

Transform Residential Limited

Glasshouse College

Inspection report

Wollaston Road
Amblecote
Stourbridge
West Midlands
DY8 4HF

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Tel: 01384399400
Website: www.rmet.org.uk

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 Glasshouse College is a specialist residential college. Glasshouse college provides accommodation and personal care to people between the ages of 16 and 25 years. People who use the service had a learning and/or behavioural difficulties. There were 15 people using this service at the time of our inspection. Additionally, five people were living in share lives placements. This service is where people, who also had a learning and/or behavioural difficulty, were supported to live in their own homes as independently as possible through engaging in the process of Practical Skills Therapeutic Education.

Overall, the service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and coordinated person-centred support that is appropriate and inclusive for them.

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

Risk assessments had been undertaken to keep people safe whilst still enabling them to retain their independence. A dedicated safeguarding team, safeguarding policies and staff safeguarding training prevented people experiencing unavoidable harm. The registered manager had an on-going recruitment drive to ensure staffing levels could be maintained. Recruitment processes ensured staff were safe to work with people. Medicines were managed safely. People took, or were administered their medicines as they had been prescribed. Accidents and incidents had been analysed and where required changes had been made to practice, to try to prevent future occurrences. The premises were visibly clean. Action had been taken to promote good hygiene standards.

Staff Induction training ensured new staff were equipped with the knowledge they needed to carry out their job role. Staff confirmed their mandatory training was adequate and up-to-date. Staff supported people in the least restrictive way possible and in their best interests. The principles of the Mental Capacity Act (2005) were followed. Consent was requested before staff delivered care and support. The needs and goals of each person was of paramount importance to the provider, registered manager and staff. The service vision focused on person-centred support, the promotion of life skills to aid independence, and the enablement of people to attain their individual educational goals and/or work experience. Staff were aware of people's individual medical needs. Where possible people shopped for food and prepared their own meals.

People and relatives told us staff were polite, kind and promoted their dignity, privacy and independence. The atmosphere of the service was friendly and enabling. People were supported to make decisions about their daily lives and future goals. The provider encouraged people to have contact with their family and friends.

People and their relatives were involved in their and their family member's assessments and reviews to ensure all needs were determined and addressed. People and relatives told us they would feel comfortable to raise any complaints they had with the staff or registered manager. People participated in a range of educational courses and leisure time activities.

People and relatives told us the service was well-led. They told us the management team were available and approachable. Provider feedback processes had been used to gather information about the views of people and relatives about the service provision. The registered manager understood their regulatory responsibilities to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering 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 good (published 04 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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?

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 ●

Glasshouse College

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

The inspection was carried out by one inspector.

Service and service type

Glasshouse College is a specialist residential college. The service is registered to provide accommodation care and support for up to 20 people living in small 'team houses'. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service is also registered to provide personal care to young people living with shared lives carers. With this type of service people's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living; however, we looked at people's personal care and support. The educational provision at the college is regulated by the Office for Standards in Education (Ofsted).

The service had a manager who was registered with the CQC. The registered manager and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 48 hours' notice of the inspection visit. This was because we needed to make sure staff would be at the office to answer our questions and provide the information we required to carry out our inspection.

What we did before the inspection

The provider had been asked to complete a new 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. We reviewed information we had received about the service

since the last inspection.

During the inspection

We spoke with five people and two relatives about their experience of the care provided. We spoke with four support staff, the registered manager, an external social care professional, a new manager, the head of safeguarding, the college principle, and two staff from the human resources department. We reviewed a range of records. These included, health action plans, communication care plans support plans, daily notes and medication records. We looked at two staff files in relation to recruitment and staff supervision, and a variety of records about the management of the service including policies and procedures. We looked at the premises of two community houses which included three people's bedrooms.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a dedicated safeguarding team. This team had close links with the local authority safeguarding team and police.
- Written information was on display throughout the premises giving people, relatives and staff telephone numbers and email addresses of whom they could speak with if they had a concern.
- A member of the dedicated safeguarding team was contactable 24 hours a day every day.
- People, relatives and staff could contact the on-call safeguarding team member if they had any worries or concerns in relation to harm or abuse.
- Staff had received training in how to recognise abuse. Staff told us what the signs of abuse could be. A staff member told us, "Anything worrying I would report straight away."
- People told us they had not experienced abuse. A person said, "No abuse or bad treatment. If there were I would not stay here." A relative said, "I have no worries about abuse."
- The registered manager and the safeguarding lead told us they had notified us and the local authority when they had a concern of abuse or harm. Records confirmed this.
- Some people's money was held for safekeeping. Records had provision for two staff to sign each transaction to confirm that all money held was correct. The balance of the money was correct against the money held for the people. This showed systems had worked to safeguard people's money against the risk of misappropriation.

Assessing risk, safety monitoring and management

- Assessments had been completed regarding each person's individual risks and these included; going out independently into the community, personal care, and food preparation.
- Staff knew of each person's risks. A staff member told us, "When people go out into the community there is an element of risk and we (staff) complete a risk assessment." One person's record highlighted, "To let staff know what time they may return." The person said, "If I go out I do try and let staff know when I will be back. I have a mobile phone, so they can ring, me or I can ring them if I am late." Another person said, "The staff make the place here safe. I can cook but they (staff) are around just in case I need them."
- A staff member told us about the checks that were undertaken regularly to keep one house premises safe. These included; checks to the fire alarm system, fire exit and emergency lighting. This was confirmed by records.
- Additional action had been taken to prevent risks. Window restrictors were in place on first floor windows to prevent falls from the window and radiators had been guarded to prevent burns.

Staffing and recruitment

- A person told us, "I think there are enough staff. I don't need much help though". A staff member said, "There are always enough staff".
 - The registered manager told us there were some staff vacancies. The registered manager described the contingency plans they had in place to cover the vacancies, staff sickness and leave. This included staff working overtime and the use of long-term agency staff. A staff member confirmed, "I cover, and other staff do too if there are holidays and sickness."
 - The registered manager had completed recruitment checks on staff prior to them commencing in post to make sure they were safe to work with people.
 - A staff member said, "All vetting on me was done." Another staff member told us, "All my checks were carried out. It did take a while."
- Records confirmed checks for a full employment history, verifying references and obtaining criminal records checks had been undertaken.

Using medicines safely

- A person told us, "The staff give me my tablets. They never forget. I don't want to do my tablets myself yet. Maybe in a few months." Another person confirmed, "I always have my tablet on time."
- Staff told us, and records confirmed, they had received medicine training and their competence had been assessed to ensure they were safe to administer medicines.
- The registered manager confirmed the procedure to take in the event of medicine errors.
- Records and the number of medicines remaining for two people was correct. This showed that staff had managed those medicines safely.
- Protocols were in place for each person to direct staff in what circumstances 'when required' medicines should be administered.

Preventing and controlling infection

- The premises looked visibly clean.
- Staff had received training in relation to good hygiene processes. A staff member told us, "I had infection control training. All houses are clean."
- Personal protective equipment was provided to staff. This included disposable gloves and aprons. This prevented contamination within the person or infection spread from one student to another.

Learning lessons when things go wrong

- Staff were aware of the action they must take to report accidents and incidents. A staff member said, "Any accident however small must be reported to a manager straight away."
- We saw systems were in place to analyse and determine any patterns or trends regarding accidents and/or incidents to prevent future occurrences. The registered manager told us, "Most incidents previously recorded relate to an ex- student [person]. There are fewer incidents now that student is no longer here."

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 good.

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

- The Provider Information Return highlighted, "An assessment enables the person, and relevant others, to be involved in decisions about where they would prefer to live if they gained a place at the college and to begin the care planning process."
- The registered manager explained the processes that had been used to assess and determine people's needs before they were offered a placement. This included a possible three-day assessment at the college and a residential night. A person said, "Before I came here there were lots of meetings. I came to look at the college and house and stayed overnight to see if I liked it."
- People told us they were asked and answered questions about their needs prior to receiving a service. A person told us, "I always say how I want things done and how I want to live. That way I am happy."
- Need assessments included; risks, health and social needs, activity preferences, educational, religious and cultural needs. A relative said, "The care is individualised and they [person's name] are happy."

Staff support: induction, training, skills and experience

- Staff received induction training which included getting to know the people they would be supporting and shadowing more experienced staff. A member of staff said, "I have worked here for a long time. I can see though how my induction training helped me. It gave me the knowledge I needed. The shadowing of other staff was also good as it helped me get to know the people."
- The care certificate was available for new staff to work through and we saw care certificate units had been completed by some new staff. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.
- Staff told us they had received all the training they required, and refresher training was on-going. One staff member told us, "My training is up to date."
- A relative told us, "The staff really know what they should be doing. They are good."
- Staff told us they had regular opportunities to discuss their training needs, welfare and professional development during supervision. Records confirmed staff received regular supervision.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty to receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of 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

- The registered manager and staff understood the principles of the MCA. The registered manager told us, "We undertake an assessment of each person and monitor them afterwards to determine their capacity. No DoLS are in place currently but assessments will be undertaken for two new people."
- A staff member said, "When people have capacity that means they have the ability to make decisions. Where people don't have capacity we (staff) may have to help them decide or have a DoLS. This would be mainly to keep people safe."
- A person told us, "I am not restricted in any way. I can go out when I want to." Another person said, "Staff don't stop me doing things. I have a bus pass and can go where I feel like."
- People told us staff always asked for their permission before they gave support. A person said, "Staff ask for my consent. They don't just barge in and do things." Staff we spoke with confirmed they always asked people for their consent before they supported them in anyway.

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

- People told us they shopped for food and prepared their own meals. A person said, "I go shopping. Mainly to the large supermarkets as they are cheaper. I cook my own food and eat it at a time I want." Another person told us, "I shop and cook. I often cook for my boyfriend too."
- The registered manager told us they were looking to monitor people's weights in the future as a health promotion initiative. The registered manager told us a food champion worked in the canteen and this person gave people advice on healthy eating. This was confirmed by people and staff we spoke with.
- Staff were aware of people's medical and cultural dietary needs. Records highlighted one person had diabetes and the foods they could eat and the foods they should avoid. Other records highlighted one person's cultural/religious dietary needs. Staff and records confirmed the person's food had to be prepared and stored in a special way. A relative told us, "Staff understand and have knowledge of religious dietary needs."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us in general their families supported them with their healthcare needs and that was their preference. A person said, "I go home most weekends and I like to see the dentist and have my eyes tested with my Mum." Another person told us, "My Mum and Dad help me to go to health appointments."
- The registered manager told us people had access to external health professionals including a specialist sexual health advisor. This was confirmed by staff and students.
- Health action plans and hospital passports were available for some people. Those documents were used for people's health monitoring and to inform hospital staff about people's needs and risks."

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

- The houses were located in different areas but mainly local to the main college, community facilities and transport routes. However, the two most recent houses to be added to the service portfolio were situated in rural, remote areas. Because of this people may have difficulty accessing the community independently. This does not accord with principles and values that underpin Registering the Right Support guidance. The registered manager told us people staying in one of the houses would only be there for short term

assessment. The other house was for longer term support and they would review the situation.

- People told us they had chosen colour schemes for the houses where they lived, particularly their own bedrooms. A person said, "I love where I live. I've got all my own things there." Another person said, "I picked the colour scheme. I love it." I love my bedroom It's got my own belongings in it". A relative told us, "The house meets their [person's name] needs. It is very homely."

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 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

- All people told us the staff were kind and friendly. One person said, "The staff are very caring." Another person said, "The staff are kind they treat me well." A relative told us, "The staff are really lovely."
- Our observations showed that people gave each other support. They were friendly and kind to each other. Staff encouraged people to build relationships and give each other support.
- A person said, "I have a boyfriend. I like to spend time with him and I do every day."
- People were encouraged and enabled to practice their preferred religion. Records highlighted one person attended their religious establishment at weekends with their parents. A person told us, "I do go to church when I want to. This is usually when I am at home with Mum."
- People and relatives told us the service acknowledged different religious festivals including, Diwali and Christmas.

Respecting and promoting people's privacy, dignity and independence

- People told us staff had asked them their preferred names and that these were used by staff.
- Staff told us they respected people's privacy and dignity. This was confirmed by people. One person said, "The staff don't come into my flat without asking me first." Another person said, "My bedroom is private to me. The staff knock my door and ask if they can enter."
- All people we spoke with confirmed they attended to all their own personal hygiene needs and selected their own clothes to wear each day. A person said, "We [people] do all that stuff [personal care] ourselves." Most people were independent, and staff encouraged this.
- People confirmed they attended to their own needs. These included; personal hygiene, cleaning, washing clothes, shopping, preparing meals and going out into the community. A person said, "I have got a bus pass. I catch the bus and go out independently."

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

- The Provider Information Return stated, "Staff work in a non-discriminatory way and each student [person] is encouraged and supported to be involved in decisions about their care and support."
- People told us they made their own decisions about their care and support. A person said, "I always make my own decisions about everything every day." Another person told us, "I don't want to work at the farm anymore. I have told them this [staff] and its ok." The farm was an area of land that was used for growing vegetables and tending livestock.
- Information was on display within the home giving contact details for external, independent advocacy

services.

- The registered manager told us they would support people to access advocacy services if they wanted to. Records confirmed one person had an advocate.
- An external social care professional told us, "People used an advocate, and this worked well to ensure their voice was heard."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- All people we spoke with told us their care and support plans were reviewed and updated regularly. A person said, "My records are all up-to-date. I attend review meetings to discuss my support and what I want to do." Another person informed us they were fully involved in their reviews and the plans reflected their choices. They said, "The staff support me. I want to be a chef so am put on work experience, so I can learn the skills I need." A relative told us, "I am involved in reviews of their [family member's name]."
- All people confirmed they made their own decisions about their lives in general and staff were supportive of this. One person said, "I am more than able to decide what I want to do and when. I am encouraged by staff to make decisions."
- Records highlighted people's likes and dislikes and other important information. Staff we spoke with were able to tell us what was important to each person including what they liked and did not like and how they wanted to live.

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 told us most people were able to understand and communicate well. This was confirmed by our conversation with people and observations during the day. A staff member told us, "Most people understand and communicate verbally."
- Where people had difficulty communicating hand gestures and Picture Exchange Cards [PECs] were used. PECs are an alternative communication system that uses images to convey meaning. This was confirmed by staff we spoke with and records.

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

- Some of the houses people lived in were in residential areas that had a range of community facilities including a local town centre with supermarkets and other amenities. These local areas also offered a range of transport opportunities including bus and rail.
- People told us they took advantage of the local facilities. One person said, "I go shopping to the supermarket." Another person said, "It's great as I can catch a bus or train easily."
- The ethos of the service was for people to attain educational and/or work experience. One person told us, "I want to work with food. I get experience here working in the canteen". Another person told us, "I like doing

art work and that is what I do."

- People confirmed they had several leisure time activities they enjoyed. One person said, "I like mountain biking." Another person told us, "I like cooking." Records confirmed people were involved in a range of external activities including, going into the community to shop, eating out and going to the cinema.
- Some people took responsibility for some evening group activity sessions. One person said, "People here like the bingo sessions."

Improving care quality in response to complaints or concern

- A complaints procedure was available. A person told us, "I have no complaints. If I did I would tell staff."
- Four complaints had been received since the last inspection. The registered manager described the stages they had worked through when dealing with complaints. This included documentation, investigation, feedback to the complainant and acting to address issues if applicable.

End of life care and support

- The service did not currently support any people who were receiving end of life care.

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 good. At this inspection this key question had remained the same. Management and leadership were effective. Quality assurance systems were enough to alert the provider and registered manager if there were shortfalls in service delivery.

Continuous learning and improving care

- The registered provider had improved the service in many areas.
- Several of the houses had been redecorated and new furniture had been provided.
- A drive had ensured paperwork had improved and was up-to-date.

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

- A registered manager was in post as is required by law.
- The registered manager had notified us of any accidents and incidents, these included safeguarding and a number of police incidents as is required.
- Staff confirmed their responsibilities in relation to reporting concerns and bad practices. One staff member told us, "I have had whistleblowing training. I would not hesitate to report anything I was worried about." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.
- Our last inspection rating was on display within the provider's office and each house. However, during our planning stage we identified the last rating was not displayed on the providers web-site as is required by law. We raised this prior to our inspection and the registered manager addressed the issue.
- The provider Information Return [PIR] is a document we ask providers to complete to give us an overview of the service being provided. The PIR had been completed and returned to us within the timescale we set. The PIR had been completed to a satisfactory standard and reflected inspection findings.

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

- People confirmed they knew who the registered manager was. People felt the registered manager was friendly and approachable.
- People were relaxed and talkative when in the presence of the registered manager. This showed they were familiar with them.
- Observation confirmed people had formed positive, supportive, relationships with each other. A person told us, "We [people] are encouraged by staff to be helpful and friendly to each other."

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

- Staff told us meetings were held for them regularly and they were encouraged to give their views. A staff member told us, "I think all staff are listened to and valued."
- Feedback had been sought through reviews and feedback forms. One person told us, "I filled in a form. I said I did not want to do certain work anymore. The staff took notice of this." Another person commented they felt they were not included as much as they would like in preparing their timetable. The registered manager explained how this issue had been dealt with. Most of the feedback from people and staff was positive.
- An analysis of the feedback forms had been undertaken to show the overall satisfaction rate. However, where individual issues had been raised there was no entry on the individual form of the action taken to address the issues. This meant that there was a lack of audit trail to determine outcomes in relation to the issues raised. The registered manager told us they would consider the recording of such in the future.

How the provider understands and acts on the duty of candour,

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

- The registered manager and staff were open in their approach with us during the inspection.
- Where issues had arisen managers and staff had apologised to people.

Working in partnership with others,

- The provider, registered manager and staff worked in partnership with external health care professionals, social workers and parents. This was confirmed by staff we spoke with and records.