

# Saint John of God Hospitaller Services







# Great Ganett, Welwyn Garden City

## Inspection report

97 Great Gannett  
Welwyn Garden City  
Hertfordshire  
AL7 3DD  
Tel: 01707 325737  
Website: [www.sjog.org.uk](http://www.sjog.org.uk)

Date of inspection visit: 16 July 2015  
Date of publication: 20/08/2015

### 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	

### Overall summary

The inspection took place on 16 July 2015 and was unannounced. At our last inspection on 04 September 2013, the service was found to be meeting the required standards. Great Ganett is a supported living service for up to three young adults who live with autistic spectrum disorder. At the time of our inspection two people were using the service.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

# Summary of findings

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that no DoLS authorities had been required or obtained because it had not been necessary to restrict anybody's liberty in accordance with the MCA 2005.

People told us they felt safe and secure. Staff had received training in how to safeguard people against the risks of abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed. Flexible arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been put in place to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. People were supported to take their medicines by trained staff. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People were positive about the skills, experience and abilities of the staff who supported them. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People told us they were supported to maintain good health and they had access to health and social care professionals when necessary. They were provided with appropriate levels of support to help them plan a healthy balanced diet that met their individual needs.

Staff obtained people's consent and permission before providing support which they did in a kind and compassionate way. Information about local advocacy services had been made available for people who wished to obtain independent advice or guidance.

Staff developed positive and caring relationships with the people they supported. People and their relatives were fully involved in the planning, delivery and reviews of the support provided. The confidentiality of information held about people's medical and personal histories had been securely maintained.

Support was provided in a way that promoted people's dignity and respected their privacy. People told us they received personalised support that met their needs and took account of their preferences. Staff had taken time to get to know the people they supported and were knowledgeable about their background histories, preferences, routines, goals and personal circumstances.

Opportunities were available for people to pursue social interests and take part in meaningful activities relevant to their needs, both at the service and in the wider community. People and their relatives told us that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded properly and investigated promptly.

People, their relatives, staff and professional stakeholders very were complimentary about the managers and how the service operated. Measures were in place to monitor the quality of services provided, reduce potential risks and drive improvement.

# Summary of findings

## 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.

People felt safe and were supported by staff who had been trained to recognise and respond effectively to potential abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's complex needs at all times.

People were supported to take their medicines safely.

Potential risks to people's health were identified and managed effectively.

Good



### Is the service effective?

The service was effective.

People's consent and permission was always obtained before care and support was provided.

Staff were well trained and supported to help them meet people's needs effectively.

People were supported to plan, prepare and eat a healthy balanced diet.

People were supported to meet their day to day health needs and to access health and social care professionals when necessary.

Good



### Is the service caring?

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were fully involved in the planning, delivery and reviews of their support.

Support was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services.

The confidentiality of personal information had been maintained.

Good



### Is the service responsive?

The service was responsive.

People received personalised support that met their needs and took account of their preferences.

The guidance provided to staff enabled them to provide person centred support.

People were positive about the opportunities provided to help them pursue their social interests.

People were confident to raise concerns and have them dealt with to their satisfaction.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Effective systems were in place to quality assure services, manage risks and drive improvement.

People, their relatives and staff were very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and were supported by senior colleagues.

Good



# Great Ganett, Welwyn Garden City

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 16 July 2015 by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key

information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service, two relatives, two staff members, the manager and deputy manager. We also received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to two people who used the service and one staff file.

# Is the service safe?

## Our findings

People told us they felt happy and secure because staff helped them understand and learn how to stay safe, both at home and in the local community. One person told us, "They [staff] have helped me think about and decide who I trust and mix with." Another person said, "I'm happy here, it's very peaceful, quiet and of course safe. Staff help us but don't pressurise us about anything." People were encouraged to think about and discuss how to stay safe during one to one sessions with staff and at group meetings. For example, staff helped raise people's awareness about the safe use of social media and the internet. A relative commented, "They [staff] get the balance just right between protecting vulnerable young people on the one hand, and encouraging them to grow and become more independent on the other."

Staff received training about how to safeguard people from avoidable harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed and made available to both staff and people who used the service. One staff member told us, "I would not hesitate to raise concerns if I had any, we are encouraged to speak out and so are the people we support."

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People were involved in discussions about how identified risks to their health could be managed safely and in a way that also maximised choice and promoted their independence. For example, staff helped people understand their medicines and the potential risks involved. This gave them the confidence to help manage and take their medicines independently with appropriate and safe levels of support. One person told us, "I'm given responsibility and trust. I have the odd [alcoholic] drink, but I'm careful. I know I probably shouldn't with my tablets but I understand why and don't drink much." A relative said, "[Family member] has a much better understanding of their medicines now

and is encouraged to get fully involved in looking after them and using them sensibly. They enjoy the responsibility and involvement. Staff really get why that is so important for their development."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and personal circumstances. This included in areas such as personal safety, nutrition, finances, behaviour, medicines and health. We saw that people had been helped to recognise and manage certain individual behaviours in a positive way. For example, behaviours that may have put them at risk of financial abuse when socialising or made it difficult for them to pursue interests or develop relationships in the local community.

This approach helped people take responsibility for their actions and consequences in a way that developed important life skills and promoted their independence. One person commented, "It's really good here. Living here and learning from staff has helped me cope better. I'm not so quick to get angry or upset, I'm now calmer. I've learnt to talk about problems, not just leave them and get annoyed." A staff member commented, "We know and understand [people's] needs extremely well. We help them to become as independent as possible."

We found that incidents arising from the behaviour of people who used the service and others had been reported, recorded and investigated properly. Information about potential triggers, underlying causes and learning outcomes was shared appropriately and used to help staff review, update and develop effective support plans. For example, when people argued and had a confrontation based on a misunderstanding about visitors, staff used effective techniques to both diffuse the situation and encourage those involved to reflect and learn from the circumstances. The information gathered was used in a positive way to help staff manage the risks and put measures in place to minimise the likelihood of similar incidents. A social care professional commented, "They [staff] are really very good at coping with difficult behaviour and helping them [people] learn from it and move on."

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the complex needs of people who used the service.

## Is the service safe?

Staffing arrangements were kept as flexible as possible to ensure there were always sufficient numbers of staff available to meet people's individual support needs, including during the night and at weekends. People who used the service and staff were able to contact an 'on-call' manager out of hours if necessary and guidance about who to contact and how was made available. One person told us, "There is good support here, always available when you need it; even out of hours with on-call staff. There is always someone around if you need help with anything." A staff member commented, "There are always more than enough staff available to provide quality 'one to one' support when needed and that is the key."

We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid.

Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. This had made some people who used the service anxious and upset because the sound of alarms distressed them. Staff worked with them to raise their levels of understanding, confidence and practical awareness about emergency procedures and encouraged them to become involved.

People told us they now enjoyed helping out with the safety checks and alarm tests, which no longer bothered or frightened them, and had even drawn up their own 'fire escape plan' with the support of staff. This meant that appropriate steps had been taken to involve people in managing risks and keeping their home environment safe.

# Is the service effective?

## Our findings

People and their relatives were positive about the skills, experience and abilities of the staff who provided support. One person told us, “[Staff] help me with emotional support, they really know me and my needs, here they really know me inside out. They help and support me when I need it, for example with money management.” A relative commented, “I cannot fault [deputy manager] and the staff. They are very, very good and have a great understanding of [family member’s] complex needs. The staff are excellent and unbelievably good at what they do, it’s a wonderful service.”

New staff were required to complete a structured induction programme, during which they received relevant training and had their competencies assessed in the work place, before being allowed to work unsupervised. A staff member told us, “Induction is a lengthy process with lots of training, shadowing and observations. The managers don’t expect you to do anything unless you are comfortable with it, like helping people with their medicines for example. They are very patient and supportive when it comes to learning and development.”

Staff received training and regular updates in areas such as moving and handling, infection control, food hygiene and safety, medicines, first aid and personal safety. A staff member commented, “Training is very good and tailored to meet not just our needs but also the people we support.” They also received training about the Mental Capacity Act (MCA) 2005 and were knowledgeable about the Deprivation of Liberty Safeguards (DoLS) and how these principles should be applied in practice. A social care professional commented, “I have no concerns about the competency of staff there, they are all extremely knowledgeable about people’s complex needs and how to provide the support they need.”

Staff told us they felt well supported by the management team and were encouraged to have their say about how the service operated. They had the opportunity to attend meetings and discuss issues that were important to them in addition to regular supervisions with a manager where their performance and development was reviewed. A staff member commented, “They [manager and deputy

manager] are genuinely very open, approachable and supportive.” Another staff member said, “We are very well supported here. The managers are great and always make time for you.”

People told us, and observations during our inspection confirmed, that staff always obtained their consent and permission about the care, support and help they received on a day to day basis. One person said, “Staff are friendly, easy going and treat me like an adult. They always help me decide what I want to do and when. I can do what I like here, it’s my decision and it’s my home at the end of the day.” A staff member told us, “We work alongside and with people to help them learn and be independent. We don’t tell them what to do, they tell us. We are there to help and support them when they need it but they decide what they want.” A relative commented, “Nothing is done without [family member’s] say so, they are not a child. Staff treat them like an adult who has [a complex condition] but can still make their own decisions.”

Staff helped to raise people’s awareness about healthy eating options and supported them to plan and prepare their choice of meals. They helped people to shop for ingredients when asked and encouraged them to think about balanced menus and portion sizes appropriate to their individual needs and dietary requirements. For example, one person who wanted to lose weight was encouraged to eat a health balanced diet and weigh themselves regularly to help monitor progress. They explained, “Staff help me with a healthy diet and being careful with what I eat. I love to make curries. Staff are good at helping us design menus, shop and cook for ourselves.”

People told us, and our inspection confirmed, that staff were very knowledgeable about their complex health needs. We found they were helped and supported them to maintain good health, access appropriate healthcare services in a timely way and to receive the on-going healthcare support they required. Staff helped people to make and attend appointments with their GP, dentist, opticians and other health and social care specialists relevant to their individual needs.

For example, one person told us they had not visited a dentist for years because they were too nervous and worried about having treatment. Staff helped and encouraged them to overcome their anxiety and eventually accompanied them on an appointment. They seemed very pleased with their achievement and commented, “I only



## Is the service effective?

did it because of the support of staff. I had treatment and was praised by the dentist.” They also explained that staff helped them access a podiatrist service at a local hospital because they walked everywhere and sometimes had sore feet. A social care professional told us that staff were very

good at helping people to take responsibility for and manage their own health needs, with appropriate levels of support where necessary. A relative commented, “They [staff] are great at helping people meet their [health] needs and keep up with doctor and dental appointments.”

# Is the service caring?

## Our findings

People told us they were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person said, "It's really good living here. They [staff] are good listeners and talkers, they are always there if I need to talk things through, if I've had a bad day or am not sure what to do. They know how I feel. It's like a home here, lovely like a home." Another person told us, "I'm happy here, staff are very supportive, kind and polite. All the staff are kind and caring here." A relative commented, "The staff help [family member] to live in a warm and homely place. They are happy and making very good progress. It's a great service and I am so very pleased with what they do."

Staff treated people they supported with dignity and respected their privacy at all times. One person told us, "They [staff] are very respectful and look after my privacy." Another person said, "I have a 'do not disturb' sign if I am in a bad mood or busy and they [staff] always respect that. They always knock and ask before coming in." People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. We found that confidentiality was well maintained and that information held about people's health, support needs and medical histories was kept secure.

People and their relatives told us they had been fully involved in deciding what levels of support were provided. We saw that people had regular meetings with a nominated key worker to talk about and review their needs and the levels of support provided. One person said, "Staff let me do my own thing here. They help me do things at my speed and when I feel able. We talk about what I need and I have a say in what goes on, how and when." Another

person told us, "My key worker is really good and takes what I say seriously. They have helped me become more involved in things and how the place is run. They help me plan my week. I get to see my personal plans and update them with my key worker. I am fully involved." This meant that people were encouraged to express their views and become fully involved in the planning and delivery of the support they received.

Staff made sure that the people they supported, and family members where appropriate, were kept updated about developments or changes relevant to the services provided. A relative told us, "Staff are very good at keeping in touch and maintaining contact. They keep me updated so that I am well informed when [family member] comes to visit. I can then adjust to any changes in their needs or overall progress which is really helpful." A social care professional, with experience of the service, told us that staff were good at making sure people were involved in all aspects of their support in consultation with family members and specialists where appropriate.

Staff were very knowledgeable about the people they supported and helped them plan how they spent their time and the levels of support they needed on. A relative commented, "Staff involve [family member] and they really enjoy it; they help draw up plans for the whole week which is very important. It takes away the worry and anxiety but keeps them fully involved and in control." A staff member told us, "They [people] are involved in what goes on every step of the way. We focus on regular 'one to one' sessions to find out exactly what people need and want. It's an amazing service and I love being there."

Information about how to access local advocacy services was available for people who wished to obtain independent advice or guidance.

# Is the service responsive?

## Our findings

People received personalised support that met their individual needs and took full account of their background history, choices, individual circumstances and ambitions. One person told us, “Staff are helping me toward being able to live in my own flat one day. That’s my goal and they are definitely helping me get closer to that all the time by learning new things.” A relative commented, “[Family member] is much happier there. They are socialising more and developing new life skills.” A social care professional told us that the support provided was tailored to each person’s needs and had resulted in significant progress overall in terms of their independence and personal development. A staff member said, “People receive ‘one to one’ support that is all about them, their needs, building confidence and gaining independence.”

Staff had access to detailed information and guidance about how to support people in a person centred way, based on their individual health and social care needs, preferences, likes and dislikes. This included information about people’s preferred routines, medicines, dietary requirements, behaviours and important relationships. We also saw that staff received specific training about some complex conditions that people lived with to help them do their jobs more effectively. For example, staff had access to guidance about how to recognise and respond to the potential triggers and signs of certain mental health conditions relevant to the people they supported.

People were positive about the opportunities made available for them to pursue goals, social interests and activities that met their individual needs. They were encouraged and supported to be involved in how both their home and the service operated on a daily basis. For example, they were helped to draw up rotas and schedules for various cleaning, household and laundry tasks they shared. They were also supported to manage their own finances as much as possible, develop menu options, shop for essential items and to draw up weekly planners with details of their activities, appointments and other

commitments. A relative told us, “Helping [family member] plan and organise their time is vitally important because it reduces anxiety and stress. They [staff] really get that because they understand them and [the condition].”

One person said, “They [staff] helped me with a TV licence so I can watch what I want in my room. They help and support me with money, for example by reminding me to pay rent. They help me to plan for the week. They have shown me how to take stuff to a recycling centre. They help me toward my goals.” Another said, “They help me relax and try new things.” We saw that one person had been supported to attend college and obtain qualifications in a subject of their choice, to do paid work in an area they really enjoyed and to carry out voluntary work for a cause they personally believed in and cared about. A staff member commented, “We help and encourage [people] to do what they want, whether education or running their home, helping them to be independent.”

People told us they had a say about services provided and that staff encouraged them to speak out, voice any concerns they had and to put forward ideas. They felt that staff listened to them and took their views seriously. They took it in turns to design ‘ideas posters’ for meetings and draw up agendas that set out the key issues they wished to discuss. One person said, “We have regular meetings and start with a recap of what was discussed at the last meeting. Then we go on to new subjects and our ‘ideas poster’, then pick a date for the next meeting and decide who’s turn it is to make a poster.” They went on to say, “Staff do listen to our ideas and suggestions, for example, our contributions at meetings and about the summer BBQ.”

People told us that any complaints they had were also taken seriously and usually dealt with very quickly. One person commented, “We can make complaints and normally staff deal with them very quickly. I complained that some light bulbs went out during the health and safety section of our meeting. Staff supported me to get new ones and helped replace them, another new skill I learnt.” People’s relatives also told us that staff and the deputy manager were very quick to deal with any issues or concerns they raised and always responded to telephone and email messages promptly.

# Is the service well-led?

## Our findings

People, their relatives, staff and professional stakeholders were all very positive about how the home was run. They were also very complimentary about the service manager and deputy manager who they felt were approachable, supportive and demonstrated strong leadership. One person said, “The managers are lovely, always friendly and smiling. They know how I feel. They know us really well and always find the time to help and support us.” Another person told us, “The managers are great; really nice, positive and reliable.”

During our inspection the registered manager was away from the service engaged in other operational commitments so we spoke with them at a later date. Staff told us that both managers led by example and often worked alongside them on shifts and provided cover at night. The manager confirmed this and explained the practice was necessary for two reasons. Firstly, to ensure they maintained and updated their knowledge about people’s changing needs and secondly, to observe and support staff as part of their supervision, training and development. A staff member commented, “[Both managers] lead from the front and know what they are doing.”

During our inspection we saw that the deputy manager demonstrated a visible, ‘hands on’ approach regarding how the service operated, staff supervision and the support provided. They had an in-depth knowledge of people who used the service, their complex needs, personal circumstances, goals and family relationships. A staff member commented, “The deputy manager is lovely and helps me when I struggle. They always make time for you and support your development. The manager also looks after other services but always stays on top of things.” Another staff member told us, “[The manager] is very good and does a superb job. [The deputy manager] really knows their stuff and is excellent.”

Staff were very clear about their roles and the vision and purpose of the service. They told us that their main focus was to provide high quality ‘one to one’ support that was tailored to meet people’s individual needs, helped their development and promoted their independence. A relative commented, “The managers and staff are absolutely first class. That’s because they really get what [complex health condition] is all about. I cannot speak highly enough of

them, I really can’t.” A social care professional also told us that the service was well run by managers and the staff. In their experience, people were provided high quality support that made a significant and positive difference to their lives and overall development.

Staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively as part of their personal and professional development. This included specific awareness about the complex needs of the people they supported. The managers had established links with reputable professional care provider associations to help them source and obtain additional training and support relevant to the services provided, for example mental health awareness training.

Information gathered in relation to accidents and incidents that had occurred was reviewed on a regular basis, shared appropriately with staff and professional stakeholders and used to update support plans and improve upon the services provided. We saw a number of examples where this approach had been used to good effect. In one case it had been used by managers, in close consultation with teaching staff, to help a person improve their relationships with fellow students at a local college. In another case, it was used to help a staff member reflect and learn in a positive way about comments they made which had inadvertently upset one of the people they supported

We found that people’s views, experiences and feedback about how the service operated, together with those of family members and staff, was actively sought and responded to in a positive way, both at regular meetings and through correspondence. A relative commented, “They [staff] always take my suggestions and comments on board, we all work as a good team.”

Measures were in place to review the quality of services provided and to identify, monitor and reduce risks. These included unannounced spot checks and reviews carried out by managers from other services in the organisation and members of the provider’s service improvement team. The managers were also required to carry out regular checks and audits which they used to prepare a monthly service report for the provider. This included information about staffing issues, training, health and safety, complaints, statutory notifications, emergency plans, the environment, risks and support requirements.