

Friends Therapeutic Community Trust

Glebe House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Glebe House is an independent healthcare service providing rehabilitation therapies and support to up to 11 younger people. Accommodation and support with eating, drinking and education for all 11 people is provided under OFSTED registration and regulation.

For Glebe House's Care Quality Commission registration, the service supports younger people who may live with a learning disability, autistic spectrum disorder, or mental health needs. At the time of our inspection all 11 people were being supported with rehabilitation and therapies. These included work experience, music and art as well as learning to drive and theatrical performances.

People's experience of using this service and what we found.

Sufficient staff were recruited safely and deployed in a way which kept people safe. Staff implemented their knowledge of hygiene and safeguarding systems well. Risks were identified and managed. One person told us, "I keep my self clean. Staff wash their hands before giving me my [medicines]." Sufficient staff supported people with their rehabilitation. Lessons were learned when things did not go quite so well.

People's assessed needs were met by staff with appropriate skills and whose induction, supervision and training was kept up-to-date. The provider worked well with professionals involved in people's care, we found people benefitted from this. People prepared their own meals and drank enough. Staff enabled people to access healthcare and support services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

People's care was kind, dignified and staff were thoughtful about how they did this. Staff respected people's privacy and upheld their confidentiality. People who needed support from an advocate were given this. People had a say in developing their care and how it was provided. People used advocacy support, and this helped them to have actions in relation to their views about their care.

People's care was person centred and based on what mattered and what was important to them. People's lives were transformed to enable them to achieve their dreams, which some relatives and professionals??? did not previously think were possible. One person said that the difference to their life had been, "Tremendous". Relatives praised the service for its achievement which one relative told us had been, "A struggle but [staff never gave up. It is incredible what they have done." Systems and procedures were in place to support people with end of life care and in an emergency situation.

The registered manager was aware of their responsibilities and made improvements when needed. The registered manager had fostered an open and honest staff team culture, staff felt supported. People, relatives and staff had a say in how the service was run. Quality assurance, audits and governance were effective in identifying and driving improvements. The provider worked well with others to provide people

with joined up care.

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

Rating at last inspection.

The last rating for this service was requires improvement (published 2 January 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Glebe 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector and a specialist advisor. Their specialism was in children's mental health, safeguarding and crisis teams.

Service and service type

This service provides independent healthcare and support for younger people. It provides the regulated activity of treatment of disease, disorder or injury. Accommodation is provided and regulated by OFSTED.

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 inspection was unannounced. This meant the provider did not know when we would be inspecting.

Inspection activity started on 23 January 2020 and ended on 28 January 2020. We visited the office location on 23 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications about various incidents the provider must tell us about. We sought feedback from the local authority and professionals who work with the service. The provider sent us their provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and two relatives of people who used the service about their experience of the care provided. We spoke with a visiting social worker and a member of the youth offender's team. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with seven staff including the deputy head of care, the clinical director, a quality manager, recruitment and training coordinators, and three support workers.

We reviewed a range of records. This included two people's care records and three people's medication records. We looked at one new staff recruitment file and records relating to the training and supervision of staff. A variety of records relating to the management of the service, including complaints, audits, accident and incident records were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks to people safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had systems in place to identify and manage risks. For example, medicines' administration, identifying and acting on the risk of harm. This included neglect and situations which could cause people anxiety or distress.
- One person told us, "I understand there has to be boundaries. I know not to cross them." A staff member said, "I completely understand the challenges these young people face. I also have to keep them safe. Taking an item away is sometimes the right thing to do."
- People's care and treatment plans identified risk and how these were managed such as, appropriate one to one support from staff and foods to be avoided.

Systems and processes to safeguard people from the risk of abuse

- Incidents regarding safeguarding were reported to the appropriate authorities, actions taken were effective.
- Staff undertook regular and effective training about what the signs and symptoms of abuse could be. For example, unexplained bruising. They knew what incidents to report, people were supported in a safe way. One relative said, "I feel happy as I trust the staff. They keep my [family member] safe."
- A staff member told us, "I would immediately tell my line manager if I saw or suspected anything that could harm people. I know I can inform the [registered] manager or the local [authority] safeguarding teams."

Staffing and recruitment

- Staff continued to be subject to a robust recruitment process. Various checks completed included that for any criminal records, employment references and evidence of staff's good character. One person told us they felt safe with staff especially when accessing the local towns.
- The registered manager told us that there had been some recent staff turnover, but a core staff team remained.
- One staff member said, "We do have enough staff. People get to their health appointments, work placements and social activities. I can ask for more staff if the situation arises. Cover for any staff absences

both planned and unplanned was covered including off duty staff and staff working additional shifts.

Using medicines safely

- People received the support they needed to have their medicines administered as prescribed.
- Staff understood their medicines' administration training well such as monitoring the temperature medicines were stored at and if they needed to be administered before food. One staff member told us that since our previous inspection, much tighter controls were in place and these were monitored regularly to promote people's safety.
- Audits of medicines' administration records identified issues such as, staff forgetting to sign the record. Effective actions were taken such as, additional training and monitoring for staff.

Preventing and controlling infection

- People were supported by staff who applied good practise in maintaining hygiene standards. One person told us, "I help clean the service's vehicles. My [treatment] is in a separate building which is clean." Staff told us they always washed their hands before administering medicines and used gloves if needed.
- Staff undertook regular training on infection prevention and control. Staff had sufficient cleaning materials and systems were in place including those for any contaminated waste.

Learning lessons when things go wrong

- The provider took onboard learning when things did not go as planned such as staff not completing important records.
- The registered manager monitored issues for trends and shared any learning amongst the staff team. One staff member said, "Some days are very tough for people and us. We use reflective practise sessions as a way of looking at things we could do differently."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and staff with appropriate skills supported people effectively. The provider used up to date health guidance such as for people who needed support with their mental wellbeing.
- Staff supported people based on the latest guidance including distressed behaviours which could challenge others. One person said, "I have to have a healthy balanced diet and avoid noisy or very busy situations. Staff help me with this."
- The registered manager told us that in addition to assessments by local authorities, they undertook a more detailed one once the person had completed the initial phase of their placement. People lived better, and more independent lives because of this.

Staff support: induction, training, skills and experience

- Staff received regular supervision, mentoring and any support needed for their roles. Staff had regular updates to their training as well as observations of their care practise. This helped ensure staff effectively met people's needs.
- One person told us how they had developed a working bond with staff and that this was due to how well staff understood them. This was also because staff had the appropriate skills.
- A planned programme to refresh staff's knowledge was in place.

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

- People's eating and drinking support was mostly provided for under the regulation of OFSTED. However, where people needed to stick to a specific type of diet or avoid certain foods this was included as part of their treatment. For example, having a balanced home cooked diet free from artificial additives.
- We found that people helped prepare and cook meals in the service's kitchen where this was safe and helped with people's independence for the future.
- One staff member told us how people also helped plant and grow fruit and vegetables as part of their rehabilitation. This included people who needed to eat wholesome foods and avoid fizzy or high sugar content drinks.

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

- The registered manager and staff team worked well with other professionals involved in people's care such as social workers and healthcare staff.
- One relative told us, "My [family member] is a different person. This has all been down to their [therapies]." A visiting social worker told us that it was only due to joint working that the person's placement had been successful.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people and enabled them to access healthcare services including hospital appointments seeing or visited by health professionals including a GP or psychiatrist. One person said, "I went to the dentist recently. I had a check-up after being registered. I got the thumbs up and go back in six months."
- The principles of people's care and treatment was based on a recognised model using democracy, communalism, reality confrontation and tolerance as the four pillars of the community people lived in.
- Staff successfully used health professionals' advice about people's childhood emotions and memories to inform people's treatment and therapies.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (Cop) for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that staff had a good understanding of the MCA and where it could be applied to different age groups. Staff put their knowledge into good effect. For example, giving people a choice of extra-curricular activities, work placements and hobbies.
- Some people using the service were 'looked after'. This means they had been living with foster parents and lived in a residential children's home and as part of their education. People could be placed at the service in their best interests or based on parental decisions. This could be by parents appointed by a Court or people's social workers.
- Staff knew when to respect people's choices but also to keep people safe if their decisions were unwise. People over the age of 18 were free to leave and could make decisions about how and when their care and treatment was provided. One relative told us, "I don't get told anything anymore now my [family member] is over 18."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff had a thorough understanding of the challenges people may have faced in their lives. Staff responded to each individual situation appropriately. As a result, people consistently received care that was compassionate. For example, being there for people and providing a shoulder to lean on, understanding people's anxieties and how they provide care with kindness and warmth. One person said, "I really like [staff] they really get me as they have worked in [other services] I have used."
- One example included staff listening with empathy to what people told them, then providing the best solution. For instance, adding additional activities or changing the time of the week they occurred.

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

- People or their representative told us they had a say in when and how care was provided as well as by whom. One person described their time at the service as giving them 'an understanding of the consequences' of their actions.
- People used others involved in their care to uphold decisions about this. A visiting social worker told us, "I am here to see how [person is settling in. It hasn't always been easy, but I am confident the things I suggest for them are acted on. [Person] has already changed their behaviours for the better. Their views could be overlooked but they aren't."

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's dignity, promoted independence and respected privacy. One person said, "I can have private time especially for my therapies and treatment."
- Another person told us, "[Staff] respect me and my choices but I also respect them. It is mutual respect." A relative told us how much more independent their family member was. The relative said, "The difference in them is truly amazing. [Staff] have been incredible. It has at times been difficult for everyone, but no one ever gave up."
- Information was held securely such as, only staff having access to certain areas of the service, such as staff rooms and the internet. People's records were in electronic format and these were password protected.

Is the service responsive?

Our findings

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

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

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

- People were supported with a wide range of social activities including hobbies, work experience, pastimes and education. This made a positive huge difference to the quality of people's lives and improved their life and social skills. One person described the impact the support and treatment had made to them as being 'tremendous'. The person told us this had been down to staff's attention to detail and giving the person 'a life' they might not otherwise have had.
- We saw the difference that had been made to people's lives. One person described their recent work experience which was the final step in a move to independent living. They said, "I was nervous, but I know it is the right thing. I only have praise for all my support. I couldn't have done it alone." We also saw how people's experience positively influenced others who were new to the service.
- One social worker told us, "If you had told me 12 weeks ago that [person] would have performed on a stage with other people, that simply would not have happened. I can only describe the difference as amazing." This was a significant step forward for the person who had needed a huge and lengthy amount of support even to make the first step in their treatment. This had been due to staff's perseverance but also enabling the person to choose how best to be supported. The person then opted for a short trial of the service. Over [period of time] later they had begun a journey that would eventually change the course of their life, positively and permanently.

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

- All people and relatives told us there were many opportunities and ways for them to be involved in deciding the amount of involvement and support they needed.
- People's care and treatment plans were detailed and highlighted to staff all relevant information including the triggers for any anxiety and distress such as a lack of attention and the factors which prevented this.
- The registered manager ensured people's hobbies pastimes and interests were identified and respected. Staff provided care based on what people's preferences for these were.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and all the staff team understood what accessible communications were, they implemented this well.

- One person liked to speak with staff in a quiet room. Staff adjusted the support they provided based on people's communication needs. Technical information about people's treatment was explained in simple terms so people could understand this.

Improving care quality in response to complaints or concerns

- The provider had followed their complaints process and issues found were analysed for potential trends.
- Concerns were responded to before they became a complaint. People could openly share their concerns without fear of any comeback. One person told us how they could also use the Childline contact facility if they needed. This was also helpful for any equality or human rights matters. Childline is a confidential service where people could talk about anything of concern, on line or by telephone.
- There were other ways people could highlight concerns anonymously or through more formal means of advocacy. One person had been supported with all necessary support to pursue their complaint against an outside agency to a successful conclusion. One staff member told us. "This situation will have much less chance of recurring and it has all been due to [person's] persistence." This had helped other people to live a better life with less restrictions.

End of life care and support

- The service did not support people with end of life care and no one had a need for this support. However, there were systems in place to support people, relatives and staff should this be required.
- Staff received training on emergency first aid and systems were in place should an emergency situation arise including which health professional to contact.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to notify us about events that they must tell us about. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration Regulations) 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager was now fully aware of their responsibilities in reporting incidents to us, including those involving local safeguarding authorities and medicines' administration.
- The registered manager had fostered and sustained an open and honest staff team culture, staff were able to speak up and were listened to.
- The provider had amended their policies, provided additional training and appointed staff with responsibilities for the oversight of tasks. This included managing medicines safely and the identification of certain incidents. This meant we were told about incidents and what action had been taken.
- People and relatives knew the registered manager by name or how to contact a key support worker. This is a staff member with specific responsibilities for the person. One staff member said, "The [Registered] manager is very supportive. I feel more confident with the help I get. I am given responsibility and if I need any help it is provided. The whole staff team have, and use, a wide range of skills."

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

- The registered manager was effectively supported by a staff team including a clinical lead as head of care and a deputy, quality assurance staff, support workers, administration staff, kitchen and housekeeping staff. All staff worked well together.
- Staff were committed to their roles and were supported in all aspects of their roles including at initial induction and ongoing support with shadowing experienced staff, staff team meetings and observations of care practises. This resulted in provision of consistently good quality care. One person told us how much better they felt because of the support they had from the staff team.
- Staff were unanimous in praising the registered manager who was approachable including outside working hours. A social worker told us they would, "Definitely recommend the service to others" due to high quality communication. One staff member described the registered manager as being there for them, no matter what the issue was.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management and staff meetings helped identify changes in people's needs and any potential for learning across the staff team. The provider's governance, oversight and quality assurance systems were effective.
- Oversight of the service included regular reviews of people's care and treatment and its effectiveness, incidents and accidents such as those involving people.
- The registered manager had identified issues and acted swiftly in relation to incidents involving medicines' recording and staff who did not always uphold the provider's values in providing respectful and safe care. Improvements were sustained. This included retraining staff or reassessing their competence for administering medicines.

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

- People, relatives, social and health professionals all contributed in how the service was run. This included a combination of face to face meetings with these professionals, quality assurance survey questionnaires and phone calls to relatives.
- Feedback helped promote individuality and engagement with people whilst increasing the opportunities to identify improvement opportunities. One person said, "I wholeheartedly recommend the service. It has been a journey for me. I have learned so much about myself and how to [live better]."

Working in partnership with others

- The registered manager and staff team had a good relationship with others involved in people's care such as healthcare professionals, social workers and members of the local safeguarding team.
- The registered manager told us they involved a wide range of multi-disciplinary teams to help with people's rehabilitation. One social worker told us, "Couldn't fault the communication, learning and progress due to joined up working".
- One relative said, "I am asked lots of questions after each visit or review with the social worker. This is to make sure my [family member's] support is going as planned."