



**Making Social Care
Better for People**

inspection report

CARE HOME ADULTS 18-65

Ganwick House

**Wagon Road
Barnet
Hertfordshire
EN4 0PH**

Lead Inspector
Julia Bradshaw

Unannounced Inspection
26th June 2008 09:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Ganwick House
Address	Wagon Road Barnet Hertfordshire EN4 0PH
Telephone number	0208 4471155
Fax number	0208 4471166
Email address	
Provider Web address	na
Name of registered provider(s)/company (if applicable)	Brookdale Healthcare Limited
Name of registered manager (if applicable)	Jubedah Marchand
Type of registration	Care Home
No. of places registered (if applicable)	8
Category(ies) of registration, with number of places	Learning disability (8), Mental disorder, excluding learning disability or dementia (8)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following categories of service:
Care Home only - Code PC

service users of the following gender:
Either

Those whose primary needs on admission to the home are within the following categories:

Learning Disability - Code LD

Mental Disorder, excluding Learning Disability or Dementia - Code MD

2. The maximum number of service users that can be accommodated is 8

Date of last inspection First Inspection since being re-registered in
January 2008

Brief Description of the Service:

Ganwick House offers accommodation and care to up to eight adults with autistic spectrum disorder. The service is a large detached grade II listed building, standing in several acres of grounds in a quiet semi-rural area near Potters Bar, within a short drive of the town centre, which offers good shopping and leisure facilities. There are also good public transport links. The main building offers spacious domestic accommodation, with single bedrooms, a lounge and a dining/activities room. There are also various outbuildings that have been converted to provide a day care resource and recreational area. Substantial fences surround the buildings. These form a secure and safe area for service users to enjoy with minimum supervision. Within the grounds is an orchard that also offers a trampoline and a swing for service users' supervised recreation. There is also a vegetable patch cultivated by the people living within the service and staff.

Information about the service is available in the Statement of Purpose and Service User Guide, these and a copy of the latest inspection report are available from the manager.

The ranges of fees are from £2064 per week to £2857.

SUMMARY

This is an overview of what the inspector found during the inspection.

The Quality rating for this service is 3 stars. This means the people who use this service can expect excellent quality outcomes.

This report draws on information obtained from the recent AQQA completed by the manager, questionnaires completed by the people living at the home and from a full inspection visit carried out on the 30th June 2008. The inspection process included speaking to people using the service, staff on duty and a full inspection of records relating to care planning, medication, health and safety, staff records and training and the general management of the service.

Surveys from people who use the service and from staff are part of the ongoing inspection of a service and any issues arising from these surveys and other relevant information received by the Commission could then inform further regulatory visits by CSCI in respect of Ganwick House.

This service was re-registered in January 2008 by the Regional Registration Team with regard to the Mr Michael McInerney becoming the responsible individual for Brookdale Healthcare Limited, therefore this was the first inspection carried out under this registration.

What the service does well:

The service achieves a high standard of specialist support for people with Autism There are various systems in place which reflect this expertise and the working practices were observed as appropriate to the needs of the people using this service. The service has produced excellent care plans and should be congratulated on the comprehensive and detailed information provided in these documents.

The service has an good assessment system in place, which is both detailed and comprehensive in its approach to identifying all the needs of new and existing users of the service. Ganwick House provides detailed information about the operation of the service to prospective and current residents. The staff team are both committed and enthusiastic in their approach to people living within this service who can present as very challenging and demanding.

The people living at Ganwick House appear to have some degree of involvement in their care planning and this has produced a person-centred plan that enables staff to create an individual service in order to meet each person's needs and aspirations.

The manager continues to work hard to improve and develop the environment. Bedrooms have been re-decorated and re-carpeted and provide a well maintained and well presented private space for individuals which promotes people's dignity and provides an acceptable level of comfort and individuality.

The staff spoken with during the inspection appeared to have a clear understanding of their individual roles and responsibilities. The service has clearly defined job descriptions. Staff have received a series of mandatory training in order to carry out their roles effectively and professionally.

The manager has a wealth of experience within the field of Learning Disability. She provides confident leadership and support to the team and has clear expectations of staff. Staff are committed, enthusiastic and patient - important qualities when dealing with service users who can be challenging and demanding.

What has improved since the last inspection?

Not Applicable.

What they could do better:

The electronic gates should be fully functioning at all times to ensure the safety of the people living at Ganwick House.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Prospective users' individual aspirations and needs are assessed.
- 3.** Prospective service users know that the home that they will choose will meet their needs and aspirations.
- 4.** Prospective service users have an opportunity to visit and to "test drive" the home.
- 5.** Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1 –5.

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

People using the service can be confident that information about the service is kept up to date and provided for all prospective users so that an informed choice can be made to use this service. Everyone wishing to enter the home has a full assessment of need completed, this ensures that all parties can be sure the home can meet all individual needs.

EVIDENCE:

A total of three care plans were reviewed and evidence gained regarding the initial assessments that are carried out to assess if the service can meet the needs of the person. Information is held regarding the persons history and current needs. An assessment of each person's needs and aspiration are made before the person moves into the home. Competent and qualified staff complete the assessments. The service also receives and seeks external specialist support to meet the individual's needs. Whole life reviews occur to support the service users in achieving and reviewing individual needs, goals and aspirations. The assessment process includes the gathering of information from other professionals. Ganwick House has its own internal assessment forms.

A contract is then drawn between the service provider and the person using the service. The contract includes the terms and conditions within the home and the rights of the people who live at Ganwick House.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

- 6.** Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
- 7.** Service users make decisions about their lives with assistance as needed.
- 8.** Service users are consulted on, and participate in, all aspects of life in the home.
- 9.** Service users are supported to take risks as part of an independent lifestyle.
- 10.** Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7 and 9

Quality in this outcome area is excellent. This judgement has been made using available evidence including a visit to this service.

People using the service can be confident that the care plans reflect a detailed and extensive record of people's needs, which ensures that people using the service are assessed, reviewed and safe from risk.

EVIDENCE:

Three care plans were inspected in detail and were found to provide an excellent insight into each individual's needs. Individual notes and guidelines for people were observed within the service. The manager and staff have worked extremely hard to produce these care plans in a pictorial format that can be easily understood by each person living within the service. Everyone living at Ganwick house is supported within the care management or whole life review framework and frequent care programmes approach reviews occur to ensure changing needs are continuously assessed and reviewed. Ranges of risk assessments are completed within the service and actions points recorded. These risk assessments are detailed and contain all the required information.

Activities and outings enjoyed by people living at Ganwick house determine that people are supported to take risks as part of an independent life style. Risk assessments have been reviewed within since the last six months. Staff work with people to assist them to lead safe and enjoyable lives, consulting with them as appropriate, regarding decision making and offering guidance where needed.

There was evidence to confirm that people had been involved in their care planning with signatures from either the person using the service or their representative.

People spoken to on the day of the inspection and comments received by way of surveys carried out by the home were all positive about the way that care is received in terms of preserving rights and dignity. 100% of surveys returned agreed that care staff listen and act on what people living in the home say. People spoken to stated, " I like the staff here, they are my friends and they take me out".

The Community learning disabilities team based in Watford provides health care support and advice.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

11 -17.

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

People who use the service can feel assured that they will be offered and receive appropriate opportunities for social, leisure and community involvement.

EVIDENCE:

Some people attend St Joseph's day centre, which provides a variety of activities, suitable to people's individual needs and aspirations. The initial assessment determines the programme of choice within the day centre. Access to transport is through two on-site vehicles. Staff support and encourage people to maintain and develop social, emotional, communication. However the service has also developed its own in-house day care provision, which is attended by everyone living within the service.

People living at Ganwick house are encouraged and supported to maintain links

to the local community. However this can prove problematic due to some of the challenging behaviour needs of people using this service and their difficulties in sometimes, adjusting to new and unfamiliar environments, which they may find stressful. The staff team endeavour to promote routines within the service in order to maintain people's independence.

The manager and staff should be congratulated on providing a range of holidays and social outings for people, including trips to the seaside, Lego land, safari parks and regular shopping trips. Everyone living at Ganwick House will be going to Centre Parcs in August for their annual holiday. The service is providing 1: 1 support for each person. People also attend the Gateway club every Friday evening and the Jim McDonald centre for sporting activities. People using the service are consulted about the care and service they receive through a pictorial questionnaire.

One person living at the service has chosen to take the responsibility for changing the daily menus on the board. Menus were inspected and offer a range of diverse meals that are representative of the cultural needs and wishes of the people currently living at Ganwick House, which include both halal meat and Afro Caribbean cuisine. The menus are presented in a pictorial format in order for people to make an informed choice about what they would like to eat.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19 and 20.

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

People who use the service can be confident that their health and personal care needs are carried out effectively and respectfully, ensuring that their wishes and choices are promoted.

EVIDENCE:

The new medication cupboard is situated within the dining room of the home. The current arrangements for the storage of medication are good. Medication that had been received into the service has been recorded accurately. All non-blister pack medication has the date of opening recorded which ensures medication administered has not passed its 'use by date' and enables a thorough audit of medication. All staff have been trained and inducted in the administering medication. There is currently no controlled medication held in the medication cupboards, however there is a robust procedure in place for the administration of these medications, if required.

Health records are maintained within the main care plan. Files checked confirmed that everyone living at Ganwick house has regular health checks

including, mental health out patient appointments and Community Psychiatric Nurse (CPN) visits. All personal and health care support is well maintained ensuring individual needs, choices and preferences are met at all times.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

22 and 23.

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

People living in this service can be assured that they will be protected from abuse and that they will be listened to if they raise any concerns or make a complaint about any aspect of their care.

EVIDENCE:

The service has a detailed complaints procedure in place. A record is maintained in the home of any complaints made detailing actions and outcomes as necessary. People using the service have been informed about the complaints procedure. This is on display in the home and within people's bedrooms. Two people spoken to stated that they knew who to talk to if they had reason to complain. The recent AQQA stated that no complaints have been received since their registration in January 2008.

A detailed procedure is in place to ensure that people using the service are protected from abuse and harm. Staff receive suitable and adequate safeguarding training. Staff employed within the home are all subject to enhanced Criminal Records Bureau disclosure.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

24 and 30

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

The service provides a safe, clean and well-maintained environment for those who live and work there and people who live at Ganwick House can be assured that they can personalise their rooms to reflect their own tastes and personalities.

EVIDENCE:

Ganwick House is a Grade 11 listed building and consequently requires continually updating in order to maintain the home's character and heritage. All communal areas of the service are brightly decorated with new furniture in the main lounge and several bedrooms have been re-decorated and re-carpeted during recent months. Bedroom appears clean, bright and has been created to reflect people's individual interests.

The upstairs bathroom has recently been re-furbished and provides a safe and comfortable environment in which people can bath with both privacy and dignity. There are locks on both the bathrooms, which can be accessed in an emergency.

Several areas of the service have had the flooring replaced and the kitchen area has been re-furbished with the boiler being re-sited outside of the main building. All health and safety monitoring was up to date, including fire records and hot water temperatures.

There are adequate communal areas within then main house as well as extensive grounds, where there is a large pond and vegetable patch. The service also has a range of outbuildings that provide office space and a day care facility. The manager carries out a weekly environmental audit of the service and any outstanding repairs are reported to the company's maintenance person. However the service is endeavouring to recruit their own maintenance person by the end of 2008.

There has recently been an audit of all soft furnishings and as a result new towels and bedding has been purchased.

The manager and staff work hard to maintain a comfortable and pleasant environment for people to live in, which on occasions can prove difficult due to the challenging needs of the people who use this service. Attention must be given to the current arrangements for the protection of people's health and safety regarding the front gates, which are currently out of order. Whilst the external grounds of this service are secure it would be beneficial to ensure that these gates are repaired and made fully operational in order to further protect people's safety.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31 – 36.

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

People who use the service can be confident that a loyal, experienced and well-trained staff team, who have been robustly recruited to ensure their continued safety will support them.

EVIDENCE:

All the staff demonstrated their dedication to their work in caring for the people who use the service.

The members of staff on duty confirmed that they are given opportunities to attend training and a training matrix was seen to evidence that staff had attend all the mandatory training required to carry out their role effectively.

The current staffing structure is one manager, two-team leaders, 5 senior carers and ten support workers in total, plus domestic support and 1 full time cook. This provides a minimum of five staff on duty throughout the daytime hours and one waking night care and one sleeping in person each night. Training records were inspected and confirmed that staff are receiving the

mandatory training required. The service should be congratulated on achieving 85% status of staff obtaining NVQ level 2. The manager provides supervision on a regular basis, which is a minimum of six times per year. The manager carries out both senior meetings and staff meetings on a regular basis. The staff team appeared loyal and committed and the majority of staff have been working at Ganwick House for several years, which is positive for the people using this service who require stability and familiarity to help assist them within their daily.

The company's human resources department carries out all staff recruitment and selection within the service. The recruitment records of 3 staff including the latest recruit were viewed; evidence demonstrates that there are good recruitment practices within this service, which means that people living at the Ganwick House can be reassured they are protected by the effective recruitment systems in place

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

37 – 43.

Quality in this outcome area is excellent. This judgement has been made using available evidence including a visit to this service.

People living at Ganwick house can feel confident that they are living within a service that is well managed, is run in their best interests and they are safeguarded from harm by effective policies, procedures and accurate record keeping.

EVIDENCE:

The manager should be congratulated on running an efficient and effective service that benefits the people living within Ganwick House.

The administration and organisational skills of the current manager are very effective in ensuring that all documentation relating to the health and welfare of the people using this service are accurate, up to date and reviewed regularly.

The manager ensures that supervisions and staff training are held regularly and staff confirmed that they feel supported and respected by the current manager.

People are safeguarded from harm by the homes recruitment procedures, safeguarding training and the complaints procedure.

People living within the service are provided with information that can easily be understood and interpreted in relation to the complaints procedure.

The service manages peoples' personal monies effectively and appropriately. A random check of two people's money was found to be accurate and reconciled with the individual ledger. Everyone at Ganwick house also has a savings account. All records relating to health and safety standards are maintained and carried out effectively by designated senior members of staff.

Quality assurance systems are in place and carried out by the manager and senior staff. A senior member of staff from Brookdale care limited carries out Regulation 26 visits out on a monthly basis and provides supervision to the manager. A recent audit carried out in June 2008 by the company auditors found the care plans specifically, to be 'excellent'. This has also been evidenced and supported during this inspection.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	3
3	3
4	3
5	3

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	4
7	3
8	3
9	3
10	3

LIFESTYLES	
Standard No	Score
11	3
12	3
13	3
14	3
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	3
25	3
26	3
27	3
28	3
29	3
30	3

STAFFING	
Standard No	Score
31	3
32	3
33	3
34	3
35	3
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	4
38	4
39	3
40	3
41	3
42	3
43	4

No

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP19	13 (4) & 23 (2) (b)	The electronic gates to the entrance of this service should be fully functioning in order to safeguard the people using the service.	30/08/08

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

Commission for Social Care Inspection

Eastern Region

Commission for Social Care Inspection

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