

Transform Residential Limited

Glasshouse College

Inspection report

Wollaston Road
Amblecote
Stourbridge
West Midlands
DY8 4HF

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

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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

Glasshouse College provides support for up to six people with a learning disability, autistic spectrum disorder, physical disability and or sensory impairment in an educational setting. At the time of our inspection there were six people using the service. At the last inspection, in September 2014, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive support that was safe and staff received the appropriate training to keep them safe. People were still being supported with their medicines as they were prescribed and there were enough staff.

People continued to be supported by staff who had the skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people were restricted this was done following the Mental Capacity Act 2005.

The care people received continued to be good. People were supported and encouraged by staff to live as independent as they could. People's privacy and dignity was respected.

The service continued to be responsive to how people's needs were met. The service people received was reviewed on a regular basis and people's decisions were an integral part of the review process. People knew how to raise complaints if they had any concerns about the service they received.

The service continued to be well-led. The provider ensured the appropriate checks and audits were carried out to maintain the quality of the service. The provider used a quality assurance process to enable people to share their views on the service by way of completing a questionnaire.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Glasshouse College

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 checked 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 was a comprehensive inspection and was completed by one inspector on the 08 June 2017 and was announced. The provider was given 48 hours' notice because people are often out during the day and we needed to be sure that someone would be in.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information was provided by the provider however it was not available to us due to technical difficulties. We made our judgements in this report without this information. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. This included the local authority who commissioned services from this provider.

We spoke to two people, two relatives, four members of staff and the head of residential care as the registered manager was not at work. We looked at the care records for two people, the recruitment and training records for three members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.



Our findings

People told us they felt safe. A person said, "I do feel safe". A relative said, "I do think he [service user] is very safe". Staff we spoke with told us they had received safeguarding training and were able to explain what they would do if someone was at risk of abuse. A staff member said, "I have completed safeguarding training and I would report any abuse to the safeguarding lead". We were able to confirm that staff had completed training and that the appropriate procedures were in place to give staff guidance. We found that the provider had a dedicated staff member with the responsibility for dealing with all safeguarding concerns and staff were aware of them and their role. A relative said, "Risk assessments are more than adequate they are detailed very well". Staff we spoke with were able to describe a person's risks and how they were managed to keep the person safe. We saw that risk assessments were in place and were used to identify how risks should be managed.

We found from what people told us that there were enough staff. A person said, "Staff do respond to me on a timely basis. There are absolutely enough staff". Relatives we spoke with all told us that there were enough staff and they had no concerns with staffing levels. We found that the provider had a recruitment process in place to ensure staff with the right skills and knowledge were appointed. We saw that appropriate checks were taking place. These checks included a Disclosure and Barring Service (DBS) check. This check was carried out to ensure staff were able to work with people. Two references and proof of identification was also part of the recruitment process.

We found that not all people required support with their medicines, but for people who did we found the provider had a medicines procedure in place to give staff appropriate guidance. A person said, "I self-medicate but staff do have to remind me". A relative said, "I have no concerns, medicines are given okay". Staff we spoke with told us they were given training to administer medicines". We were able to confirm this and saw that staff competency was also checked to ensure how they administered medicines was done safely. Medicines administration records were used to show who administered medicines and where medicines were given 'as and when required' the appropriate guidance was in place to ensure they were given consistently.



Our findings

A person said, "Staff do know how to support me". A relative said, "Staff have all the skills they need to support my son and they are very thorough in what they do". A staff member said, "I do feel supported and I do get supervision". We found that where staff needed support they were able to access this on a daily basis and received planned supervision, staff meetings and appraisals as part of how the provider supported staff. We saw that a training program was in place to provide staff with the skills and knowledge needed to support people. Where people had specific healthcare needs like being diabetic staff were able to get the appropriate training so they were able to support people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A person said, "My consent is sought". A relative said, "Staff always get his [service user] opinion on everything". Where people lacked capacity and their human rights were being restricted we found that a DoLS was in place. We found that DoLS were being reviewed and decisions were being made by the local authority as to whether they needed to be continued or not. Staff we spoke with knew who had a DoLS authorisation, what the restriction was for and told us they received the appropriate training. We were able to confirm that training was taking place.

We found that people decided about the meals they had to eat. People were supported and encouraged to prepare meals for themselves and they took it in turns to prepare meals for other people they lived with. A person said, "I can cook my own meals". Staff we spoke with understood the importance of people eating healthy and were able to explain how they encouraged people to eat and drink food that was nutritional in value. We found from what people told us that they were able to influence the menu and were able to shop for the meals they liked.

We found that people were able to access healthcare professionals where needed. A person said, "I went to the dentist recently". Relatives told us that people were able to see healthcare professionals and staff would keep them informed when these situations happened. We found that health action plans were being used to identify people's healthcare and how they should be met. We also saw that information was being kept available for when people had to go to hospital so health care professionals had vital information they would need where people were unable to share their views.



Our findings

We were told that staff were Kind. A person said, "Staff are absolutely caring". A relative said, "Staff are one 100% caring and kind. I have seen the progress in [person's name] since they started living within the service and this is due to how staff have supported him". We saw that people were relaxed around staff by the way in which they interacted and shared in light hearted banter. We saw that staff knew people's support needs by the way they reminded people about the things they may need to do. We heard one person being reminded about personal care tasks they required and another person being reminded of the importance to eat a meal on an evening as they had told staff they did not eat the previous evening.

A person said, "I make all my own decisions and I am able to express my views how I want". A relative said, "I have seen how [person's name] has developed into an adult since being supported by staff. They have developed so many skills and are able to make decisions they would not have been able to make before joining the service". Staff we spoke with told us that people were encouraged to make decisions on a daily basis as part of learning the skills needed to live independently. We saw that documents and literature used within the service were available in written and picture formats to support people understand information and communicate their views. This made it easier for people to understand and make decisions as to how they were supported.

People we spoke with told us their privacy, dignity and independence was respected. A relative said, "Staff do respect [person's name] privacy, dignity and independence. They even teach him [service user] how to respect other people". Staff we spoke with told us that people's privacy, dignity and independence was embedded into the training they received and the culture within the service. The head of residential care told us that dignity champions were an area of care they were looking to implement within the service. We found that people's independence was promoted in how they were supported. People were encouraged by staff as part of the culture within the service to develop independent living skills so they would be able to manage on their own; this showed people's independence was respected. We found that people's dignity and privacy was an integral part of how people were supported by staff.



Our findings

We found that an assessment process was in place to determine whether the service could meet people's needs. We found that this assessment was carried out before anyone was admitted into the service. Support plans were also used to show how people would be supported. People and their relatives told us they were involved in the process and had copies of these documents. A person said, "I do have reviews and I have a keyworker". Relatives told us that reviews did take place and they were invited to attend. We saw that reviews did take place and risk assessments and medicines were some of the areas which were regularly reviewed.

We found that people's preferences, likes, dislikes and hobbies were gathered as part of the assessment process. A person told us, "Staff do know what I like to do. I go out whenever I want". A relative told us, "[Person's name] is able to take part in the things he likes. Staff regularly take him out to a range of social activities he likes". We found that people were able to go out together without staff support where they were assessed as being able to do so. Where people needed staff support at all times staff would take them out as part of their activity plan. We saw that these plans were available on people's care records which showed the activities they were involved and like to do.

The provider had a complaints process in place. A person said, "I would know who to complain to and I have a copy in the student guide I was given". Relatives told us they knew how to complain; they had a copy of the process but had never had to make a complaint. If they had a complaint they would speak with the registered manager. We saw that the complaints process was available in other formats so people could understand how to raise any concerns they may have. Staff knew how complaints should be handled and told us they would support people where needed to raise concerns. The provider had systems in place to log complaints they received.



Our findings

A person told us, "The service is well led, I like it". A relative told us, "The service is extremely well led". Staff we spoke with all told us the service was well led. We found that the service was well led, the environment we saw people in showed they were relaxed around the staff who supported them and told us staff were excellent.

The service had 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.

We found that people and relatives all knew who the registered manager was and felt able to approach them whenever needed. A relative said, "I do know who the manager is". We found in the absence of the registered manager that the head of residential care knew what incidents we needed to be notified about.

We found that a survey was sent out to people and their relatives to gather their views on the quality of the service. A person said, "I have had a survey questionnaire to complete". A relative told us, "I completed a questionnaire recently". We found that people and relatives were also able to meet with the registered manager to discuss the service and plans to make improvements where needed.

A person said, "I do see the manager doing checks". Staff we spoke with told us that spot checks and audits were carried out. We saw an improvement action plan the head of residential care used to ensure the quality of the service. We saw evidence of a range of areas being monitored. We saw that medicines checks were taking place along with checks on the building and areas requiring maintenance.

We found that the service worked closely in partnership with educational colleagues to ensure the educational program people were taking part in was meeting all educational requirements.

It is a legal requirement that the overall rating from our last inspection is displayed within the home and on the provider's website. We found that the provider had displayed their rating as required.