

# H.W.C.G.S. Care Limited

# Segal Gardens

## 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

This inspection took place on 9 March 2016 and was unannounced.

Segal Gardens is registered to provide personal care and accommodation for up to 15 young adults with complex needs. They are located in the Parr area of St. Helens. There were 11 people living at the service on the day of inspection.

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

People were supported to take their medicines by staff who were appropriately trained. People received care and support from staff that knew them very well, and had the knowledge and skills to meet people's individual needs. People told us staff always treated them well and promoted their choices regarding their care, support and the activities they participated in. People and their relatives spoke very positively about staff, their comments included, "I am happy with my support team, I like them" and "The staff are highly trained and always professional".

People were supported to live a full and stimulating life, to do what they chose and staff had safeguards in place to allow outings and activities to go ahead. Risk assessments were regularly reviewed and also when people's needs changed and the staff approach was flexible to allow for changes in circumstances. The staff ensured people were protected from the risk of harm.

Staff were trained in safeguarding adults and understood how to recognise and report any abuse. The service had policies and procedures in place that informed staff of how to keep people safe and these were followed.

Staffing ratios were in place to meet people's assessed needs and were responsive to people's changing needs and preferences. This allowed for people to make full use of all of the facilities the home had to offer, to go out on trips, both as a group and individually, and to experience well-paced and attentive support.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People's risks were anticipated, identified and monitored. Staff managed risk effectively and supported people's decisions, so they had as much control and independence as possible.

Care plans provided staff with clear direction and guidance as to how to meet people's individual needs. The service was flexible and responded to people's needs. Relatives told us how well staff responded to

individuals and always ensured they went the extra mile. They also told us staff and management team always welcomed suggestions to improve the service further.

People knew how to raise concerns and make complaints. People and their relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily.

There was a management structure within the service which provided clear lines of responsibility and accountability. There was a positive culture within the service, the management team provided strong leadership and led by example. Staff said "I have never been so well supported by a company" and "I feel really valued as an employee".

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Members of the management team were visible in the service and regularly visited people and sought their views about the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had an understanding of how to recognise and report any signs of abuse.

People were protected by staff who understood and managed risk. Staff managed situations in a positive way when people displayed behaviour that challenged them.

Procedures and processes were in place to help ensure that people received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act 2005. People were involved in decisions about their care and support.

People told us they liked living at Segal Gardens. People enjoyed the activities undertaken there.

### Is the service caring?

Good ●

The service was caring.

People described the caring approach shown by staff as, "very good".

Staff built relationships with people who used the service and were given ample time to meet people's needs and provide companionship.

People were supported by staff that were focused on maintaining their independence.

Staff respected people's dignity and maintained their privacy.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care records were personalised and focused on a person's whole life. Staff had an understanding of how people wanted to be supported.

People were empowered by staff to be involved in identifying their choices and preferences, and have as much control and independence as possible.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

### **Is the service well-led?**

**Good** ●

The service was well led.

Management were approachable and had clear values that were understood by staff and put into practice.

Staff demonstrated that they were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care. New ideas were promoted and implemented to provide a quality service.

# Segal Gardens

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 March 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection 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. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We contacted the local authority safeguarding and quality monitoring teams who did not identify any areas of concern.

We spent time observing the interaction between people who lived at the home and staff.

We looked at some areas of the home, including some bedrooms (with people's permission), communal areas, and office accommodation.

We also spent time looking at records, which included the care records for three people. These included support plans, risk assessments and daily monitoring records. We looked at the recruitment, supervision and appraisal records of three members of staff, a full staff training matrix and other records relating to the management of the home.

We spoke with one house leader, three members of staff and three people living at the service. We contacted three relatives by telephone following the inspection.

# Is the service safe?

## Our findings

People told us they felt safe and they trusted the staff that supported them. People commented; "I am happy here and feel safe" and "I have no complaints to make".

A safeguarding policy was available and all staff were required to read this as part of their induction programme. All staff had undertaken safeguarding training and were knowledgeable in recognising signs of potential abuse. Staff were familiar with the relevant reporting procedures including local authority contacts. All safeguarding issues had been fully investigated and appropriate action taken to minimise future reoccurrence. Staff understood how to appropriately protect people and keep people safe from harm.

Risk assessments were carried out to identify risks to people who used the service and to the staff supporting them. Individual risk assessments were also in place for specific activities people had chosen to participate in. These activities included a holiday to Blackpool, visiting the cinema, travelling on public transport and eating out in the community. Staff had guidance about how best to manage individual's behaviours which put staff and people's safety at risk. The registered provider demonstrated a clear process for the management of risk without restricting or limiting people's independence. Risk assessments were reviewed and updated regularly to ensure staff always had the most up to date information to support people.

People were protected by staff who understood how to respond to emergencies or unforeseen events. People and staff had telephone numbers for an on call manager and the two registered managers that were available 24 hours a day, seven days a week. This ensured a member of the management team was always contactable to provide advice and support.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records were clearly written and they demonstrated that appropriate actions had been taken. This minimised future risk and reduced the likelihood of reoccurrence.

We saw that the provider based the amount of staff on the needs of people. Staffing rota's showed that there were the correct amount of staff available at all times. The registered provider had undertaken a thorough recruitment process. The registered provider had never used agency staff which had ensured people received support from staff that knew them well and understood their needs. The registered provider recruited staff to match the needs of the people who used the service. A person living at the service had developed some of the questions used at interviews.

We reviewed three staff files and found they included all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with vulnerable people. The provider demonstrated a safe recruitment process by recruiting staff suitable to work at the service.

People required assistance from staff to take their medicines. The registered provider had a medication policy and procedure. Care plans included protocols for medicines which people were prescribed for specific conditions including epilepsy. There was a system for staff to be assessed which demonstrated competency in medication administration which was clear and comprehensive. All staff had received training in the administration of medication. There were systems in place to ensure medicines had been stored, administered and reviewed appropriately. As a result people living at the service received medicines that met their assessed needs in a safe manner.



# Is the service effective?

## Our findings

One person who used the service told us that the staff knew them very well and always offered them choice.

We observed staff offering choice throughout the inspection. Some people living at Segal Gardens had communication difficulties and staff were observed interacting with each person's individual needs. A picture exchange communication system (PECS) was in use to help people to communicate as fully as possible. PECS is a unique alternative communication intervention for individuals living with autism.

Everyone we spoke with said the staff were well trained and competent. Relatives spoken with said, "Every member of the staff is highly trained and extremely professional" and "I cannot fault the staff they communicate well and genuinely make a difference to [name] life. I believe they have saved [name] life".

Staff received an induction programme and on-going training to develop their knowledge and skills. Staff told us this gave them confidence in their roles and helped enable them to follow best practice as well as effectively meet people's needs. Newly appointed staff, completed the new care certificate. The care certificate is a set of minimum standards that social care and health workers work with in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Staff shadowed experienced staff until they and the registered managers felt they were competent in their role. One member of staff commented, "My induction was very thorough and I felt very prepared to do my job". Records demonstrated review meetings had taken place during the induction period to discuss progress. As a result people were supported by staff who had the knowledge and skills required to meet their needs.

Staff said they were fully supported by the registered manager and that there were good opportunities for on-going training. They also said they could obtain additional qualifications. There was a programme in place to ensure staff received relevant training and all refresher training was kept up to date. A healthcare professional stated, "I was impressed by the level of expertise of the staff around autism". Staff received supervision and an annual appraisal from the management team. This gave staff an opportunity to discuss their performance and identify any further training or skills development they required.

Staff were supported to achieve nationally recognised vocational qualifications. The service sourced support from and had established links with external agencies that provided funding on behalf of their staff. This enabled and encouraged staff to take part in training designed to help them improve their knowledge. It also helped staff to develop a clear understanding of their specific roles and responsibilities and have their achievements acknowledged. Staff told us this gave them motivation to learn and continually improve. Comments included, "I always hated studying until I undertook NVQ training. I have successfully completed levels 2 and 3 in promoting independence. I have registered to carry on" and "The support and encouragement by the management team to achieve is exceptional". This meant staff developed the skills to support people safely and meet their individual needs.

Staff worked with healthcare services to ensure people's health care needs were met. Staff supported

people to access a variety of healthcare professionals including GP's and dentists as required. Care records showed that staff shared information well with professionals and involved them appropriately. A relative told us, "I am always kept informed of any changes and communication is excellent".

People were supported and encouraged to maintain a healthy balanced diet. Records showed that staff placed a strong emphasis on the importance of protecting people from risk of poor nutrition and dehydration. We saw that people were supported with their independence wherever possible to prepare and cook their own meals. One person was observed being supported through prompting and encouragement by staff to be fully involved in the preparation of the evening meal. This person described their enjoyment at being involved in this process. The activity took place at the person's own pace to allow them to have a break for a short time and refocus when they were ready. Staff demonstrated patience and understanding throughout this process. Staff encouraged healthy options and also offered people choice as well as education.

People were supported by staff who had good communication skills. People, those who mattered to them and healthcare professionals all spoke highly of staff and managements ability to communicate effectively. Comments included, "One of the staff's main strengths is their ability to communicate, [Name] has very little communication but the staff always able to understand their needs" and "They are very responsive to any communication and always treat you with importance" and "The communication between staff and management is excellent". During the inspection we observed good communication between staff and people living at the service.

We checked how the service followed the principles of the Mental Capacity Act and its associated code of practice (MCA). 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.

Staff were confident to put this into practice on a daily basis to help ensure peoples human and legal rights were respected. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people's best interests. The registered provider demonstrated clearly that capacity assessments and best interest decisions had taken place. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was included in the training programme that all staff were required to participate in. A healthcare professional said, "They have an understanding of MCA and restrictive practices. The registered managers referred for a DoLS authorisation and understood why it was required".

# Is the service caring?

## Our findings

People told us they received care and support from a staff team that were familiar to them. Relatives confirmed that there was a regular and consistent staff team that understood people's needs. People told us they were very happy with the staff and got on well with them. People's comments about the staff who supported them included, "They are great" and "I like them a lot".

Relatives spoken with described feeling very supported by the staff and management team. Reviews included the relatives and they said they were actively encouraged to participate. We saw documentation that showed a person who used the service had actively participated in their own review. One relative told us, "I have absolute faith in all the staff without exception" and "[Name] says the staff really care and make a positive difference to their life".

The staff had a good knowledge and understanding of people. Staff spent time getting to know people and to understand the best way to support them.

Staff were respectful of people's privacy and maintained their dignity, for example we saw that staff gave people privacy whilst they undertook aspects of personal care and remained nearby to maintain the person's safety.

We reviewed training records and saw that all staff had undertaken training in relation to dignity and respect. Staff were observed promoting people's independence for example people were observed undertaking daily living activities and making their own drinks. Care plans were detailed and included likes and dislikes as well as specific detail relating to each person. This meant people received person centred care and support specific to them.

People were supported to express their views and to be involved in making decisions about their care and support. We looked at feedback forms which had been developed to give pictorial answers and allowed for facial expressions to be included in the feedback. The visual comments included if someone was happy, sad, angry or other. This meant people were valued and treated as individuals with an opinion. The provider sought to include everyone living at the service in the development by responding to suggestions and ideas. People living at the service said they had seen their care plans and people also had lots of photographs within them of activities undertaken by them. The registered manager had regular contact with all people who used the service and where appropriate their relatives. A relative said that they had regular emails from the registered manager sharing photographs of their relative engaged in numerous activities. The relative described the importance of this as the person no longer lived with them.

People received care and support from a staff team who understood their history, likes, needs, hopes and dreams. The registered manager commented, "Right from the initial meeting we establish what people's goals and aspirations are, and then everything is set up to give them the best chance to achieve them". One person told us, "I like going out with staff and I really like going in the jacuzzi". A relative commented, "Having regular and consistent support staff who know [Name] really well is the main reason they are doing

so incredibly well". A health care professional stated, "Consistency of staff is what the service does best which has a positive impact on people's lives". As a result people received support that met their wishes from staff who understood their individual preferences.

The registered manager held community meetings with people living at the service. People were encouraged to communicate in a way meaningful to them. Minutes were pictorial and included the Makaton signs used or and also visual images.

## Is the service responsive?

### Our findings

People received personalised care, treatment and support. Prior to a person agreeing to live at Segal Gardens the registered managers met them informally in order that their move into the service could be managed appropriately. Everyone considering a place at Segal Gardens was offered an opportunity to visit the service. The person, those who mattered to them and professionals were actively involved in the assessment process. Information was gathered of the person's life story to date through an 'Getting to know you' document. A healthcare professional said, "They have worked well with the family and the individual during the transition to gather good information from the previous provider".

People told us they were supported to have choice and control over who provided their personal care. Records reviewed showed people were supported to be involved as much as possible in deciding whether or not staff members selected to support them, met their needs.

People and their families, where appropriate, were involved in planning their own care and making decisions about how their needs were met. Records showed staff were trained in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and supported them to achieve their aims. We saw and records showed that staff struck the right balance between empowering people and including healthcare professionals and family in support plans. Within the support plans it clearly stated what the member of staff would do for each activity or task and what the person had agreed to do. This demonstrated people's independence was being promoted.

Staff told us that they thought support plans were very important in providing individualised support. Care plans we looked at showed that each person's plan reflected their needs, choices and preferences, and gave guidance to staff on how to make sure personalised care was provided. Review meetings identified changes in care and support needs. Any changes were discussed with the person, healthcare professionals and any chosen relative as required. Changes were clearly documented and the information shared with all support staff. This ensured continuity of support and that all staff remained aware of people's individual needs.

People were protected from the risk of social isolation and staff spoken with recognised the importance of companionship and keeping relationships with those who matter to them. People were enabled to take part in personalised activities and encouraged to maintain hobbies and interests. As part of people's support package staff spent time to ensure they engaged in activities of choice which included accessing the onsite gym, Jacuzzi, visiting the sensory garden, growing activities within the allotment and also relaxing within the light room. Records showed choices offered by staff and made by people every day. External activities included bowling, weekly disco, swimming, walks and weekly wider education sessions. People told us the service had a caravan in Blackpool which they visited for day trips and weekend breaks. They described their enjoyment of this. People had daily planners prepared to meet their individual needs. One person had a pictorial planner and they had chosen the pictures for their specific activities. A social care professional stated, "Although this is a residential provider there are a lot of community based activities and the choices of activity are person centred to meet the individual's need. Efforts are made to allow for some continuity

from activities carried out previously so that those things were not lost during the move to a new service".

Daily records were completed and reflected on each area of the support plan. There was a focus on the achievement of people's goals. Records completed by staff included references to medication, communication, image of self, diet and hydration, behaviour, daily living skills and home contact. This information was used at the persons review for discussion and future planning as well as support plan development.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. One person said "I haven't had cause to complain however when I have raised any concerns they are extremely responsive". Records showed that one complaint had been received since the last CQC inspection in 2014. The complaint records showed that this had been responded to in a timely manner and investigated in line with the Segal Gardens complaints policy. Action had been taken and the outcome had been recorded and fed back to the person concerned. The registered manager told us that they used concerns and complaints to improve their service and raise standards of care.

## Is the service well-led?

### Our findings

People and their loved ones described the characteristics of the service to be, "Fantastic", "Responsive", "Exceptional" and stated, "They are home from home and my extended family". Without exception everyone spoken with spoke positively about the service.

Everyone we spoke with including people living at the service, staff and relatives said the registered managers took an active role within the running of the service and had good knowledge of the staff and the people who were supported. There were clear lines of responsibility and accountability within the management structure. The service had two registered managers who had both been in place since the service opened in 2000. They are registered with the Care Quality Commission. Each house within the service had a house leader who formed part of the management team. The team met regularly to review the service and discuss areas for development and improvement.

Staff spoken with were motivated and passionate about making a difference to people's lives. Staff said about working for the registered provider "I feel very supported – The management have a safe, sound and supportive ethos and I like it" and "The staff and management team have been fantastically supportive".

Through review of the staff rosters and discussion with people living at the service, relatives and staff it was clear the registered provider had ensured enough staff were available at all times for people to pursue their own interests.

Records looked at showed the registered managers actively sought and acted on the views of others and placed a strong emphasis on continually striving to improve. All people spoken with praised staff and described the service as going above and beyond any expectations.

The service had notified the Care Quality Commission (CQC) promptly of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service.

People, their relatives, healthcare professionals and staff all described the management of the service to be approachable, open and supportive. Comments included, "I can talk to the manager whenever I need to", "The management team have always got time for you. The door is always open" and "The managers are brilliant. Caring, balanced in their approach and extremely professional".

The registered managers told us, Segal Gardens strived to treat people as individuals whilst ensuring that they had a flexible, quality support which met their needs and individual requirements. The registered provider regularly invited feedback by asking people to complete a questionnaire. Feedback from people, friends and relatives as well as healthcare professionals was sought in order to enhance the service. We saw the provider collated the results of the questionnaire and used this for future service improvement and development.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff reflected positively about the service. Comments included, "This is my natural place to be, I have been really supported to progress", "The whole team get on, there is mutual respect throughout" and "We are encouraged and supported to progress. There are always opportunities for promotion and development". A healthcare professional commented that the service were always open to feedback.

The registered provider worked in partnership with healthcare and social care professionals who told us that the communication was very good. A comment included, "The managers showed knowledge, commitment and experience and a willingness to model best practice". A healthcare professional confirmed the communication was a high standard and also stated the service was always fully engaged, attended meetings and gave constructive and clear feedback.

The registered provider undertook weekly and monthly audits which included medication, accidents and incidents, support plans, cancelled and missed calls in line with the organisations policies and procedures. All audits clearly identified actions required and were fully updated following the completion of any actions. All audit information was collated and a full analysis undertaken to identify trends in order to improve the quality of the service provided.