



## Enter & View Draft Report

Name of service:	Segal Gardens 436 Fleet Lane, Parr, St. Helens. WA9 2NH
Date & time:	4 <sup>th</sup> December 2017 1pm
Authorised Representatives:	Judi Lunt
Support team members:	Janet Roberts
Contact details:	Healthwatch St Helens 0300 111 0007

### Acknowledgements

Healthwatch St Helens would like to thank the staff and residents at Segal Gardens Care Home for their valuable time and hospitality during this visit.

### What is Enter & View?

Part of the local Healthwatch duty is to carry out Enter & View visits. Local Healthwatch representatives carry out these visits to health & social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices and dental surgeries. Enter & View can happen if people tell us there is a problem with services or, equally, if services have a good reputation so we can learn about them and share good practice from the perspective of the people who experience the service first hand.

Healthwatch Enter & Views are not intended to specifically identify safeguarding issues; however any safeguarding concerns which arise during a visit will be reported in accordance with Healthwatch

safeguarding policies. If, at any time, an authorised representative observes anything that they feel uncomfortable with they should tell their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.



## About the service

Segal Gardens is a specialist residential provider for people age 18 to 64 with singular or complex needs such as learning disability, mental health issues, autism and challenging behaviours. It is part of a larger company - HWCGS Ltd.

Segal Gardens is a purpose built facility consisting of 3 bungalows, outbuildings and gardens set in 3 acres of land. The original bungalow was built in the 1950s and has shared bathroom facilities. The 2 modern bungalows all have individual en-suite bathrooms. Each bungalow can house up to 5 residents when full. There is one all male house at this time but the other houses are designed to be mixed gender occupancy.

Segal Gardens caters for 15 residents with a wide age range. The longest residing resident is 16 years. Referrals are from different parts of the country but recently referrals have been local. Health and social care Services can refer as well as schools and families.

## Purpose of the visit

To engage with residents and staff

- To observe care at the point of delivery
- To identify good working practice
- To identify areas for improvement

This was an announced visit, arranged with the Manager a week beforehand. We were asked to attend at 1pm before staff changeover.

## Methods used

The Visiting Team used observation through the senses and talking with staff and clients to get a general feel for the environment and care being delivered.

Conversations with the two senior managers took place in the office before the visiting team was shown around the premises. This was a different style of care provision as there were 3 separate bungalows in which there were only between 3 and 5 residents in each with support staff addressing the specialist needs and care on a one to one basis. Engaging with conversation with residents was very minimal, and the

Visiting team relied on observation and instinct, which is not always measureable.

## **Summary of findings**

The Enter & View visit consisted of being shown round the 3 bungalows and gardens along by the senior managers who had a background in psychiatric nursing.

The interpersonal model approach was used in which residents were treated holistically in terms of the needs, personality and interests. This was achieved by residents being matched with the right support staff to meet their needs and their care package including an educational programme. This person centred approach was implemented by support staff and the overall feeling was one of genuine compassion and care for residents.

There were lots of activities for residents to engage in at their own leisure such as a hot tub, gym and gardening.

Families often live a distance away but there is a dedicated Facebook page for families and staff to keep in touch.

## **Results of visit**

### **First impression**

On the visiting team's arrival at Segal Gardens, at first this appeared to be an ordinary bungalow in an ordinary street just like other houses. On the driveway was one bungalow and the office.

Signage is absent but this is deliberate as ordinary living homes do not have a sign outside. We were directed by a staff member to the office which had a sign on the door with an adjacent keypad, and greeted warmly by the 2 senior managers.

We sat in the office to have an initial chat and were then shown around the premises. The back of the property is secured behind a locked gate with a keypad which leads into a large garden where 2 more modern bungalows are sited. In addition there were outbuildings for storage, 2 log cabins to house a gym and a hot tub room, and one cabin for social activities and education which will move into a purpose-built meeting

room eventually. This will cater for discos, parties and also for staff to have training and meetings.

Another pathway from this garden led into a sensory garden, sympathetically designed for attracting wildlife, and to create an atmosphere of peace and harmony plus an allotment for residents to participate in growing flowers and vegetables.

## **Staff**

There is a total of 40 members of staff, all long-term employees - a few have left and come back. The structure of staffing is support staff, house leader, senior, management of whom the 2 managers have a psychiatric nursing background.

Each house has a waking member of staff and one member of management is always on call.

There are 3 support staff in each bungalow with a constant one-to-one with each resident. The support workers are matched up with the resident and consistency and continuity are maintained by having the same staff members throughout the day to day life of each resident.

The care provider do not use agency staff and they recruit suitable people who can fit in with the team and have desired approach to caring for and empowering residents.

## **Staff training**

Each new staff member goes through a 3 to 6 month full induction where they meet every 2 to 3 weeks. The induction covers the usual mandatory training such as Health & Safety, first aid, and the NVQ 2 certificate in care. There is an apprenticeship scheme and a house leader's certificate. Seniors complete NVQ level 3. Continued or refresher training is done via the company's portal, and the managers are currently revising the "active support" training about people on the autism spectrum.

## **Recreation & leisure**

The interpersonal model is used to approach education and activities with the residents, where the individual is treated individually. Each resident is allocated a support worker who works with and assists them on a one-one basis.

There is an educational programme delivered by support staff who have had additional training on Asdan to support certified training on site. This involves giving one-to-one instruction on whatever the residents' needs are. This would only be for about an hour each.

As mentioned previously there is an allotment for gardening and gardens to sit in and enjoy. There are opportunities for social activities both in-house and going out to places such as to discos held at the Police Club and Mencap groups.

Residents also go bowling and trampolining.

### **Food & refreshments**

The staff go shopping for food each week and make meals such as casseroles for each house. Residents go shopping with the help of their support worker. Sometimes a resident may bake with their support worker as part of an activity.

Any special dietary requirements are catered for.

### **Privacy & dignity**

The staff apply the interpersonal model to help residents enjoy quality of life. Residents are involved in designing their packages of care and what they want to have and do, so it is tailored with an individual holistic approach.

Each bungalow usually houses all male and all female residents, and are matched as far as possible as housemates. Each resident has a support worker who is also matched to the personality and needs of the client.

Educational programmes are individually tailored to suit their needs with tutors delivering on a one-to-one basis.

There is also a 'no restraints' policy and de-escalation and breakaway techniques are used when required. This happens rarely. Learning from video recordings from CCTV cameras as part of training fosters the ethos behind dignity and respect for clients.

Families are also encouraged to visit and to join a very active Facebook page which can keep them up to date with their loved ones and staff - especially if they live a long way away.

## **Hygiene & cleanliness**

Each house is cleaned daily by staff and residents can help if they want to and was observed to be very clean.

## **Safety & security**

The front door to each property is always locked and access is via a code on the keypad adjacent to the door. This includes the office building and gate at the side of the property is always locked so the back of the property is safely enclosed.

Each resident who is safely able to use the keypad have the codes to their house and side gate which encloses the large back garden.

There are CCTV cameras discreetly located at the front and around the property including indoors and in the office area.

This creates a sense of transparency as well as security and any incidents can be recorded and watched as part of training. For example the care provider operates a 'hands off' approach towards residents who may become aggressive and agitated, and use de-escalation and breakaway techniques instead.

## **Medical care**

As mentioned above the 2 senior managers are qualified nurses. Home visits are done by the GPs, dentist, community nurses and specialists such as a psychiatrist. There are also advocates available from NCompass.

## **Additional Comments**

The visiting team spent around 5 to 10 minutes in each house, and observed activities and interactions between support staff and residents. The one-to-one activities included cooking, bird-watching, and art-work. All the residents that we saw looked clean and well-presented and appeared to be happy in their activity.

Staff appear to be passionate and caring about the residents and the role they play in their work.

## Recommendations

- To keep up the good work and seek continuous improvements, new opportunities etc.

### Response from Provider

Thank you for the report which reflects positively on our service provision.

Everything in it is wonderful.

## HwSH will share Enter and View reports, as appropriate, with:

- The provider
- Healthwatch England
- The Care Quality Commission
- Commissioners
- St Helens Council Quality Monitoring Team
- St Helens Clinical Commissioning Group
- The public
- St Helens Council Safeguarding team

## Disclaimer

Please note that this report relates to findings observed on the specific date stated. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

It is important to note that Healthwatch St Helens approaches Enter & View from the community perspective and its remit is very different from organisations such as the Care Quality Commission and local authority Quality Monitoring Team.