

# Transform Residential Limited







# The Glasshouse College

## 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	

### Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The visit was announced, which meant the provider and staff knew we were coming.

Glasshouse College is registered to provide accommodation and support in an educational setting for 12 people. At the time of our inspection there were nine people using the service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

Everyone we spoke with was complimentary about the service and its staff. One person told us how staff supported them to develop life skills in a safe and caring way.

People told us they felt safe with staff. Staff were aware of how to support people's rights and we saw this demonstrated in meetings staff held to discuss people's care and support. Staff had an understanding of the different types of abuse and were aware of their duty to report such matters in order to keep people safe.

Staff planned care in a way which supported the health and well-being of people. Activities were facilitated to suit the individual and to meet their needs.

People's needs were responded to by staff. One person told us staff worked closely with them and allowed them to be as independent as possible. Staff demonstrated how they were reacting to people's progress in order to make them more independent and to gain the life skills they required to achieve this.

The registered manager had introduced systems and procedures which improved the quality of care and people's experience of using the service. Staff and people who used the service were complimentary about the management team.

# Summary of findings

## 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.

Staff were aware of the different types of abuse and the need to report abuse.

Staffing was at adequate levels to support people safely.

Staff knew how to support people's rights.

Good



### Is the service effective?

The service was effective.

Records accurately reflected people's needs and were adequately detailed to assist staff to support people. People told us they were supported in the way they needed.

People were supported to make appointments with external healthcare professionals in order to promote and support their health.

Good



### Is the service caring?

The service was caring.

Staff were caring and supportive towards people.

People were able to express their views and staff listened to them.

People were treated with dignity and respect by staff members.

Good



### Is the service responsive?

The service was responsive.

People's needs were effectively assessed prior to using the service.

People were involved in reviews of their care and staff responded to their day to day needs.

People felt confident in raising issues with staff.

Good



### Is the service well-led?

The service was well-led.

Staff felt supported by the management team.

The provider carried out general audits and addressed issues as they arose, which helped to improve people's experience of the service.

Good



# The Glasshouse College

## Detailed findings

### Background to this inspection

The inspection was undertaken on 26 September 2014 by an inspector and a specialist advisor, who was a consultant psychologist with a relevant specialism. Our visit was unannounced.

As part of our inspection process we asked the provider to complete a Provider Information Return. This is a document in which the provider tells us how they are meeting standards and improving their service. Before our

inspection, we reviewed the information we held about the service, such as notifications received from the provider.

We also contacted the local authority to gain their views of the service.

We spoke with two people who used the service, on the site of the college. We also spoke with the manager and three care staff.

We looked at four people's care records to see if their records were accurate and up to date. We looked at two staff files and records relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

All people we spoke with told us they felt safe using the service. One person told us, “If someone was nasty to me I would tell [the service manager] or [the registered manager]”. Another person told us staff would take them seriously if they were worried about something.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out how to support people who do not have capacity to make a specific decision. DoLS protects people who may have had their freedom to undertake certain activities restricted. Staff we spoke with demonstrated that they knew how to support people’s rights in line with legislation and that people were able to refuse elements of support, such as medication, if they wished to. People we spoke with told us they were not restricted in anyway. We spoke with the local authority who informed us that no application for DoLS had been made by the service.

People we spoke with told us they felt safe with staff. One person said, “I am safe”. We looked at staff training records and saw that all staff had completed recent training in how to keep people safe. Staff demonstrated knowledge of different types of abuse and the need to report any suspected abuse issues. Staff were clear about the need to keep people safe and demonstrated that they would not hesitate to report issues internally, or to external agencies, if required. Staff knew which external agencies they could contact about the safety of people. Our own records showed that staff had raised concerns when required to do so.

Staff were trained in how to manage incidents where people displayed behaviour which may challenge staff. Staff we spoke with told us that they had never used physical restraint and were able to talk to people in order to resolve situations. We saw that the provider had a

system for recording incidents and the full details of any restraint used. Records confirmed that staff had not used physical restraint, but the system allowed for the appropriate recording, should this occur. This meant that people were supported using least restrictive practices. Staff emphasised the use of talking to people to manage situations and gave examples of how this worked.

One person told us they were being encouraged to become independent by, for example, preparing their own meals. They said staff helped them, where necessary, to ensure they were safe while undertaking these activities. Risks to people were appropriately assessed and provisions put in place to reduce risk. We saw from records that consideration of risk was given to activities people participated at the college, such as glass blowing. This included the use of appropriate protective clothing being available and used. We observed a staff meeting, where staff discussed issues which affected people. Aspects of people’s safety we had seen highlighted in records were discussed. Strategies around how people could participate in activities while remaining safe were evaluated. This meant that people could undertake the activities they wanted to, while any associated risk was reduced.

We looked at staff records. We saw that staff underwent appropriate checks prior to the start of their employment. Checks included Disclosure and Barring Service checks and references in order to ensure staff were of an appropriate character to work with people. We saw that staff employed were well qualified, knowledgeable and skilled in their roles. This meant that people were supported by staff that were competent to do so. People were supported by adequate numbers of staff. One person we asked told us they always had someone to support them when they needed. We looked at staff rosters and discussed the dependency levels of people using the service with the manager. We saw that consistent levels of staffing were provided in order to keep people safe and supported.

# Is the service effective?

## Our findings

All people we spoke with were positive about the effectiveness of the service in meeting their individual needs. A person told us that working towards their independence was important to them. They said staff were helping them with this and told us, “I’ve done well”.

People told us staff were skilled in providing support to them. We looked at staff induction records and saw that new staff had completed a process which meant they were familiar with the demands of their role and the needs of people who used the service. Staff confirmed they had completed this process and found that it had helped them in their work. We found that most staff had completed a relevant vocational qualification.

We saw that staff received regular training, which included training at the start of the academic year, in important subject areas such as how to keep people safe. All staff confirmed they received this training. Some staff told us that, while the training was helpful, they would value more in-depth training about conditions which affected people. We also saw that some staff, in their responses to a recently carried out survey by the provider, had suggested further development round the content and nature of some training events. The manager demonstrated that they were addressing issues recently identified by the survey. However, we found that staff were knowledgeable about relevant conditions, such as autism and learning disabilities.

Staff told us they felt well supported by the management team. Staff told us, and records confirmed, that they received regular supervision meetings where they could discuss issues such as their performance and training needs. Staff told us they felt these meetings were meaningful and helped them to fulfil their role.

A person described how staff supported them to follow a healthy diet. We saw that discussions with this person

about their goals for nutrition were recorded in their care records so that staff had the guidance they needed to support this person. We found that staff supported people to go shopping and would promote healthy food choices, although they recognised people had to make their own decisions about what they bought. We observed a staff meeting and heard how staff were trying to encourage one person to make better food choices and cut down on confectionary and sugared drinks. Strategies for this were discussed and agreed. This meant that people received guidance and help with healthy food choices.

People’s day to day health needs and well-being were supported. One person told us they were attending an optician’s appointment during the day of our visit. They told us they were supported to make their own health appointments by staff. Staff told us, and records confirmed, that staff supported people to improve and address health issues in partnership with external healthcare professionals.

A person told us about how staff supported them if they became anxious. What they told us was reflected in their care records. Staff were able to accurately describe how this person should be supported at times of anxiety. We saw records which showed staff had supported this person in the right way during instances of anxiety. This meant that staff knew how people should be supported in a way that would meet their needs.

We saw from records that people did not have a health action plan in place. A health action plan is a record which can be used by staff and external healthcare providers, such as hospitals, to help them quickly identify people’s health needs. However, people received good support with their health requirements and records provided staff with full information about people’s health needs. The manager showed us a new health action plan template which they were going to complete for all people using the service in the near future, so that information would be placed in one record for ease of access by external healthcare providers.

# Is the service caring?

## Our findings

All people were positive about staff and told us they were caring. One person told us they got on well with all staff that supported them. Another person told us, “Staff are kind. They are always talking to me”. A third person said, “Staff are friendly, I like them all”.

People said that staff interactions with them were positive and staff had helped them to improve in areas such as life skills. A person told us that staff were helping them towards their independence and they were “good”. We found that a person was being supported by staff to attend social clubs which met their diverse needs. We observed staff interacting with people and saw these interactions were respectful and encouraging, but remained professional. Staff ensured they supported people in a sensitive way. This meant that people were supported by staff that were caring and respectful, and adapted their approach to meet the boundaries of the individual.

We observed two staff meetings. We found that staff were knowledgeable about people’s needs and what was important to them. This included what activities and values were important to people. People’s records reflected things that were important to them, such as family relationships and friendships. Staff were aware of people’s day to day preferences and dislikes. Again, these were reflected in people’s records. This meant that staff had the knowledge and guidance in order to support people in the way they preferred.

People told us, and records confirmed, that they were involved in decisions about the support they received. A

person told us they could speak to a variety of staff about their needs and that staff would listen to them. They said, “Staff got to know me”. We saw that care records were reviewed and that people and their relatives were consulted. This same person also told us, “I do get to look at the paperwork” and “If you do budgeting or medication I sign it and put the date”. This person told us that they knew they could talk to people outside the service about their care, if they needed to.

People’s dignity and privacy were respected by staff. Staff assisted us while being sensitive to people’s needs on the day of our inspection. This meant staff considered what was happening for people on the day and assessed whether people needed their privacy and space. Staff employed appropriate boundaries with people. Staff were friendly and approachable, but used appropriate distraction techniques, for example, when required.

We saw that the service provided people with a guide to the college and residential service. This included the details of key personnel and contacts. It also gave information about the sessions offered by the college, including life skills. People were positive about how staff promoted their independence and this was a key feature of the way support was provided. One person described how they were hoping to live independently and how staff were helping them towards this goal. They described how staff supported them in life skills, but allowed them to complete tasks for themselves. We observed staff talking about how people interacted with each other and strategies for improving relationships through supporting the individual to take responsibility for these.

# Is the service responsive?

## Our findings

We asked people how responsive staff were. People were positive about how staff responded to their needs. A person told us, “Honestly, staff are good. They help when I need it”.

People we asked confirmed staff supported them in the way they preferred. A person told us how staff helped them when they needed support, but allowed them to carry out tasks independently. Care records contained information about how staff should support people. These included people’s likes, dislikes and personal preferences. Care plans were personalised and showed the preferred routines of people.

Records confirmed that people and their representatives were involved in assessments of their care. We heard staff discussing how families interacted with the service and how they could help people to improve their experience of the service. This meant the service listened and responded to people’s views about their needs.

We saw that people’s records contained detailed and current guidance about their healthcare needs. This information included details about specific conditions people had, such as epilepsy. We checked staff knowledge of people’s healthcare needs and they provided accurate answers. We found that people were supported to access external healthcare professionals in order to support their health. A person told us, “I have an appointment today. The nurse [employed by the service] goes with me”. People we spoke with confirmed staff supported them in promoting their health needs through general health advice and support with accessing specific services.

People told us they felt confident in raising issues with staff. No one we spoke with told us they had cause to raise a complaint. We saw that complaints that had been raised were dealt with appropriately by the provider. Staff told us how they would support people to make a complaint. We

saw that the full complaints policy was available to staff. We saw that the complaints procedure was advertised in a leaflet form, so that people would know how to make a complaint. We saw that the complaints procedure was available in a pictorial format, so that it was accessible to people who preferred this format. We also found that details about the complaints procedure were contained in a college guide which people were given when they were first joined the college.

We spoke with staff about how they interacted with college staff to ensure people received the support they required consistently across the residential and college facilities. Staff demonstrated that they worked closely with college staff; jointly developing strategies to support people and share information as to their responsiveness across the two settings. This took the form of regular meetings to discuss how people were progressing or whether they needed a change in support, due to changes in circumstances, for example. We saw that joint systems were available for both colleague and residential staff to use to record important occurrences, such as incidents, so there was consistency of information about people to assist staff.

The college provided formal sessions for people in life skills and guidance in approaching next steps in their lives. We found these were reinforced in a practical way by the service. A person who used the service was enthusiastic about how staff were supporting them to reach their goal of living independently and told us staff had helped them to move towards this goal. They told us about the “independent living” flat, where people could experience a more independent way of living while still being guided and supported by staff, where necessary. Records supported the aims and objectives of people by offering staff guidance on how the individual could achieve their aims and what their own hopes and goals were for the future. This meant that the service worked towards helping people to move on to the next stages in their lives.



# Is the service well-led?

## Our findings

People we spoke with were positive about the way the service was run and about the management team. A person told us that the management team was “supportive” and “approachable”. They said, “I speak to the residential manager”.

Staff told us the registered manager had introduced improvements at the service. They told us they were supported by management. One member of staff told us they had been worried about a new aspect of their work. They said, “The managers rang me to check it went okay. I felt really well supported”. Staff told us they would not hesitate to raise matters which affected people with the management team. We saw that the service had a robust whistleblowing policy which protected members of staff who wished to raise important matters.

We found that the provider had completed a recent survey. A number of different groups of people were invited to complete the survey, including people who used the service, relatives, staff and external people who had been involved with the service. We saw that the service had received a large number of responses and had analysed the surveys to identify the main themes of strengths and

areas for development. The provider had not yet had the opportunity to take action against the findings, because it was a recent survey. This meant that the provider sought the opinions of a wide range of people involved in the service in order to identify trends and issues, which they could address.

We saw that the provider carried out a number of audits. We saw evidence of regular auditing of care records, medicines and the service environment. We found that the registered manager made recommendations for improvements where issues were identified. We saw that the houses where people lived were well maintained. Records were well ordered and contained the correct information and guidance staff required to assist people. This meant that audits were effective in maintaining the standard of care and of people’s experience of the service.

We found that the service had a set of values which were evident in the day to day running of the service. These values were clear within policies and procedures produced by the provider. We saw that people and staff interacted with each other with mutual respect and openness. Staff had a clear emphasis on considering the welfare of people and encouraging them to participate in learning experiences.