Milkwood Care Ltd

Ganarew House Care Home

Inspection report

Ganarew
Monmouth
Herefordshire
NP25 3SS

Tel: 01600890273
Website: www.elderlycare.co.uk

Date of inspection visit:
14 December 2016

Date of publication:
27 January 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 14 December 2016

Ganarew House is a residential care home and provides care and support for up to 37 people. It specialises in caring for people with dementia. At the time of our inspection, the service was providing support for 35 people.

There was 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.

During this inspection we identified two breaches of Regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service was last inspected in January 2015. During that inspection we identified concerns that the provider did not always follow the required legal process to protects people's rights. This related to when people were unable to make decisions about their care and treatment. During this inspection we found insufficient progress had been made and the provider had continued to fail to adhere to the principles of the Mental Capacity Act 2005.

The provider had failed to maintain accurate and complete contemporaneous records for people who used the service.

Specialist nutritional advice was not obtained for people at risk of choking or in need of special diets.

There were systems in place to monitor the quality of the services provided, however these were not always effective.

Staff understood how to recognise and report abuse.

Accidents and incidents were recorded and monitored for trends.

People received their medicines safely.

Staff were trained to ensure they could deliver care that met people's needs.

Staff were caring and compassionate.

Staff protected people's privacy and dignity.

Staff knew people well and were quick to recognise and respond to any changes in their needs.

People were stimulated in both group and individual activities.

There were systems in place to capture and respond to complaints and feedback.

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.

People were protected from the risk of harm and abuse.

Accidents and incidents were recorded and monitored for trends.

People received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People who lacked mental capacity to give consent, the legal principles that protect their rights were not always followed.

Staff were trained to ensure they could deliver care that met people's needs.

Specialist nutritional advice was not obtained for people at risk of choking or in need of special diets.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People were treated with respect and dignity.

People were involved in decisions about the care and support provided.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and were quick to recognise and respond to any changes in their needs.

People were stimulated in both group and individual activities.

There was a system in place to capture and respond to complaints and feedback.

Is the service well-led?

Requires Improvement

The home was not always well-led.

Care plans did not always accurately reflect people's current needs.

People and staff felt that the manager was approachable and supportive.

There were systems in place to monitor the quality of the service provided, however these were not always effective.

Ganarew House Care Home

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 checked 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.

This inspection took place on 14 December 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we looked at the information we held the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted local authorities and Healthwatch for any information they had, which would aid our inspection. Local authorities have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

As part of the inspection, we spent time with people in the communal areas of the home and spoke with four people who used the service and eight visiting relatives. We also spoke with two visiting health care professionals who supported people living at the home. We spent time observing interaction between staff and people who used the service. Some people were unable to speak to us, so we used the Short Observational Framework for Inspections (SOFI) to help us understand their experiences of the support they received.

We reviewed a range of records about people's care and how the home was managed. These included care records, medicine administration record (MAR) sheets, staff training, support and employment records, quality assurance audits and questionnaires that the service had sent to people.

The service employed a total of 32 staff, which included the registered manager and the deputy manager. As part of the inspection, we spoke with the registered manager, deputy manager, the operations manager and five members of care staff.

Good

Is the service safe?

Our findings

People told us they were felt safe and happy living at the home. One person told us, "People (staff) come to see me in the night and see I'm alright." Another person said "The staff are very kind and make me feel safe living here." One relative told us, "I think my relative is well looked after and is very safe living here and is protected." Another relative said "I wouldn't thrust my relative being anywhere else. The care is fantastic and they are safe here. They (staff) go beyond what is required and my relative is safe. I have complete confidence in the staff." Other comments from relatives included, "They are very safe here, we have confidence in the place." "We love it here, our relative seems very happy and safe. The care and staff are exceptional."

Relatives told us the provider encouraged them to voice any concerns they may have about the safety or wellbeing of people living at the home. People told us they would not hesitate to raise any such concerns with management of staff.

We checked to see how people who lived at the home were protected from abuse. We spoke with staff about their knowledge of safeguarding procedures and how they would respond if they had any concerns. Staff told us they had received guidance and training in protecting people from harm and abuse and were able to describe the different forms and potential signs of abuse. Examples included any unexplained bruising / marking, loss of appetite or signs of distress. One member of staff told us, "It's about keeping the residents safe from abuse and reporting any abuse you see." Another member of staff said "If I had any safeguarding concerns, I would document my concerns and report directly to management. I would also consider reporting to regional manager or direct to an outside agency, like social services."

We found the provider had appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service. We saw appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained.

Risks to people's safety had been assessed and plans were in place to minimise these risks. We saw staff make safe and appropriate use of stand aids to support people as they moved about the home. Staff talked to people during the procedure to provide reassurance. Staff were able to tell us of individual risks that people faced and the methods they used to manage such risks. One member of staff told us. "We have a number of people who are at risk of falls, so I make sure there are no obstructions in their way, they are wearing proper footwear, use walking sticks or aids to reduce the chance of them falling. When mobilising some people require the support of two members of staff. I'm always keeping an eye especially when they are moving about."

If people were involved in any accidents of incidents, staff understood the need to record and report these incidents to the management team. The registered manager explained that they used these reports to identify the cause of events and take action to reduce the risk of reoccurrences. We saw consideration was given for the need to seek medical advice or attention and notifications were made to external agencies. The

provider maintained a 'tracker' of the number and nature of falls over the course of each month. This included information regarding any injuries sustained, external agencies contacted and action taken to prevent further falls. One visiting health care professional described falls management at the home as "very effective."

As part of the inspection we checked to see how the service managed and administered medication safely. People and their relatives told us they were satisfied with the assistance and support they received from staff with their medicines. We found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely. We spoke with staff and looked at a sample of medication administration records. These records were up to date without omissions. Staff confirmed they had received training on administering medication safely and were subject of regular checks by managers.

During our inspection we identified a number of people who required the administration of PRN medication, this is medication given as and 'when required,' such as Paracetamol to relieve pain. In a number of records we looked at, people were prescribed at least one medicine to be taken 'when required.' However, we found that not all medicines prescribed in that way had adequate information available to guide staff on how to give them. We spoke to the deputy manager who took immediate steps to address these concerns.

Most people told us staffing levels were sufficient to meet their needs. One person told us, "Generally staffing levels are ok, though sometimes a bit short with sickness." One relative told us "I think there is enough staff who are always friendly and most welcoming at each visit." Another relative said "No concerns with staffing levels at all." A third relative said "Generally staffing levels are ok, there always seems enough staff in my view." One person told us they sometimes had to wait for half an hour before being supported with personal care, which happened quite often.

Staff confirmed that staffing levels were generally ok, though sickness could cause issues. However, both the registered manager and deputy manager were always available to help out during busy time or periods of sickness. During our inspection, we saw people were occasionally left unsupervised in communal areas for periods of time. This was at times when staff were seen to congregate together in other areas. We spoke to the registered manager regarding the effective deployment of staff at those times, which they assured us would be addressed.

Requires Improvement

Is the service effective?

Our findings

During our last inspection in January 2015, we identified concerns that the provider did not always follow the required legal process to protect people's rights. This related to when people were unable to make decisions about their care and treatment. This amounted to a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the need for consent. As part of this inspection, we checked to see what improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the registered manager about the DoLS applications they had made since our last inspection. They described a blanket approach taken to the submission of these applications, without any assessment of each person's mental capacity. They registered manager acknowledged that two of the people for whom such an application had been made had mental capacity.

The forms we saw in people's care files, used to assess their ability to make day-to-day decisions provided further evidence that the provider may not be assessing people's capacity in line with the MCA. Rather than reflecting the assessment of capacity on a decision-specific basis, these forms dealt with a number of loosely-related decisions.

The registered manager told us the majority of the people living at the home had been given their flu vaccinations this winter. We asked the registered manager how the decision had been reached to give this treatment to those who lacked capacity. They told us this decision must have been taken by the district nurses or doctor on the basis of whether they had historically had these injections. They were not aware of any best interests meetings having taken place, or records retained by the provider around these decisions. This did not reflect the requirements of the MCA that any significant decisions made on a person's behalf must be subject to a formal best interest process.

Staff lacked understanding of the purpose of the MCA and what this meant for their work for people who were subject of a DoLS authorisation. Though staff confirmed they had had training, most were unable to explain the principles of the legislation and assumed everyone at the home was subject of a DoLS.

This was breach Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to the need for consent.

People and their relatives felt that staff had the necessary skills and knowledge to meet their needs. Staff told us they had undertaken an induction programme when they had first started, which included training and a period of shadowing before being able to work unsupervised. Following induction, they undertook a further on-going programme of training and refresher training. Staff spoke positively about the training provided. One member of staff said "I had the best induction I ever had, it was on-going and had to be signed off before I started. It included moving and handling, safeguarding, First Aid, and Health and Safety. I have had a lot of other training including dementia. I was really prepared for my role and very impressed with training given."

All staff we spoke with confirmed they received regular one to one supervision and annual appraisals. Staff told us they felt valued and supported by the management, who were always available to provide advice and guidance. One member of staff said "I have supervision with my manager or the deputy. We discuss any areas for improvement and any personal issues. I do feel supported and valued by management team, who have also supported me with personal issues."

During our inspection we checked to see how people's nutritional needs were met. People told us there was plenty to eat and drink with choices always available. One person told us, "I think it's good quality food. There is a choice of two things at lunch and a choice of more than that at breakfast. They ask me at the time about what I want to eat." Another person said "The food is wonderful, often too much." One member of staff explained how they supported people to choose what they wanted to eat each day by offering them a taste of the food options available. We observed lunch time at the home, during which people had been divided into two sittings following a suggestion from a member of staff. The second sitting was scheduled 30 minutes after the first and was for people who required assistances with their meals.

The atmosphere was relaxed with tables nicely laid out. People could sit where they wanted to and a selection of cold drinks were offered to people. The lunch time meal was appetising and plentiful. We saw people intended for the second sitting were also seated at their table at the same time as the first sitting. They remained seated at the table throughout the first sitting, without any drinks provided. We spoke to staff about this arrangement, who then provided these people with drinks. We asked the registered manager, why people who were scheduled for the second sitting were seated at the same time as the first sitting. The registered manager told us that was not the intention of the second sitting and that they would speak with staff to ensure people were not seated too early. We observed staff assisting people with their meals. This was undertaken in a kind and compassionate manner, with people being gently encouraged to eat and drink.

We looked at people's individual nutritional needs. Staff told us about three people who required their meals pureed for fear of choking, however, when we checked their care plans, instructions stated thy all required a soft diet. We spoke to the registered manager about how they determined whether a person required a special diet. They told us it was based on their previous observations and knowledge of the person. We asked them whether they had sought specialist advice from the speech and language therapy team or dietician, in assessing and meeting these needs. The registered manager told us they had not. This meant the provider had not obtained specialist nutritional advice for people assessed as being at risk of choking. The registered manager assured us they would address this concern immediately.

The registered manager told us kitchen staff had information about people's dietary and nutritional requirements, such as the required food for each person. When we asked to see this information, we found it

only contained details of people's known food preferences. The registered manager told us they would ensure the necessary information was immediately provided to kitchen staff.

Good

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person told us, "I think they do genuinely care about us. They know lots of details about people living here." Another person said "The staff are wonderful, you can't fault them. They are kind and they sit down with you and have a good chat. You won't find better in the district." One relative told us, "I have absolutely no concerns with the place. I'm here most days so I can see how the staff are with people. It is a wonderful place." Another relative said "The staff are lovely and accommodating for our relative and our family. It's very homely and welcoming. They definitely care about people." A third relative said "Our relative appears very well looked after and happy here. The staff are attentive and kind."

We found the interactions between staff and people was caring and respectful at all times in a homely environment. We saw staff asking people, who were sat in the lounge, whether the morning sun was getting in their eyes and adjusted the curtains to resolve this. Staff engaged with people in relaxed and friendly conversation. One person who sat down in a chair, we saw that staff took the time to check whether they were comfortable. We saw one person requesting staff assistance, who was then concerned that they may have been a nuisance. Staff took time to reassure the person that they were not a nuisance, and that they had done nothing wrong in asking for support.

People consistently told us that staff treated them with respect and dignity at all times. One person told us how staff respected their wishes and choices. They gave an example of how staff had allowed them to remain in their room earlier that week, as they had felt unwell. Another person told us about how staff protected their privacy and dignity during personal care. They said staff were aware of the fact it was their body and ensured they were covered up. One member of staff told us how they protected people's privacy and dignity by taking a caring approach. This included locking toilet doors during personal care and protecting people's modesty. They also said "I treat them how I would want to be treated."

One visiting health professional told us staff were always accommodating and happy to be present and to provide support. They visited the home during busier times of the day, but had never encountered any tension. People were treated in a respectful manner and that staff had a good rapport with them.

Staff we spoke with demonstrated a good understanding of people's needs and the importance of encouraging people to be independent. One member of staff said "I will encourage people to wash themselves or encourage and support the when mobilising. Most people have dementia, but I'm really aware of ensuring they retain as much independence at they can." Another member of staff told us, "We encourage people to be independent. We have one service user who really likes to be busy. So they help with the clearing up. We also take them for walks around the grounds or occasionally shopping."

People and their relatives told us the provider involved them in decisions about the care and support provided. They told us they had been involved in determining the care they needed and had been consulted and involved when reviews of care had taken place. One relative told us, "I have meetings with the manager about my relative, who always seems to be on duty and available. They ring me up if my relative needs

anything or if anything happens. I'm listened to and they answer any issues I have. I have never had any concerns about they support my relative gets." Another relative said "They regularly update and keep us informed. Any problems they let us know. They also welcome any ideas and suggestions, such as music we have mentioned our relative likes. They are very accommodating and will do everything to support our relative."

Good

Is the service responsive?

Our findings

People told us that the home was responsive to their individual needs and wishes. One relative told us, "They are always happy to respond to and accommodate any concerns." Another relative said, "Very accommodating and will do anything to support our relative." Health care professionals we spoke with told us the home was very responsive to any issues they raised. One visiting health care professional told us they visited every week and found the home was very responsive to any instructions they left around people's health needs. They also found the home very pro-active in raising any concerns with them.

People's care and support was provided by a team of staff who were able to describe people's needs and abilities. People had their needs assessed before moving in, which involved a meeting with the person, their relatives and liaising with other professionals involved in their care. This enabled the provider to ensure staff had the necessary skills required to support them. Staff were able to describe people's life history, preferences and individual care needs. One member of staff told us, "Most people have been here for a number of years. You get to know immediately if anything is wrong. We get to know their preferences as they have become part of the family." Care files recorded in detail 'client preferences,' which included people's drinks preferences, how they liked to spend their time and their preferred daily routine.

People told us that activities and social events were available to them on a regular basis. The home also employed an activities coordinator. We saw evidence of dementia friendly environments and resources throughout the home for the benefit of people living with dementia. These included reminiscence boxes in corridors. Each bedroom displayed a picture of the person with a note relating something of interest relating to the individual.

People and staff told us they visited a farm during the lambing season and that birds, mainly owls, were brought into the home for people's benefit on a regular basis. One person told us "We go out on trips to visit a farm. We do crafts and quizzes, there is lots to do. Very good selection of activities." A relative told us, "There are always activities taking place even though my relative can't appreciate it fully. They have activities and entertainers and take people out on trips." One member of staff told us, "The activities coordinator is excellent, people are taken out on day trips and there are daily activities arranged, with entertainers coming in. There is plenty for people to do.

During our visit a singing and exercise group had been arranged in the front lounge during the afternoon, which a number of people attended and joined in enthusiastically. People told us a priest visited the home on a monthly basis to support people's religious beliefs. The registered manager told us the provider had their own mini bus for outings, which had proved to be so popular that an additional vehicle has been purchased for days trips. A monthly newsletter was also provided, which detailed events and any changes to the home. New people to the home were also introduced and received a welcome to the Ganarew family in the news letter.

We found the service routinely and actively listened to people to address any concerns or complaints. There was a complaints policy in place, which clearly explained the process people could follow if they were

unhappy with aspects of their care. People told us that if they had any complaints or concerns they would speak directly to the management team. The home sent out annual customer care surveys, with the results analysed and displayed by the provider within the home. One relative told us "If I wanted to make a formal complaint, I would report to the manager. I have filled in questionnaires and seen the feed-back on the wall in the reception area." Another relative said "I'm aware of how to make a complaint and managers are approachable and good."

Requires Improvement

Is the service well-led?

Our findings

As part of the inspection we looked at four care files. We found care plans did not always accurately reflect people's current needs. It was often difficult to identify the most up to date information relating to people's needs. This was because care files were cumbersome and full of historic information, which had not been archived. There was a risk that staff may have referred to historic information about people as opposed to the most currents needs in respect of the care and support they need.

We saw evidence of contradictory information in relation to the support one person required with eating and drinking. The care dependency assessment stated under nutrition that the person 'Needs encouragement and assistance' as opposed to the care plan, which stated the person 'Requires feeding.' Staff told us three people who required pureed meals as they had been assessed as at risk of choking. When we reviewed the care plans in place, instructions to staff stated the people required a soft diet. We found some risk assessments for nutrition have been undertaken, where people were assessed as at high risk of choking, without the advice and guidance of suitable health care professionals.

We saw that one person had been assessed as being at high risk to pressure sores. The care plan stated that district nurses were monitoring the area of the concern. However, there was no information recorded of any kind, providing staff with guidance on addressing the pressure care needs of the person concerned.

Staff raised concerns about the use of hoists and that some people had not been properly assessed for the right equipment. We were told individual slings that staff used were either a small, medium or large based upon what seemed to fit the person best. We spoke to the registered manager and deputy manager about these concerns. They assured us people had been properly assessed by occupational therapists. However, the registered manager was unable to provide any written supporting evidence that the right equipment was being used for people. The registered manager told us they would contact the occupational therapists to ensure people were using the right equipment.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Part 3), good governance. The provider had failed to maintain accurate and complete contemporaneous records for people who used the service.

During our inspection we found people were relaxed in an inclusive atmosphere and were at ease with their surroundings and staff. People and staff told us that the home was well run with a clear focus on supporting people. One person told us, "We see (registered manager) and (deputy manager) often. They're here, and I can ask them anything. They come into the dining room quite frequently." One relative told us, "The managers are good and helpful, down to the handyman. They are all brilliant with everyone." One member of staff said, "The place is managed well and they do listen to me if I raise any concerns." Another member of staff told us the management were approachable and had confidence in their ability to act on things. They said "If we (staff) have got a problem, we just go to the registered manager."

The registered and regional managers undertook a range of checks to monitor the quality service delivery

and to ensure the environment was safe for people to live in. These checks were supported by an action plan, when issues were identified. These included auditing of care files, medication records, equipment, health and safety, training and development needs of staff. There was a clear management structure in place and staff told us they were aware of their role and responsibility. They received regular feedback on their work performance and were encouraged to share their views, opinions and ideas for improvement. 'Residents meetings' were held and people told us the home asked for feedback on the service they provided. However, following the shortfalls we identified around obtaining consent and record keeping, we questioned the effectiveness of some of the auditing that had taken place.

The registered manager told us they were fully supported by the provider, who would made available additional resources when required. The provider was currently considering additional night time staffing needs.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that we had received all the required notifications in a timely way from the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to take appropriate steps to ensure people who lacked mental capacity to give consent to their care and treatment, had decisions made in their best interest in line with The Mental Capacity act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain accurate and complete contemporaneous records for people who used the service.