meet their interests and were supported to access the local community and facilities throughout their college and home routines.
- The service met the characteristics of Good across all areas. More information can be found to evidence this in the full report.

Rating at last inspection:

This service was previously rated as Outstanding overall at the last comprehensive inspection. This report was published on 20 September 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 caring

Details are in our Caring findings below.

Good ●

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 ●

Preston Drove

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, with one of the days based at the residential location and one based at the main college campus.

Service and service type:

Preston Drove 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. Preston Dove accommodates up to five 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 St Johns college campus to meet their specialist educational needs.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

Notice of inspection:

This planned comprehensive inspection took place on 27 February and 05 March 2019. Due to the nature and size of the service, the inspection was announced and the provider was given 5 days' notice that the on-site 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:

- One learner using the service
- Observations of interactions between learners and supporting staff
- The registered manager and senior leadership team including the chief executive officer
- The provider's 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
- Five people's care records

After the inspection we gathered information from:

- Three relatives
- One external social care professional

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:

- The provider had systems and processes in place to ensure learners were appropriately protected from the risks of avoidable harm and abuse. A relative told us, "Overall we have been very pleased with the care our (relative) has received and we have no particular concerns. We are confident that he is safe and happy at Preston Drove."
- The provider used electronic recording systems to ensure all incidents and accidents were recorded, monitored and evaluated through their software.
- 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. Staff were aware of external agencies they could contact, for example the local authority or the CQC to keep people safe. A staff member said, "I would talk to the manager but I could always talk to social services, Ofsted and CQC if felt I needed to." The provider's safeguarding policy also documented local contact details for external agencies for staff information.

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.
- Staff supported learners to take positive risks where appropriate to protect their freedoms. For example, a staff member told us "We think about keeping the learners safe at all times, but we have to balance it with their freedom to choose. (Learners name) really enjoys climbing high when we go to climbing frames and he's good at it, as much as I think I want him to get down so he doesn't fall, they have to experience the same things we do."
- 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:

- We observed learners had access to enough staff to support them to meet their needs. To corroborate this, we reviewed the staffing rota which recorded that consistent levels of staff had been available. A relative told us, "There have been times when staff turnover seemed high, but this seems to have stabilised somewhat recently."

- Staffing levels were based on learners needs, we observed learners had access to differing levels of support depending on their abilities. The registered manager told us learners 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.
- We found there had been some changes to the staffing team in the last 6 months, however the home had access to their own bank staff and agency staff whilst there was an on-going recruitment drive. Staff told us, "We always look to find cover with bank staff first as they are familiar with the learners and have all the same training we do." The registered manager told us the use of agency staff is agreed and overseen by management and they complete thorough checks before accepting staff to ensure they are skilled and competent to meet the learners needs.
- 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:

- Learners 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.
- Where prescribed paraffin based creams had known additional risks, such as a requirement for safe storage away from sources of ignition, learners had individual risk assessments in place to maintain safety.
- 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 with support from the provider's health team lead nurse, who completed bi-annual competency checks.
- Where learners 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.

Preventing and controlling infection:

- The environment was clean and tidy. A relative told us, "The house is clean for a bunch of young men, when they had an [infectious] outbreak the staff bleached the place and made sure all the sheets were washed, there good like that."
- Learners were supported to build on their independent living skills and had access to support to encourage participation in domestic tasks. Staff kept oversight of the communal area's and delegated cleaning schedules between day and night staff.
- 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.
- The laundry facilities mirrored a domestic setting in the kitchen as part of independence building, and learners were encouraged with support to use the equipment.

Learning lessons when things go wrong:

- 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."
- Where recordings of accidents and incidents identified themes or potential triggers for learners' behaviour, staff worked together to review and implement changes to learner's environment or routine to minimise future incidents. For example, the registered manager told us where recordings identified a learner had a

rise in behavioural recordings during college closures due to changes in their routine, staff offered more structured activities to reduce the learners anxiety which had positive effects on their overall ability to engage in tasks.

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 how they supported learners on a daily basis to make choices such as clothing, food and activities. A staff member told us, "It's about communication and how we explain things, for one learner we know to use short sentences of three or four words so we don't overload him and he can understand."
- We saw best practice guidance posters on principles of the MCA were available in staff areas to support staff to promote their understanding of people's rights and freedoms.
- Relatives we spoke with told us they were involved in decision making and staff communication supported this. One relative said, "Communication is good I can call and email anytime and they get back to me, there's no barrier to communication, I feel like were consulted and involved in decisions."
- We observed staff consistently sought consent, for example before completing personal care through verbal prompts or use of Makaton signing to ensure learners were happy for them to meet their needs.
- Learners support plans detailed where appropriate consent had been sought. Following a recommendation made in an inspection of another service run by the same provider, where people were identified as lacking capacity to consent to a decision, the registered manager had taken immediate action to record and evidence where steps had been taken in people's best interest.

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 learners care and support needs were completed before they enrolled with St Johns College. The provider ensured staff completed joint assessment visits across education and

residential staff to ensure the service could meet learners individual needs.

- Learners were supported through transition planning which was tailored to their needs, and a relative told us, "His transition has been well managed by the staff supporting him now and he seems to be coping well."
- Staff were supported to follow best practice guidance could draw on knowledge from a range of internal professionals including behavioural support, registered nurses and education professionals, which was reflected in learners support plans.
- Learners care plans provided best practice guidance and information to support staff to meet their needs, for example fact sheets on known diagnosis such as eczema.

Staff support: induction, training, skills and experience:

- Staff had access to a range of managerial support, including the registered manager who maintained a general oversight of the service, the providers head of care and the home manager who was delegated to carry out the day to day running of the home.
- Staff consistently told us they felt supported in their role by the home manager and commented, "They're [management] really approachable, I can always ask for five minutes if I need to talk", "We can talk to (home manager) about anything, and you know he keeps it confidential, he's really supportive", and "I don't wait for formal supervision, we have time in the day when the learners are at college and we talk all the time." However, records identified where staff had received long periods between supervision or no formal supervision had taken place and practices were not in line with the providers policy. Following feedback, the registered manager told us staff supervision's will be reviewed and action taken to ensure day and night staff have structured time with the home manager.
- Where staff were new to the organisation, there was a clear induction pathway and records showed staff had regular probation meetings to discuss their development.
- Staff received a range of training appropriate to their role and we received positive feedback from staff such as, "The training programme is helpful and enjoyable", and "The training helps you prepare for the job you are going to be doing."

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. We observed people helping themselves to snacks and drinks with appropriate levels of support, with staff offering guidance on learners choices to promote healthy eating. A relative told us, "Our son's nutrition has also improved significantly since he has been living at Preston Drove as he is eating a much wider range of foods than when he arrived."
- Learners were supported to participate in weekly menu planning and meal plans reflected people's preferences.
- Where learners had specialist diets or preferences, staff supported people to explore alternative meal options and gave information and advice to support their decision making. During the inspection we saw staff had made two variations of shepherd's pie to accommodate people's preferences of ingredients.

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. Relative also told us, "The medical team check over him daily which is good", and "He rarely has physical health issues, but Preston Drove staff make sure he has routine checks."
- 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 learners personalities and preferences where appropriate. Where learner's needs meant they required minimal furnishings to reduce anxieties, the registered manager discussed how they support learners by introducing new items such as posters over a phased approach to build up their tolerance and reflect their personalities. Relative's we spoke with said, "It's a nice environment and spacious and were encouraged to bring personal things in" and "Staff changed his room around to make it better for him, they think about things like that."
- The environment was laid out across three floors which had a range of communal area's such as a computer room, dining room, lounge and kitchen. Learner's could access all areas of the home and there were spaces for people to enjoy some privacy or one to one staff support time away from their peers.
- Learners had access to a small garden area and seating.
- 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:

- There was a relaxed atmosphere and we observed learners and staff had positive interactions, both verbal and non-verbal, through chatting about their day at college or sitting with learners and doing activities they enjoyed.
- Staff knew people they supported well and a social care professional told us, "The staff appear competent and attentive to the needs of the young people. They appear to have a good relationship with the students and the students that I have seen appear to be comfortable in their presence and found care to be of a high standard."
- We observed learners had opportunities to socialise with each other and were praised by staff for being helpful and kind to each other. A relative told us, "We can see significant progress in his level of interaction and communication with others, both in the house and in the community."
- Staff promoted a person-centred culture throughout the home. Staff spoke fondly of the learners and commented, "It's a really nice house, the guys here have great character."
- Relatives told us they felt their loved ones were cared for. We received comments such as, "There have been times when we felt he was receiving particularly good care, when an individual member of staff made a lot of effort to identify activities that he would enjoy and that would contribute to his learning" and "He's not been there long but I can't think of anything negative about the care he receives."
- Learners 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 things people enjoyed doing away from St Johns College.

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

- Where learners needs impacted their ability to engage verbally, staff used PECS and other methods of communication to encourage participation. For example, we observed a staff member write down choices of activities for a learner who could tick what he wanted to do.
- The registered manager told us learners were supported by their keyworker to have regular opportunities to express their views and make choices, such as menu and activity plans. Where learners required intensive support to engage and make choices the registered manager acknowledged room for improvement in using more innovative recording to demonstrate how people have been supported and encourage participation.
- Where learners had cultural and religious needs, care records and staff support ensured the care delivered accommodated and upheld their religious views.
- We reviewed records of learners 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". A relative told us, "They give a lot of choices and respect their views."

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

- Learners 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.
- 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 registered manager told us learners could attend pride events and they had previously been involved in supporting learners to engage in disability pride.
- Learners' freedoms were respected and they had opportunities for privacy by choosing to spend time in their room alone. Where learner's needs meant they required one to one support we saw staff support this by sitting outside of bedrooms in close proximity but offering space.
- We observed staff to be respectful when they supported learners and promoted their dignity, for example a staff member told us, "I always make sure we remember that this is their home, it is our workplace but people live here and we all respect that."
- Staff were passionate about ensuring learners had opportunities to build on their independence and one staff commented, "Everyone has strengths and skills, we want our learners to be as independent as possible." To support this care plans were strengths based and focused on learner's abilities and building on independent living skills through personalised targets.

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.
- The staff team described how the organisation has taken a different approach to supporting learners to manage crisis behaviour to promote a proactive culture. The registered manager told us the provider had revised the training delivered on managing behaviours that challenge, to focus on redirection and de-escalation strategies to promote better outcomes for learners to manage feelings of anxiety and distress.
- 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 feedback from all relatives that communication with the home was positive, including, "We have a good level of communication with care staff by phone (weekly calls), email and during visits (on average every 4 weeks or so)", "All information is quickly provided, good communication I can call or email anytime" and "Communication is good I can call and email anytime and they get back to me, there's no barrier to communication."
- Learners' care and support needs were consistently met through personalised care approaches, which was demonstrated through our observations and feedback we received. A relative told us, "I think they have the right ethos to do what is best by the young people there." And a social care professional said, "The staff have shown that they are committed to the wellbeing of their students and spend time focusing on their needs as well as their relationships with their peers and parents."
- Care plans were personalised and included details of people's preferences, sensory needs and interests. Where learners had specific health needs, information on how staff should offer support was clear and consistent with our observations on the delivery of care provided.
- Learners had access to opportunities to engage in a range of activities to meet their interest through college and home. A relative told us, "They go for park walks and places of beauty because that's what he likes." and records showed learners were regularly supported to engage in activities such as swimming, shopping and accessing the local community.

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. There had been no complaints received at Preston Drove since the last inspection.
- Relatives we spoke with told us they knew who to speak to if they wanted to raise any concerns.

End of life care and support:

- Preston Drove is a younger adult's service, primarily aimed at developing and progressing learners

independence whilst accessing St Johns College to meet their special educational needs. The registered 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 a clear management structure in place including the registered manager, home 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 registered manager. The home manager kept oversight of weekly and monthly audits, including environment and care record checks, and fed back any concerns to the registered manager. However, supervision monitoring was not part of this process, therefore the registered manager was not aware when staff supervision timescales did not comply with the provider's own policy.
- 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:

- 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. A staff member said, "We talk about things that don't go so well so we can learn from it, share it and move forward."
- Staff consistently told us they felt supported by the home manager and management team and a relative told us, "the staff seemed relaxed and well managed."
- The registered manager told us the service followed all current and relevant legislation along with best practice guidelines. There were systems in place that ensured people received person-centred care which met their needs and reflected their preferences.

Continuous learning and improving care:

- 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 learners education provision. To address this the registered manager told us an easy read survey that was due to be rolled out to seek learners and relative's views annually around their residential placement only.
- As the organisation provides a range of accommodation between different locations, the registered manager told us they were working on building relationships between home managers to support staff to share good practice and tools being implemented, for example the use of photographs and visual boards to

support learners to make active choices and promote engagement.

Working in partnership with others:

- St Johns College offered a range of internal resources to meet learners 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.
- Where learners had on-going health diagnosis that required input from external professionals, the registered manager told us relationships between the internal health team and community resources supported better outcomes for learners by sharing information, for example contact with the hospital's learning disability liaison team.