

Ruskin Mill Trust Limited

Glasshouse College

Inspection report

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Website: www.rmt.org

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22 June 2021
24 June 2021

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

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 19 people using this service at the time of our inspection. Additionally, two people were living in shared 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.

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

Care and treatment was not always provided in a safe way. There was a lack of provider oversight which meant risks to people's safety had not always been identified and responded to appropriately.

Systems to monitor the quality and safety of the service were not always effective and placed people at risk of harm. Some of the houses people lived in were not well maintained.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The provider had not ensured that all living environments were well maintained and fit for purpose.

People received their medicines when needed. Staff knew people's needs and felt supported by the management team. Staff understood what action to take if they suspected somebody was being harmed or abused.

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.

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

Rating at last inspection

This is the first rating of this service.

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. The incident occurred when it was under a previous legal entity. This inspection did not examine the circumstances of the incident.

We initially planned a focused inspection looking at safe and well led only. However, when concerns were identified we informed the provider that we would be looking at the five key questions.

We found evidence the provider needs to make improvements to safe care and treatment and good governance. The overall rating for this service is inadequate. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and good governance. Please see the action we told the provider to take at the end of this report.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

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 and an assistant inspector on 21 June 2021. The inspector returned on 22 and 24 June and spent time at the college and visiting the houses in the community.

Service and service

Glasshouse College is a specialist residential college. The service is registered to provide accommodation care and support for up to 35 people living in small community based 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 registered manager had left the service, the nominated individual was acting as manager and a new manager had been appointed who was due to start at the service at the end of June 2021. The nominated individual is referred to in this report as the manager. 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 was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with 10 people and two relatives about their experience of the care provided. We spoke with 18 staff members, including support staff, senior support staff, the head of safeguarding, the manager and college principle.

We spoke with two health care professionals and two relatives. We visited five of the 13 houses that people were living in and saw six people's bedrooms.

We reviewed a range of records. These included, health action plans, communication care plans support plans, daily notes and medication records. We looked at three staff files in relation to recruitment and staff supervision, and a variety of records about the management of the service including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were not always specific about the risks to people. The measures in place to mitigate the risk to people were not always clear. When an incident had taken place, it was not always clear the measures in place to mitigate the risk had been reviewed.
- One person was at risk of choking, risk assessments in place were not detailed and the provider had not considered and put plans in place to manage all the known risks to the person. The care plan and risk assessment did not detail all the required information to guide staff on how to support the person safely. The person was at risk of eating inedible items and wrappers off food. We saw a wastepaper bin in their bedroom with a wrapper in it and alerted staff so it could be removed immediately.
- A person was at risk of self-harm and potential risks to them in their bedroom had not been assessed. We saw a broken cupboard which created a potential ligature point. A multi socket extension lead on their bed, a lamp that was on and was leaning on its side, trailing wires and leads on the floor. Which all presented as health and safety risks and no bedroom risk assessment had been completed.
- A rotary washing line had been upended and placed against the wall in the garden. This item presented as a potential safety hazard and could also be used as an item to harm others and placed people and staff members at risk of harm.
- A bedroom window located on the first floor had no window restrictor fitted. The person had lived at the service for a few months and although the provider had identified the need for a restrictor they had not acted on this.
- People's health care needs we're not always identified in their health action plan. For example, one person was at risk of blood clots and another person had specific needs in relation to bowel care. Care records failed to provide clear instructions for staff to follow regarding signs and symptoms and how to support the person with the specific health need.

Preventing and controlling infection

- In one house there was not enough seating in the lounge for people and staff. In addition the layout of the house did not allow for good practice principles to be applied in relation to IPC practice. For example, where possible allowing for space between people and giving consideration to the layout of furniture to allow for this.
- Surfaces and cupboards in the kitchen and bathroom at one house were worn and damaged and prevented effective cleaning to take place to mitigate the risk of cross infection.

Risks to people's health and welfare were not mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took some immediate action in relation to specific risks in relation to choking and risks in people's bedrooms and the environment and provided us with assurance the risks identified were being managed effectively. They told us they continued to observe people and review information regarding potential risks. They told us in relation to the risk of choking the person was still in the assessment stage and information was still in the process of being gathered and assessments completed. They told us no incidents of choking had happened in the short time the person had lived at the service. The provider acted promptly on feedback during our inspection. Following our inspection we received an amended risk assessment which was more detailed about the specific risks in relation to choking and how the risks were managed. The provider also told us they had strengthened their pre- assessment process and staff with the right understanding are now involved in the process.

The provider told us that through their own systems they had already identified that work needed to be done to improve people's support plans and risk assessments. However, this work had not been fully implemented at the time of our inspection. The provider told us meetings had taken place with the staff team to discuss people's needs. They told us new documentation would be implemented in July 2021 and priority would be given to people with the highest needs.

- The arrangements in place for people evacuating safely in two house's that we visited required clarification and this assurance was provided.
- A fire safety action plan was received after our site visit with confirmation that all identified risks had been actioned.

Staffing and recruitment

- The provider told us that some restructuring of job roles was taking place to support the development of the service. Some people attended the college and lived in the residential houses during term time only and some people lived there throughout the year so staffing levels fluctuated. The provider talked through the process for calculating staffing levels and explained they was continually under review.
- One person told us, "I don't like it when the staff keep changing, it's getting better now."
- Staff told us they had enough staff on a shift to meet people's assessed needs. They told us that improvements had been made and there had been a reduction in the use of agency staff.
- The required staffing levels were in place supporting people when we visited some of the individual houses.
- The provider had their own human resource department who carried out checks on staff before they started work in the service to make sure they were suitable to work with people. This included Disclosure and Barring Service (DBS) checks. This is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being employed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Prior to our inspection there had been some safeguarding incidents. We were able to discuss these and see that appropriate action had been taken. Where appropriate we could see that measures had been put in place to prevent reoccurrence of an incident.
- There was a dedicated safeguarding team and they met daily at the college. They would discuss any incidents or occurrences and determine if any safeguarding referrals needed to be made to the local authority. If there was a specific concern, then a meeting referred to as a 'Red Flag' meeting would be arranged. Meetings that met this criteria were taking place during our inspection and the provider kept us informed about these and decisions that had been made.
- Staff told us any concerns would be reported to a member of the safeguarding team.

- All incidents of restraint were reported to the team and reviewed
- Information was on display throughout the premises giving people, relatives and staff contact details of who they could speak with if they had a concern.
- People told us they felt safe living at the service. One person told us, "The staff are good I can speak to them when I need to."

Using medicines safely

- Records and the number of medicines remaining for the three people whose records we checked were correct.
- Protocols were in place for medicines to be given on an 'as required' basis.
- Arrangements were in place to store people's medicines safely.
- Staff competency for safe medicine practice was assessed.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

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

- There was a system in place to assess people's needs prior to receiving a service. This included risks, social needs, educational needs, religious and cultural needs. Care records and risk assessment implemented from the pre assessment documentation were not always detailed or consistent. The provider told us they had identified that improvements were needed and plans were in progress to make the improvements.
- A person recently started receiving a service and presented some risks. We raised concern about how these risks would be managed effectively with minimal impact on the people they were sharing accommodation with. The provider told us they had already started to address this and took action during the inspection. However, an effective pre assessment process would have identified the shortfalls and unsuitability of the house they were living in prior to the placement being agreed.
- The provider supported a person to move from their residential provision to a supported living setting in the local community. The care provider involved had written to the provider and praised the staff for a well-planned transition that was person centered and meaningful.
- A relative had written formally to tell the provider how well their family members transition had been managed and they stated it was a, "Stress free, seamless transition."
- People were able to visit the college and stay overnight at a residential setting prior to a place being offered.

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

- Some people were supported to have their healthcare needs met by attending services in the local community and some people continued to access healthcare when they returned home to their families.
- Health action plan documents were in place. However, these were incomplete documents with missing information about health conditions, signs and symptoms for staff to be aware of and the monitoring of health conditions.
- The provider told us they recognised that work needed to be done to improve the oversight of people's healthcare needs. They told us care reviews were planned for July 2021 for people with complex needs. They told us some recent restructuring had taken place and will include a lead role with healthcare as a priority. They were also working with the local integrated health teams so people would be supported to access health care facilities close to their household.

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

- The houses were located in different areas. Some were located close to the college and near to community

facilities and some were located a few miles away. We visited five house's and saw that some were comfortable and homely and some required significant improvement to ensure they were fit for purpose. The provider told us one house would be decommissioned and they shared their plans for improvements that would be taking place across the summer 2021.

- People told us they had their own personal things. One person told us, "I like my room it is how I want it." We saw one person had their own artwork displayed around the home.

Staff support: induction, training, skills and experience

- Staff confirmed they received induction training. The provider told us a new induction process would be implemented in July 2021 and this would be a more streamlined process.

- The care certificate was available for new staff to work through. This 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 that training opportunities were good. A staff member told us, "I think the ethos here is good and I have been pleased with all the training I have received. They are trying to improve things all the time." Another staff member told us, "They are making improvements and things are changing for the better. I feel well supported by my managers. They are very approachable."

- A staff training plan was in place, any training shortfalls for individual staff members were identified, plans were in place to ensure this training would be completed. Staff completed Management of Actual or Potential Aggression (MAPA) Training. This training was accredited.

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

- There were different arrangements in the houses according to who was living there at the time. Some staff prepared all the meals and in some houses staff supported people to prepare part or all of their meal.

- People told us they went shopping for food. Some people told us they helped staff prepare their food. One person told us, "[Staff member's name] has helped me a lot and I have cooked different meals and I have enjoyed it."

- Another person showed us their menu and said they made choice about what they wanted to eat.

- Staff told us where possible they promoted healthy eating options.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 provider and staff understood the principles of the MCA.

- There were DoLS in place for some people and the provider was able to talk us through their process. They told us assessments were completed and applications were made, and they had oversight, so they were

aware of when the DoLS was due to expire.

- People we spoke with told us staff asked for their consent before they gave support.
- Staff told us they asked for people's consent before they supported them.

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect

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

- We saw kind and caring interactions between staff and people. However, we found some shortfalls with the providers systems and processes. They were not always safe and effective and did not always promote a caring culture. In addition, some people's living environments were not well maintained, not fit for purpose and did not ensure that a caring and respectful environment was consistently provided. For example, some gardens were not well maintained.
- All of the people we spoke with told us staff were kind and friendly.
- People were encouraged and supported to practice their preferred religion.
- A relative told us, "[Persons name] has settled in really well, they have consistency with staff working with them."

The provider shared with us during and after the inspection the plans they had in place and were working towards to make the required improvements so that individual houses were safe and well maintained for people.

Respecting and promoting people's privacy, dignity and independence

- Staff told us that people's equality and diversity was respected. Staff demonstrated a good understanding into the individual needs and wishes of the people they were supporting in relation to equality and diversity issues.
- People told us staff knocked their bedroom door before entering.
- People told us they were supported by staff to make their own choices about what they do and how they spend their leisure time.

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

- People told us they were involved with making decisions about their care. One person told us, "I like the staff very much especially [staff members name] they have really helped me, they listen to me and have made suggestions to me about things I can do."
- Staff spoke about the people they cared for in a kind manner.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care records and risk assessment were not always well maintained and did not contain all the required information for staff to follow and ensure safe and consistent care would be provided. The provider had identified that care plans and risk assessments needed to be improved and work had started and was in progress to make these improvements.
- The provider had completed reviews of people recently and told us they were in the process of updating the electronic version.
- People told us they were supported by staff to make their own decisions. One person told us, "The staff ask me what I want to do."
- Staff were able to tell us what was important to each person, what they liked and didn't like.

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 provider understood the requirement to make sure people are given information in a way they can understand.
- Where people had difficulty communicating we saw that Picture Exchange Cards [PECs] were used. PEC's are an alternative communication system that uses images to convey meaning.

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 shops and other amenities. These local areas also offered a range of transport opportunities including bus and rail.
- The purpose of the college, which all people were accessing was to provide people with holistic learning by role modelling positive relationships in the fields of art, crafts, commerce, agriculture nutrition and living skills. People we spoke with shared their positive experience of college life and opportunities. One person told us, "I do lots of different things at the college which I really enjoy."
- People told us they about the range of hobbies and interests they enjoyed in the evening and at weekends.
- Records confirmed people were involved in a range of external activities including, eating out and going to the cinema and seeing family and friends.

A relative told us they were really pleased with the range of opportunities their family member were

supported to take part in. They told us, "Loads of fields so they can go for walks. They do the things they enjoy like going to tea rooms and there is one near to where they live. They like going out for food and they get to do this. It's good they are encouraging them to go out and walk instead of going in the car."

Improving care quality in response to complaints or concern

- A complaints procedure was available. A person told us, "If I am not happy about something I would talk with the staff, they are good, and they do listen."
- There was a system in place for recording complaints and their outcome. One person raised some concerns with us during the inspection, this was mainly to do with their living environment. We asked the provider to share the outcome of the investigation into these concerns with us when they were investigated.

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-centered care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There was a governance system in place, but this had not been operated effectively and had failed to identify all of the concerns we found during the inspection. Where concerns had been identified through the providers own system, they failed to take prompt action on these.
- The system in place to identify potential risks in people's environment and take action to mitigate the risk were not effective and when things went wrong effective contingency plans were not in place. For example, where there was a risk in the environment, staff failed to act and remove the risk promptly.
- The system in place to ensure that risks to people were assessed, recorded and monitored were not always effective. For example, effective risk management plans were not in place for the risk of choking and the risk of harm in people's own bedrooms.
- The system in place for the audits of care records failed to identify that health action plans were incomplete documents. Key health issues were not identified in the health action plan. Care records failed to provide clear instructions for staff to follow regarding signs and symptoms and how to monitor and support people with specific health needs.
- The system in place for the management of effective infection control were not always effective. In one house we saw that sitting arrangements did not allow for social distancing and the bathroom and kitchen were worn and cracked and did not allow for effective cleaning to take place.
- The system in place for the oversight of the registered provision had not been effective. Where a house was not fit for purpose the provider had continued to use the house for people to live in.

Systems to assess, monitor and improve the quality and safety of the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- CQC had been informed in a timely way about legally notifiable incident.

We initially planned a focused inspection looking at safe and well led only. However, when concerns were identified we informed the provider that we would be looking at the five key questions, this was after our site visit.

During the inspection the manager took action on immediate risks. We also asked the provider for assurance on specific risks immediately after our site visit and this assurance was received. They also shared their

improvement plan with us and updated it during the inspection process. They also provided us with a plan of work for the individual houses and this included planned improvements and decommissioning one of the houses. The manager told us they had recently introduced unannounced visits to the individual houses to improve on the oversight of people's care and support.

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

- The manager told us they understood their responsibility to be open and honest when things go wrong. They were open and transparent through out the inspection process and provided all the information we asked for in a timely way.

Promoting a positive culture that is person- centered, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they liked where they lived and enjoyed attending the college activities.
- We observed only good interactions between people and the staff team.
- Staff spoke positively about their role. They told us that changes and improvements were being made. A staff member told us, "The manager is very approachable, they are making changes for the better, its more structured and more efficient."
- Staff confirmed meetings took place and they were asked for their views and input on improvements and development of the service.
- A relative told us they were really happy with the support their family member received and told us college staff were good at keeping in contact with them. They told us, "If you have a problem, they listen to you. They don't wait." Another relative told us their family member had settled well. They told us, "They [Staff] have done wonders."

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with other professionals and agencies, such as health care professionals, local police and social workers. We received positive feedback from two health care professionals. They told us staff were caring and represented the people they supported well.
- The provider had a system in place to review complaints, incidents and accidents and learn from these.