

Friends Therapeutic Community Trust

Glebe House

Inspection report

Glebe House
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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

Glebe House is a community based service which is registered to provide treatment of disease, disorder or injury for up to 17 young people with a range of complex and challenging needs. There were 15 people living at the service when we visited.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at the service. Staff were very knowledgeable about the procedures to ensure that people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any concerns. People received their medicine as prescribed.

There were sufficient numbers of suitably qualified staff employed at the service. The provider's recruitment process ensured that only staff who had been deemed suitable to work with people at the service were employed following satisfactory recruitment checks had been completed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. We found that the registered manager and the staff were knowledgeable about MCA and were aware of who to contact when necessary

Staff respected and maintained people's privacy at all times. People were provided with support tailored to meet their individual needs and were able to receive attentive and reassuring input from staff. This meant that people's dignity was respected and that their support needs were met in a timely manner.

People's assessed support needs were planned and met by staff who had a good understanding of how and when to assist and support people whilst respecting their independence. Care records were detailed and up to date so that staff were provided with guidelines to support people in the right way.

People were supported to attend appointments with health care professionals when required, including their GP and any hospital appointments. Risk assessments were in place to ensure that people could be safely supported at all times. People were provided with sufficient amounts of food and drinks and they were involved in cooking and preparing a range of meals.

People's support was provided by staff in a caring, kind and compassionate way. People were involved in a wide range of educational sessions, work experience projects and interests and were supported by staff in a way which involved them to learn new skills and remain active.

The service had a complaints procedure which was made available to people and their relatives to use and

all staff were aware of the procedure. We saw that staff took prompt action to address people's concerns .People had regular opportunities to raise their concerns through individual and group meetings facilitated by staff. Advocacy services were available to people.

There was an open culture within the service and people were able to comfortably talk with the staff and raise any issues with them. People were provided with several ways that they could comment on the quality of their care and discuss day to day issues and concerns. This included regular contact with the registered manager, clinical and support staff. People were given the opportunity to be involved in the daily running of the service and to discuss events and issues affecting them.

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.

People were cared for by a sufficient number of appropriately trained staff who were knowledgeable about safeguarding procedures.

People were safely supported with taking their prescribed medicine. Medicines were stored, recorded and managed by staff who were assessed to be competent in the administration of medicines.

Only staff who had been deemed to be suitable to work with people living at the service were employed.

Is the service effective?

Good ●

The service was effective.

People were assisted by staff to make choices. Staff were skilled in meeting people's assessed needs.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People had access to enough nutritious food and drink and were supported to eat a balanced diet.

Is the service caring?

Good ●

The service was caring.

People's care was provided with warmth and compassion and in a way which respected their independence.

Staff had a detailed knowledge and understanding of people's support needs and what was important to them.

People's privacy and dignity was preserved by the staff at all times.

Is the service responsive?

Good ●

The service was responsive.

People were fully involved in the ongoing planning and reviewing of their support to ensure that their needs were understood and being met.

People were supported through a comprehensive range of individual and group therapy meetings. People were supported by staff to pursue a wide range of activities and educational sessions and to access the local community.

People were able to raise their concerns at regular individual and group sessions and have them resolved to their satisfaction.

Is the service well-led?

Good ●

The service was well-led.

There were strong links with the local community and people's independence was promoted by the staff and registered manager.

The provider and registered manager had an open management style and were aware of the day to day needs and culture in the service. People felt fully involved in the running of the service.

Staff were supported and were aware of their responsibilities and the standards expected of them when providing support to people living at the service.

Glebe House

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 20 April 2016. The provider was given 48 hours' notice because the registered manager is sometimes out of the office supporting staff or people who use the service and we needed to be sure that they would be in. This inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. We took the information in the PIR into account when we made judgements in this report.

During the inspection we spoke with nine people living in the service, two relatives, the registered manager and two clinical staff and three care staff. We also observed people's care to assist us in understanding the quality of care that people received. We spoke with a consultant psychologist, an advocate from a local advocacy service and two leaving care workers from two local authorities.

We looked at three people's care records, quality assurance records, staff recruitment and training records and medicine administration records. We checked records in relation to the management of the service.

Is the service safe?

Our findings

People told us that they had no concerns about their personal safety. One person said, "I feel safe at this place and it's comfortable." Another person told us, "I've always felt safe here and they [the staff] are always willing to support me when I need." A relative also said, "My [family member] is happy at Glebe House and I feel that they are safe."

Staff showed a good understanding about safeguarding reporting procedures and their responsibilities in raising any concerns with the local authority to protect people from harm. One staff member said, "I have received training in safeguarding and I would never hesitate in reporting any concerns to my manager." Another member of staff told us that they were aware of how to raise a safeguarding concern and knew that the safeguarding procedures and information file were kept in the staff office. We saw that information was readily available in the service which gave the contact details of the local authority safeguarding team for people to use if they needed to.

People's individual risk assessments had been completed and updated. During our inspection we observed staff supporting people in accordance with their risk assessments. Examples of risks included coping with challenging behaviours and behaviours when accessing the community and going on holiday. This showed us that staff took appropriate steps to minimise the risk of harm occurring. The people living at the service also told us that they were fully involved in the risk assessment process and one person said "I review my risk assessments and complete a review form to look at what has changed and ways to improve things."

People told us that staff administered prescribed medicines to them and in a timely way. One person said, "Staff make sure I receive my tablets when I need them and I can have painkillers when needed." We saw that only staff who had received medicine training administered medicine at the service. Staff had also received competency checks to ensure they were safely administering medicine. We saw a sample of completed competency checks which showed that staff safely administered medicines. Medicine administration records showed that medicine had been administered as prescribed. We also saw records of monthly audits to ensure that medicines were administered accurately and stored safely.

People told us, and we saw during our inspection that there were sufficient numbers of staff available to support them. The registered manager told us staffing levels were monitored on an ongoing basis. They said that additional staff would be brought in to support people with an event such as holidays or accompanying people when out in the community. At night time there were waking staff available and a sleep-in staff to provide assistance and support to people when needed. One person said, "There are always enough staff on duty to help me with what I want." We observed that staff were readily available to support people and answered their queries attentively and promptly.

Staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. Information provided in staff recruitment records showed that appropriate checks had been carried out prior to the staff starting work in the service. Staff told us that their recruitment had been efficiently dealt with and that they had supplied references and that a criminal records check had been

carried before they had commenced employment at the service. This showed us that only staff who were suitable to work with people living at the service were employed.

People told us that they had been involved in prospective staff's interviews. One person said, "I have been involved in interviewing new staff and asked a number of questions on behalf of people living here." We saw copies of people's questions in two staff recruitment files which confirmed that people had been involved in new staff's interviews. The registered manager said that people's comments regarding prospective staff were always considered important as part of the recruitment process.

There were fire and personal emergency evacuation plans in place for each person living in the service to make sure they were assisted safely whenever there was a need to evacuate the premises.

Is the service effective?

Our findings

One person said, "This place is giving me the opportunity to advance and move forward with my life and they [the staff] have helped me improve my skills so that there is another way to deal with problems and concerns I may have. This place helps you think about what you need to do to live a better life and prepare for the future."

Staff told us they received the training provide them with the skills and knowledge to support people in the service. Examples of completed training in safeguarding, risk assessment, group work, food hygiene and physical interventions, One staff member said, "There is lots of good training and we get refreshers throughout the year." There was a training record in the office with forthcoming dates for training sessions. This ensured that staff were kept up to date with any changes in current care practice.

Staff told us that when they had commenced working in the service they completed induction training to ensure that they were aware of their roles and responsibilities. Staff told us they had regular supervision and ongoing support.

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. The registered manager confirmed that no one at the service lacked capacity to make their own decisions.

We saw that there was a restraint policy which had been explained to people using the service. Staff confirmed that they had received training regarding restraint and people using the service had signed an agreement regarding the use of restraint. People we spoke with confirmed this to be the case.

People told us that they and the staff always had lunch together. We saw that lunch time was a very sociable occasion, with lots of interaction between the staff and people having their lunch together in the dining room. People living at the service had been fully involved in the preparation of the lunch. People told us they had the opportunity to make alternative choices if they did not like the menu option. One person said, "There is always plenty of food to eat and there are drinks available all the time. I can make snacks and drinks during the day." Another person said, "The food is very good and I can have different things if I want. When I get up in the morning I can have a choice of things to eat and also throughout the day." We saw that drinks and snacks were available to people throughout the day.

As part of people's ongoing rehabilitation programmes they were able to improve their cookery skills and have access to healthy eating options at organised cookery sessions. People's dietary needs were monitored and the registered manager told us that if any concerns were identified advice from the person's GP and a dietician would be sought.

We saw that people's support plans had been reviewed regularly and changes had been made where this was required. This demonstrated to us that the staff monitored and understood what helped to maintain a person's health and support needs.

Any significant events that had occurred during the person's day were documented, which included any appointments with health care professionals such as GPs, dentist and optician. One person said, "I do have good access to a GP and the staff support me to see the doctor when I need." A relative told us that the staff always kept them informed of any health care issues affecting their family member. This showed that people could be assured that their health care was monitored and appropriate referrals and actions were taken when necessary.

Care professionals were positive about the support provided and that staff were knowledgeable and provided good quality information to them when required. A consultant psychologist told us that the support and clinical sessions provided were 'excellent' and the staff worked hard to provide people with proactive and life changing support. A local authority leaving care worker was very positive about the service and that the person they had placed at the service had benefitted greatly from the support and therapy session provided. They said, "[Person's name] is well supported and is gaining from their experience at Glebe House." This showed us that people's support needs were well monitored and effectively responded to by staff at the service.

Is the service caring?

Our findings

People said that they felt they were treated as individuals. One person said, "I feel that the staff help me every day and they are kind and very supportive." People also said that staff were very caring and sensitive in the way that support was provided. One person said, "I've been here for over a year and the staff here have always supported me when I needed it and they were always there to listen when I wasn't feeling so great. Another person said, "The staff here are really good and support me really well. They help me a lot with my life and my future plans." Another person said "I have no concerns and the staff treat me very well and I can discuss my daily plans with them when I need."

Relatives of people told us that they had been encouraged to be involved in reviews of their family members where appropriate. A relative said, "We are in regular contact with the service and the support has been excellent for [family member]. The staff are very good in letting me know how things are and they are always good at keeping me informed. Glebe House has a good atmosphere and the staff are kind and helpful." Another relative said, "Communication is really good and the staff are very supportive and caring and I feel that my [family member] is benefitting from being at Glebe House."

One member of staff described the service as, "Having a friendly and open atmosphere." Another member of staff said, "I really love my job here and we work well together to support people." Throughout our visit we saw positive interactions with a lot of good humoured conversations between the staff and the people using the service. One person told us, "The best thing about this place is the staff who I can talk to any time."

We observed staff treating people with dignity and respect and being discreet in relation to their support needs. We saw that staff positively engaged with people throughout the day and were in regular discussions about their planned activities and daily needs. For example, the staff participated in the preparation of lunch and evening meal and with the organising of the football event happening later in the day. We saw a lot of warm and good humoured banter between staff and people living at the service. We noted any requests people made for assistance were responded to quickly by staff and we saw staff reassuring and assisting people with their requests.

The regular community meetings gave people opportunities to organise and discuss their plans for the day and we saw staff supporting and facilitating people in a sensitive and caring way.

The registered manager told us that people were provided with information as to how they could access advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes. People we spoke with confirmed that they were able to use the services of an advocate whenever they wished.

We spoke with an advocate from a local advocacy service who regularly met with people living at the service. They were very complimentary and positive about the service and felt that they were always welcomed by staff and they were able to meet with people in private and to represent their views whenever people required.

Is the service responsive?

Our findings

The service operated a therapeutic community model, (a participative, group-based approach to supporting people with a range of complex issues and needs). People told us, and we found from records reviewed, that a thorough assessment of their support needs had been completed prior to them coming to live at the service. This ensured as much as possible, that each person's needs were able to be met. People newly admitted to the service were given a detailed 'Welcome Pack' which included a variety of information and agreed responsibilities for the person to abide by. Each person was assigned a link worker and a link resident to assist the moving in and/or orientation to the service.

One person said, "My individual and group sessions have been extremely helpful to me and the staff are very supportive." Another person said, "I have learned a lot from being here and I feel more confident for the future." People said that the programme of activities and therapy sessions provided were really helpful and varied to meet their individually tailored support needs.

People were supported to take part in interests that were important to them throughout the day. The service had a wide ranging programme of activities and work experience possibilities. Examples of these included; educational courses, car maintenance, carpentry, a furniture restoration project entitled 'Turn the Other Chic', football training and other sporting activities. People were involved in a five a side league and regularly played against teams in Cambridge. We saw that there was an opportunity for people to be involved in drama and music and they had access to an onsite drama/music centre. People also told us that they had been involved in organising the large annual bonfire event which had been attended by approximately 700 people locally.

We saw that people were able to achieve nationally recognised educational and work related qualifications to assist in their future employment plans. Examples included car maintenance, carpentry and catering skills. We also saw that people were fully involved in the daily domestic chores and daily cleaning of communal areas and their own bedroom during the day.

Support plans were written in detail and had been amended and updated as people's needs changed. There was sufficient information for staff to be able to provide the required support. One person said, "They ask me about my life and how I want things done and I feel very involved." Support plans included information about people's preferences, including how they wanted to be addressed and what was important to them. People told us the staff involved them in all aspects of their support and spoke with them daily about their support needs. We saw that people had signed their support plans as an agreement to the support to be provided.

People were involved in a programme of individual and group therapies facilitated by clinical staff throughout the day. We saw that there were three community meetings held each day, Monday to Friday, and one community meeting held on Saturday and Sunday. These meetings were attended by all of the people and staff on duty. The meetings provided a focus to events happening during the day and gave

people an opportunity to discuss their concerns and issues affecting them in general and during the day. The meetings were chaired by people living at the service. We attended one of the community meetings and we saw that people were facilitated to discuss and deal with a number of complex issues in an open and therapeutic way.

Records showed that people were fully involved in making choices to ensure that their support needs were met. One person said, "The staff have really supported me to the point where I will be moving on to my own accommodation soon."

People generally stayed at the service for a period of approximately two years and that their future plans and accommodation support needs were highlighted. An outreach service was also provided after people had moved from the service for around 18 months in conjunction with the person's placing local authority and other professional services who were involved. This helped to provide continuing support for the person when they had moved on to longer term accommodation. 'Circles of support' were also discussed and arranged with people regarding their future needs when they moved on from the service. A 'circle of support' is a group of people that forms a community around a specific individual and to help them achieve their personal goals.

People could be confident that their support was provided and based upon the most up to date information. Staff attended detailed daily handover meetings to ensure that any changes to people's support and any significant events were noted and acted upon. Staff told us that detailed information regarding people's support needs was always available to them, which included clear guidelines regarding the assistance required.

The provider had an effective complaints process. A copy of the complaints policy was included in people's 'Welcome Pack'. People told us that they had regular opportunities to raise any complaints with staff and to be able to discuss them individually or in the daily community meetings. There were no complaints currently being investigated.

People we spoke with were aware of the complaints procedure and said that they knew who to speak with if they wished to raise any concerns. People and relatives told us that any concerns they raised were dealt with to their satisfaction by the registered manager and staff at the service. One relative said, "I have no concerns but I would feel confident that the manager and staff would sort things out straight away for [family member] if the need arose."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. People told us they knew who the registered manager was and that they frequently saw them around the service and regularly spoke with them during the day. One person said, "I feel I can talk to the staff and the manager any time and they respond quickly if there is anything I am not happy about." People told us that they felt confident that staff knew how to provide support in the way that they preferred. One person told us that, "I am very well supported here and I get the help I need."

One person said, "The manager and staff are very attentive and support me during the day." A relative also confirmed that if they raised any issues or concerns these were always promptly dealt with by the staff and the registered manager. Arrangements were in place to ensure that the day to day management tasks were being completed including staffing, care planning and liaison with care professionals.

People said they felt involved in the daily running of the service. They told us that it was important for them to meet people visiting the service and be able to describe the facilities and support that was provided. There was an open team work culture and staff told us they enjoyed their work and supporting people who lived at the service. Staff told us that they were encouraged to be involved in developing the service and could raise any issues in the regular supervision and fortnightly staff meetings. Examples included accessing the community with people using the service and any clinical interventions and changes to people's support.

Staff said they were confident that if ever they identified or suspected poor standards of care or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff said that they felt confident that they would be supported by the registered manager if they raised concerns. One staff member said, "We are a really good team. If there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay."

All staff told us they enjoyed working at the service that they were supported by the registered manager who was readily available to them for any advice or guidance. Staff also told us that there were regular support meetings where they had the opportunity to reflect on the support being provided and discuss any challenging support issues. Staff told us that they felt valued and listened to by the provider and registered manager and their colleagues.

Staff told us that they had been supported and mentored by a more experienced member of staff when they commenced working in the service. They said they found this to be very helpful and reassuring. Many of the staff we spoke with had worked at the service for a number of years and one member of staff told us, "I love my job and working here - and everyone works very well together in a very supportive way."

There were audits completed in relation to medicine administration, care planning and staff training. The registered manager also received regular visits from the provider who completed regular audits and

included care planning, safeguarding and quality of care. This demonstrated to us that effective quality assurance and management procedures were in place. There was no issues identified requiring action following recent audits.