

Ruskin Mill Trust Limited

Glasshouse College

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Glasshouse College is a specialist residential college and a shared lives service for young people with learning disabilities, autism and/or mental health needs. The shared lives scheme provides people with long-term placements within shared lives providers (SLP) own homes. The service can support up to 35 people and 18 people were receiving a service at the time of the inspection.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

Glasshouse currently has 11 residential houses located in different settings. People accessed local facilities and were supported by staff to pursue their interests. Some of the residential houses were located in a more rural setting and consideration was given to the individual needs of the person prior to them moving there. Staff knew people well and knew how to manage any risks and report any concerns. There were sufficient numbers of staff to meet people's needs. Medicines were managed in a safe way. One person told us they were very happy with their house. They told us, "The staff are kind, I can talk to them when I need to." Relatives told us their family members were safe.

Right Care

People were supported by caring and kind staff. Staff knew people well and knew their likes and dislikes. People were supported and encouraged to become more independent. A relative told us, "It's been a brilliant placement for [family member's name]." Another relative told us, "I felt I needed to be keeping an eye on things, but since [registered manager name] has been in post I can take a step back again."

Right Culture

Many improvements had been made at the service. The registered manager promoted a positive culture and led by example. Staff told us they received the support they needed to carry out their role. A staff member told us, "The manager is so approachable and supportive and gets things done." Another staff member told us, "There have been so many improvements made and people have really benefited from these improvements. They live in nicer residential houses and the paperwork is much clearer and easy to follow now."

The registered manager was keen to continually improve and develop the service. Effective audits and regular monitoring of the quality of support delivered was now in place.

Relatives spoke highly of the staff team and the care and support of their family members. Systems were in place, so the home remained safe and effective. People received help and support to thrive in a learning environment and reach their full potential. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection and update

The last rating for this service was inadequate (published September 2021).

Why we inspected

At our last inspection we found a breach of regulations in safe care and treatment and also a breach of the provider's quality monitoring systems. This inspection took place so we could monitor the improvements the provider told us they had made.

We planned to look at safe, caring and the well led key questions only. However, we saw that improvements had been made in the other key questions of effective and responsive and made the decision during the inspection to also report on these. Our findings are that both breaches have been met. The overall rating for the service has improved to good. This means the service will no longer be in special measures.

We also undertook this inspection to assess the service is applying the principles of Right Support, Right Care, Right Culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Inspection team

The inspection was carried out by two inspectors an assistant inspector and a specialist advisor. The specialist advisor was a nurse. One inspector and assistant inspector visited on 15 March 2022, two inspectors and the specialist advisor visited on 16 March 2022 and one inspector and an assistant inspector visited on 17 March 2022. One inspector returned on 23 March 2022 to complete the inspection and provide feedback.

Service and service type

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 joined the service at the end of June 2021 a week after our last inspection. 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 24 hours' notice of the inspection visit. This was because we needed to make sure staff would be available to support the inspection and to plan visits to the residential houses.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We did not ask the provider to complete an information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We visited eight residential houses and spent time at the college campus. We spoke with 21 staff, including support workers, senior support workers, shared lives provider, residential managers, education health care managers (EHCM), the head of college (Registered Manager) college principle, nominated individual. We met ten people, observed their care and sought their views.

We reviewed a range of records. This included six people's care records. We looked at two staff files in relation to recruitment. We also looked at a variety of records relating to the management and quality assurance of the service.

After the inspection

We spoke with five relatives and we looked at further records and continued to seek clarification from the registered manager to validate evidence found. We emailed several health care professionals and commissioners and received seven responses.

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 inadequate. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to mitigate risks to people's health and welfare. There was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Our last inspection identified that risks to people were not always identified, assessed and well managed. Care and treatment was not always provided in a safe way. At this inspection we found improvements had been made.
- Risks to people were identified with assessments and care plans in place to inform staff on how to support people to stay safe.
- Staff knew people well and had completed training, so they had the skills and knowledge to support people safely. They knew potential early warning signs of distress and how to distract a person, how to remove sensory triggers and how to keep them safe. A staff member told us, "The key is communication, and knowing and understanding the person and helping them to understand what is happening and to know potential triggers for the person and how to minimise these."
- People were supported by staff with positive risk taking. For example, people were supported and encouraged to learn new skills, access the community independently and develop life skills. People were involved in managing risks to themselves and in taking decisions about how to keep safe. For example, some people smoked cigarettes and guidance and support about this had been provided by staff and independently by West Midland Fire Service. Individual and house risk assessments were in place for people who smoked.
- Staff had received training in the Management of Actual or Potential Aggression (MAPA) to ensure that restraint could be carried out safely if needed. There was a commitment to reducing restrictive interventions which were used as a last resort and infrequently. There was a clear focus on prevention and de-escalation to avoid the need for physical restraint as far as practically possible. MAPA was certified as being compliant with the Restraint Reduction Network Standards which applies to all training that have a restrictive intervention component. It provides a benchmark for training in supporting people who are distressed in education, health and social care settings.
- Workplace fire risk assessments were being completed by an independent assessor at the time of our inspection. The registered manager advised us they would let us know the outcome of the risk assessment and the action they will be taking as a result of the findings. Including the assessment of fire detection in each of the residential houses. People had individual fire risk assessments in place and staff knew what to do in the event of a fire or an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they would talk to staff if they were worried about something. A relative told us, "[Person's name] is absolutely safe living at Glasshouse".
- Staff and shared lives providers' knew people well and knew how to protect people from abuse. Staff told us they were confident that any concerns raised would be dealt with appropriately by the management team. A staff member told us, "We have got to keep people safe. Anything I was concerned about I would go above, go higher, go outside the company if necessary."
- Where safeguarding incidents had taken place we were able to see there was a process in place to discuss these and measures were in place to prevent reoccurrence of an incident.
- There was a dedicated safeguarding team that met daily at the college to discuss any incidents or occurrences and determine if any safeguarding referrals needed to be made to the local authority. The service had developed good relationships with the local authority and police, both partnership and neighbourhood teams.
- The registered manager showed good oversight of safeguarding processes and had raised concerns appropriately with the local authority and CQC. All of the senior team are responsible for all aspects of safeguarding and their photographs and contact details were widely displayed across the service.
- The student council (residential and day students) had raised the need for some specific support around risk areas, for example, cyber bullying and alcohol. Workshops had taken place to support students.

Staffing and recruitment

- Improvements had been made to how staff were allocated. Staff were working in core teams across a few houses which improved consistency for people. Staff skills and experience had been assessed prior to being allocated to a specific residential house.
- Relatives told us there had been improvements with staff consistency. One relative told us, "Things were not right and [person's name] would get upset. There is now a really good staff team in place, and it's made such a difference. [Staff member's name] is a great house manager and there is a stable core team of staff in place. They have gone from poor to brilliant."
- The registered manager took us through the arrangements for staffing levels. There were a few vacant staffing posts and these were being appointed to. A small number of regular agency staff supported the current staff team.
- The provider carried out checks on new staff before they were employed to work in the service. New staff were checked against records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service and did not have criminal convictions which had the potential to make them unsuitable to work in the home. The provider also requested references to confirm applicants' good character and conduct in previous employment in a care setting.
- Staff had a very good knowledge of the people they supported and were able to tell us about people's individual needs, wishes and goals.

Using medicines safely

- The provider had made some improvements to medicine management following a recent independent audit. This included improved audit checks of controlled medicines, improved risk assessments and clearer directions on 'as and when needed' (PRN) protocols.
- Six monthly reviews of people's medication took place. This was in-line with national guidance on the prescribing of medication for people with a learning disability. STOMP (stopping the over medication of people with a learning disability) NHS England 2016.
- People received their medicines on time and in a safe way. Records were maintained to document the administration of medications. Some people self-administered their medication and systems were in place so staff had oversight of this.
- Staff received medication training and checks of their competency to administer medicines safely had

been completed.

- Staff had the appropriate training and competency to support people with their medicines.

Preventing and controlling infection

- The provider had effective infection prevention and control measures to keep people safe.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had supported people to see their relatives during the pandemic in line with government guidance.
- Visitors to the College and residential houses had their temperature and COVID-19 status checked before entering and staff checked visitors did not have symptoms of illness.
- People and relatives told us during times when they were unable to visit they were supported to keep in contact with their loved ones.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The management team monitored and analysed accidents and incidents and showed that learning from these were shared with the wider staff team.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Our last inspection raised concern about the pre-assessment process not being robust. We also identified concerns about the unsuitability of the residential house's some people were living in and the compatibility of the people they were living with. At this inspection the provider talked through their pre-assessment process and told us of the changes they had made to strengthen the process. In addition, a lot of work had taken place internally to ensure people were living in the most suitable residential house to meet their needs.
- Improvements had also been made to how people were supported in internal residential house moves. These were now taking place in a planned way to ensure the moves were successful and the person was at the centre of this process. For example, families and commissioners were informed. Where needed, visuals and social stories were used to communicate the change. Refurbishment of the residential house took place prior to the move and post reviews took place to evaluate how the move had gone and identified any actions.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records to ensure people would be treated as valued individuals regardless of their backgrounds, beliefs or differences.
- A relative told us about how their family member was supported to move to the residential provision. They told us, "The move was handled really well, calendar prompts and social stories were used to support the move."

Staff support: induction, training, skills and experience

- People received support from staff who had received relevant training, including learning disability, autism, gender identity and sensory processing. A staff member told us, "The training has really improved. It is good we are now having some face to face training again because this is the most beneficial way for us to learn and share our learning with our colleagues."
- Staff had regular supervision and appraisal. A staff member told us, "Things have really improved, lots of supervision and they are done on the dot," Another staff member told us, "Senior managers are far more visible now and they are really helpful and supportive."
- Relatives spoke highly of the staff team. A relative said, "The staff that support [person's name] are really good, they really understand [person's name] and they have just come on so well. I think they match the staff to students really well."

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

- People were able to input into choosing their food and planning their meals.
- Staff supported people to be involved in preparing and cooking their meals.
- One relative told us there could be more emphasis on healthy eating. The registered manager advised us that healthy eating is a crucial part of their service and ongoing work was taking place. This included improving access to supplies of organic food, by stocking this at the on-site shop at the college. Improving student understanding of the benefit of healthy eating through education and upskilling staff in their knowledge base and skills in preparing of food.

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

- At our last inspection we were concerned about the condition of some of the residential houses people were living in. Some required significant improvement to ensure they were fit for purpose. At this inspection we visited eight residential houses and found significant improvements had been made to the environment, including refurbishment of bathroom, kitchens, redecoration and improving gardens.
- People told us they were involved in the improvements and had helped pick colours of paint and soft furnishings. A relative told us, "The staff worked so well with [person's name]. They helped pick the colours and the furniture for their house. They [staff] took them to see the work that was being done. They coped with the changes so well because they were so well supported by staff."

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

- People had good access to physical healthcare and were supported to live healthier lives.
- Health action plans evidenced that people were supported to attend annual health checks and were referred in a timely manner when there was observed changes in their health needs. This was in-line with national guidance for service providers.
- An education health and care manager role had been created. This staff member role was a single point of contact to oversee people's care and support and they liaised with professionals involved in people's care. A staff member carrying out this role told us the new model of working had improved co-ordination and communication. They told us the role was the bridge between educational and residential elements of the service and their role involved liaison with other professionals external to the service, enabling a more holistic approach.
- A relative told us, "The changes to the education health and care manager role have been brilliant. Before I wasn't always clear about which staff member I needed to speak with [about health care] and now I know." Another relative told us, "I know [person's name] is getting their health needs met now and I don't have to chase them [staff]."
- The provider had the services of their own speech and language therapist. A relative we spoke with was very complimentary of their input and told us their family member had really benefited from this.
- Staff engaged with external professionals such as GP's, pharmacists, psychologists, dietician and speech and language therapy. We saw health action plans showed the service continued to ensure there was access to opticians and dentist despite the challenges of the pandemic.

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.

- Systems were in place to ensure where people were being deprived of their liberty, the appropriate parties were involved.
- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people. A staff member told us, "I always ask people's for consent before providing any support." Another staff member told us, "Yes I have done MCA training, we must always assume capacity."
- Staff were able to tell us about when they had supported people and worked with other professionals regarding decisions made in people's best interest.
- The registered manager was aware of the changes that will be taking place regarding Liberty Protection Safeguards (LPS), which will replace the Deprivation of Liberty Safeguards (DoLS). Additional training was being planned for the staff team so they will be aware of what the changes will mean for them as an organisation when implemented.

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 requires improvement. At this inspection this key question has improved to good. 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

- Staff engaged with people in a respectful and kind manner. All staff we met, spoke about people in a caring and respectful way with emphasis on their strengths and attributes.
- Relatives spoke highly of the staff. A relative said, "The staff are very kind and caring." Another relative told us, "[Person's name] has made great progress and staff always want to support [person's name] with their goals and dreams".
- People were well matched with their staff member and we saw as a result, people were at ease, happy, engaged and stimulated. Staff knew people's needs very well.
- People were supported to take part in a range of equality and diversity events throughout the year.

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

- People, and those important to them, took part in making decisions and planning of their care.
- The registered manager had made referrals to advocacy services, so people were provided with the additional and independent support they needed.
- Staff supported people to maintain links with those who were important to them. Some people had weekly visits to their family and some people kept in touch on the telephone.
- Staff spoke with confidence about the different communication systems they used to support people and told us how these were used in day to day practice.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. For example, people were supported to be more independent with using community facilities and one person was involved helping at the college café.
- People were supported to be more independent. One person told us about their cooking skills and another person was being supported to purchase items from a local shop.
- Staff demonstrated a good understanding into the individual needs and wishes of the people they were supporting in relation to equality and diversity issues and had received training in this.
- Staff knew when people needed their space and privacy and we saw staff respected this.

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 requires improvement. At this inspection this key question has improved to good. 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

- People's care records detailed their preferences, life history, and people who were important to them. This meant staff had up to date information about people's individual preferences and what was important to them.
- People were supported to learn everyday living skills including cooking and cleaning tasks. People were also supported to understand the importance of personal care and where appropriate individualised learning plans had been put in place to support this.
- Staff we spoke with were knowledgeable about people's individual needs and how they were tailoring their support to meet the individual person's needs.
- People were supported with their sexual orientation, religious, ethnic, gender identity without being discriminated against.
- The organisation had produced its own festivals, celebrations, equality and diversity calendar outlining each month the events taking place. For example, black history month in October, Chinese New Year, and Autism Awareness week celebrated in March. Events were celebrated in different ways including drama performances, food, decoration and fund-raising activities.

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 residential houses were in an area with community facilities close by that people could easily access. Other houses were more remote and located in countryside settings, this suited some people and they could enjoy the space and tranquillity of the setting.
- The college purpose 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 they had taken part in. One person told us how they had become more confident since attending the college and they were now involved in performing arts.
- People's diverse work was displayed at the college and in some of the residential houses. One person's interest in photography was promoted by staff and plans were in place to display their work.
- People were involved in making choices about how they spent their time when not attending college and doing activities they wanted to do and visiting places of interest. One person told us about the exercise sessions they enjoyed doing another person told us about some beauty treatments they were planning to have and meals out and walks they enjoyed. A relative told us how staff had supported their family member to take part in a water sport they enjoyed.
- Staff provided person-centred support with self-care and everyday living skills to people. For example,

helping with meal preparation, household tasks, cleaning and developing specific life skills. Staff told us about specific examples people were supported with including skills in relation to ordering and collecting a prescription and independent shopping and travel skills.

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 understood their responsibility to comply with the Accessible Information Standard (AIS). Information was available to people in different formats including easy read documents.
- There was a range of information available for people to access in an easy read format.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff used pictures, visuals, social stories and calendars to support people's communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure.
- People told us they could speak with staff if they were not happy about something.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the staff team.
- Staff were committed to supporting people to provide feedback and we observed this during our inspection.

End of life care and support

- No one was receiving end of life care at the time of the inspection.

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 inadequate. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider's systems and processes had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service user and others. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since our last inspection the nominated individual and acting manager had left the organisation. A new manager had been appointed and they were registered with the Care Quality Commission.
- At our last inspection in June 2021 we found the quality monitoring systems in place were not always effective. The systems failed to identify the concerns we found, or concerns were identified and not rectified in a timely manner. Systems in place to identify and take action on risks to people were ineffective. At this inspection we found many improvements had been made.
- The providers had improved their quality monitoring system. There was now one service improvement plan in place which was regularly monitored. Actions were allocated to specific staff for completion. The registered manager had oversight of the system, and it was effective.
- The registered manager had been instrumental in driving the improvements that needed to be made. There was closer monitoring by the directors and college principal. This included a range of visit to the residential houses by senior managers. For example, the registered manager made evening visits to the houses to meet with people and the staff supporting them. Residential managers carried out audit and spot check visits and senior managers completed walk around visits. Any findings from these visits that required attention were recorded and added onto the service improvement plan and allocated to a named person for action.
- The registered manager was clear about events they were required to notify CQC of, this was in line with their legal responsibilities.
- Workshops had taken place with staff teams to discuss CQC regulations, their importance and how these are incorporated into day to day practice.
- The registered manager understood the duty of candour and had systems to ensure compliance. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We saw that when things had gone wrong; they had informed family members and professionals as required.

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

- The registered manager instilled a culture where staff valued and promoted people's individuality. People, staff and relatives told us the registered manager was approachable and their behaviour reflected the values of the service. One person told us, "I see [registered managers name] they visit our house, have some tea and we have a chat."
- People were supported in an individual and person-centred way. People's care plans were individualised and focused on their strengths, abilities and goals.
- Staff told us that they felt valued by the management team which enabled them to continually grow and improve within their role. A staff member told us, "It's a lot better now over the last six months. Morale is really picking up and communication is a lot better." Another staff member told us, "I really enjoy working here. It has really improved in the past year. Things are a lot tighter, more professional and the paperwork has improved massively."
- Relatives spoke positively about the registered manager and the staff team. A relative told us, "I felt I needed to be keeping an eye on things, but since [registered manager] has been in post I can take a step back again." Whilst most relatives were positive about the service a relative did feel some improvements could be made for their family member, we fed this back to the registered manager, who agreed to follow up on this.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Student surveys were completed. These identified that people knew who they would go to if they had a concern. The provider identified for future surveys they would develop the format for gaining feedback from people, so it was in a more accessible, so more people's views could be sought.
- Staff surveys were completed, and an action plan put in place. This included residential managers being based in the house's more to improve oversight, and to include coaching and empowerment in staff supervision sessions.
- Staff felt respected, supported and valued. A staff member told us, "I am blown away with the improvements, if [registered manager] said they are going to do something it gets done." Another staff member said, "Things really did need to improve, and they have. In residential houses we feel that we are now on par with the college, we felt left behind before."

Continuous learning and improving care; working in partnership with others

- The registered manager was responsive to the inspection process, things we found and discussed were actioned immediately. For example, a minor addition to a risk assessment was dealt with immediately. We discussed that some daily records could be more detailed to evidence the care and support provided to people, and the registered manager agreed to follow up on this.
- The service had developed positive relationships with placing commissioners and health and social care professionals. We contacted a number of people and asked for their feedback.
- A social worker told us, "I have been working closely with Glasshouse since the beginning of this year; and to date it has been a pleasant and helpful experience: They have been really good in providing information about a person. They have a really good understanding of their care and support needs, and a good working relationship with the family. They are proactive and their communication with the local authority has been consistent and really helpful."
- A commissioner told us the provider had worked well with them and had provided a bespoke package of care and things had worked very well for the person. They were impressed with the support from Glasshouse staff and managers. Some commissioners and health and social care professionals whilst saying positive

things about the provider, also felt that at times communication could be improved. We were able to feedback more specific information about this directly to the registered manager.

- The provider was continuing to improve their recording systems and were in the process of moving over to an electronic handover system and a roll out of smart telephones for staff was taking place to assist with this.