Milkwood Care Ltd

Ganarew House Care Home

Inspection report

Ganarew
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection visit carried out on the 7 December 2017, followed by an announced visit on the 8 December 2017.

Ganarew House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 37 people in one adapted building. At the time of our inspection there were 33 people living there.

There was a registered manager in post at the time of our inspection. 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 our last unannounced comprehensive inspection on the 14 December 2016, we rated the service as 'Requires Improvement.' During that inspection we identified two breaches of regulation relating to obtaining consent and good governance. After the inspection, the provider wrote to us to say what action they would take to meet legal requirements. We undertook a follow-up focused inspection on the 19 April 2017, and found the service was now meeting their legal requirements. We could not improve the rating at this time, as to do so required evidence of consistent good practice over time.

During this inspection, we found three breaches of regulations. These were in relation to safeguarding people from abuse or improper treatment; concerns about good governance; and failure to notify the CQC of incidents involving alleged harm or abuse.

Allegations of abuse or harm had not been investigated effectively or appropriately. Allegations of abuse or harm had not been shared by the provider with the local authority, or with the Care Quality Commission. This had placed people at risk of continued abuse or harm.

The provider had systems in place to monitor the quality of care people received, however, these were not always effective. This was demonstrated by the failure of the provider to identify allegations of abuse, and to ensure that such matters were recorded accurately and action taken to ensure people were safe. A number of serious incidents involving the challenging behaviour of people had not always been reported and acted upon, and some had been filed away before the management team were able to review and ensure appropriate action had been taken.

There were no effective systems in place to ensure care plans had been regularly updated to reflect people's current health and wellbeing needs following these incidents of challenging behaviour. In the absence of this information, people remained at risk of not receiving the care and support appropriate to their individual needs.

Communication between staff and the management team was not effective, which had an impact on the people living at the home. The senior management team were unaware of these incidents of challenging behaviour until pointed out during the inspection.

Mental capacity assessments for people were not always clear, decision-specific or correctly completed. A 'generalised' mental capacity assessment had been completed for each aspect of people's care. Associated best-interests decision records were similarly unclear and some incorrectly completed.

People did not always receive care that was kind, respectful and compassionate, and the emotional support they required.

The provider assessed and organised their staffing requirements based upon people's care needs. They followed safe recruitment practices to ensure that staff who were providing care were suitable to be working at the home.

Staff knew how they should report incidents and accidents.

There were suitable arrangements in place for the safe management and administration of medicines.

The home was clean and free from any unpleasant smells.

People's dietary requirements were assessed and appropriate care plans and risk assessment were in place

People told us they supported by staff in a way that was kind, respectful and compassionate.

People felt comfortable raising any concerns or complaints with staff or the management team and believed they would be listened to.

People's needs had been identified and addressed when nearing the end of their life.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected from abuse and improper treatment. Incidents of challenging behaviour had not been reported or action taken to ensure people's needs were being met effectively.

There were sufficient staff to meet people's needs and keep them safe.

People had individual assessments of risk associated with their personal needs.

People received their medicines safely and medicines were stored securely.

The provider carried out appropriate checks when recruiting new staff.

The home was clean and free from any unpleasant smells.

Is the service effective?

Requires Improvement

The service was not always effective.

Mental capacity assessment and best interest decisions were not always decision specific and appropriately recorded.

Staff were observed seeking consent from people before undertaking any routine tasks.

Staff had the appropriate skills and training to support them effectively.

People's dietary requirements were assessed and appropriate care plans and risk assessment were in place.

People were supported to access other health professionals when needed.

Is the service caring?

Requires Improvement

The service was not always caring.

People did not always receive care that was kind and compassionate, and received the emotional support they required.

Staff were aware of the need to demonstrate sensitivity and consideration about issues around equality, diversity and human rights.

Staff demonstrated an understanding of people's individual communication styles and preferences.

People were involved in planning and reviewing their care and support they received. They were supported to have choice and were involved in all aspects of their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care was planned and delivered to meet their specific needs. However, specific incidents of behaviour that had been challenging had not always been recorded. Therefore, people did not always receive care and support that was appropriate and met their needs.

People knew how to complain and felt any concerns they had would be listened and responded to.

People's needs had been identified and addressed when nearing the end of their life.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems to review and improve the quality of care provided were not always effective.

Communication between staff and the management team was not effective, which had an impact on the people living at the home.

The provider had not notified the CQC of allegations of abuse and harm, which they are required to do by law

Staff felt valued and supported.

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 was an unannounced inspection visit carried out on the 7 December 2017, with a further announced visit on the 8 December 2017. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we reviewed the information we held about the service. We contacted representatives from the local authority, the fire service and Healthwatch for their views about the service and looked at the statutory notifications the provider had sent us. Healthwatch are an independent national champion for people who use health and social care services. A statutory notification is information about important events, which the provider is required to send to us by law.

As part of the inspection, we spent time with people in the communal areas of the home and spoke with six people who used the service, two relatives and a visiting church lay person. Many of the people at the home were living with dementia and therefore conversations were not in-depth. We spent time observing interaction between staff and people who used the service. As some people were unable to speak to us, we used the Short Observational Framework for Inspections (SOFI) to help us understand their experiences of the support they received. We also spoke to a visiting health professional, who provided us with information regarding their engagement with the home.

We reviewed a range of records about people's care and how the home was managed. We looked at five care records, medicine administration records, personnel records and records relating to the management of the service.

As part of the inspection, we spoke with the registered manager, the deputy manager, seven members of care staff, the activities coordinator, the cook, and the maintenance person.

Requires Improvement

Is the service safe?

Our findings

At this inspection, we found the provider did not have effective systems and processes to investigate, immediately on becoming aware of, any allegation of abuse. A number of serious incidents involving the challenging behaviour of people had not been reported to the local authority safeguarding team in line with locally agreed procedures. These included violent altercations between people. On reviewing the home's 'handover records,' it was clear these incidents involving people and staff had not always been reported and acted upon. Following the inspection, the provider notified us of six incidents concerning allegations of abuse involving people living at Ganarew House Care Home, which had not been previously reported.

We asked staff about how they report incidents and accidents and what happened as a result. Staff told us that on identifying an incident or accident, after initially seeking assistance, they would complete an incident log and submit this to the management team. We spoke to the registered and deputy managers about the specific incidents we had identified. They told us they had not been made aware of the incidents by staff. The registered manager subsequently told us, that although some incidents had been recorded on handover sheets, these had been filed away before the management team were able to review and ensure appropriate action had been taken. This included ensuring appropriate referrals to the local authority and CQC had been made. This demonstrated the provider did not have effective systems in place to enable the management team to effectively monitor any reported concerns of abuse.

Staff were able to describe confidently what action they would take if they had any concerns and showed a good understanding of the different types of abuse. There were systems in place to protect people by ensuring appropriate referrals were made in response to an allegation of abuse, however these processes had not always been followed. Systems and processes must be established and operated effectively to prevent the risk of people being abused. Failure to effectively report such incidents meant people were or continued to be at risk of abuse.

We asked the registered manager to take immediate action to satisfy themselves that care files were reviewed to ensure allegations of abuse were identified and appropriate action taken. After the inspection, the registered manager told us that new systems had been introduced, which included an amended 'handover sheet.' This enabled incidents to be recorded correctly and ensured appropriate action had been taken before filing.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Part 3), safeguarding people from abuse and improper treatment.

We asked staff how they managed behaviour that was challenging. Staff knew people who occasionally presented behaviour that was challenging and explained they dealt with it as a team. For example, some people responded better with certain staff than others. They would give people space and come back later, if for example, they refused their medicines. If people became agitated with staff, another member of staff would take over and distract the person.

People and their relatives consistently told us they or their family members were safe living at Ganarew House Care Home. One person told us they were definitely safe there and said, "I like being in with the other ladies, we're friends. We are not rushed to get up in the morning and I'm happy here." One relative told us, "It's excellent here. I can't fault the staff, they go out of their way to do what they can for you. I'm pleased as the service is second to none. The home was recommended to me by a friend whose relative is also here and said it was 'excellent.' My (relative) is 100% safe here. I'm sure that all the other residents here are looked after just as well as my (relative)."

We saw people had individual assessments of risk associated with their personal needs. These included falls, moving and positioning and choking risk assessments. One member of staff told us, "In each care file, there are risk assessments, which detail what we need to do to reduce the risk. It includes assessments for mobility, bed-rails and hoisting people." We saw people who were at risk of falling being safely supported by staff to walk and move about the home. During our visit, we saw a member of staff supporting a person as they moved about the home. The person was very frail and the staff member told us that if they [person] tried to walk unaided they would fall, so they kept a close watch on the person to prevent this happening.

We asked other staff how they supported people who were at risk of falling and how they ensued people were safe. One member of staff told us, that if people wanted to move around independently, they would ensure they were wearing sensible footwear for example. Another member of staff told us, "We manage people who are risk of falls by keeping a close eye on them. We remind them to use equipment like walking frames and help them when they move around. It is difficult to monitor people all of the time, you also have to get the right balance between safety and people being independent."

Staff told us and we saw that the provider followed safe recruitment processes. We saw Disclosure and Barring Service (DBS) and references were completed for new staff prior to starting work with people. A background check called a DBS check is a legal requirement and is a criminal records check on a potential employee's background.

The areas of the home we visited were clean and there were no unpleasant smells. One relative told us, "I have been delighted, because of the quality of care and it (the home) always seems clean and tidy." We saw infection control and prevention advice was available to staff with posters displayed in toilet areas. Throughout our visit, we saw staff wearing personal protective equipment (PPE), such as gloves and aprons.

As part of our inspection, we reviewed the fire safety arrangements at the home. Before this inspection, the home had been required by the local fire service to undertake some minor improvements around fire safety. We contacted the fire service who confirmed that a schedule of requirements had been completed by the provider. Staff were able to confirm they had received training in fire safety and regular checks of equipment and fire safety drills were undertaken. Each person had an individual evacuation plan in place to provide guidance for staff and the fire service on the level of support required during emergencies.

We looked at how the home managed people's medicines and found the arrangements were safe. The service mainly used a 'blister pack' system for people to store their medication. 'Blister pack' is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the service. The pack has a peel off plastic lid and lists the contents and the time the medication should be administered. We found all medicines were stored securely. Where medicines required cold storage, daily records of temperatures were maintained. Staff administering medication confirmed they had received training, and had competency checks to ensure they were safe to administer medicines. We looked at a sample of medication administration records (MAR), which detailed when and by whom medicines were administered. We found accurate records were maintained.

Controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were stored as per legislation. They were stored in a locked storage unit. We saw a controlled drugs register was signed and countersigned by staff confirming that drugs had been administered and accounted for. We undertook a stock take of controlled drugs and found them to be correct.

We found there were sufficient numbers of staff on duty during the day to support people. We also looked at staffing rotas. People, their relatives and staff felt the staffing levels maintained at the home meant people's individual needs could be met safely. Staff had time to engage, sit and chat with people during our visit. Staff told us staffing levels were sufficient to enable them to meet people's needs effectively. One member of staff told us, "Generally staffing levels are ok, especially with a good team. Levels have never been so good." Another member of staff said most of the time staffing levels were good without any reliance on agency staffing. A third member of staff told us, "Generally, we are well staffed and managers will always help out if needed."

Requires Improvement

Is the service effective?

Our findings

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).

Staff we spoke with confirmed they had received training in the MCA, however not all staff had received training from records we were shown. Staff we spoke with were able to explain the principles of the MCA legislation. Handover sheets contained information relating to the status of DoLS applications submitted and whether Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) authorities were in place.

We looked at completed mental capacity assessments for people. We found these were not always clear, decision-specific or correctly completed. A 'generalised' mental capacity assessment had been completed for each aspect of people's care. Associated best-interests decision records were similarly unclear and some incorrectly completed. The manner in which both mental capacity assessments and best-interests decision records were completed demonstrated a lack of understanding of the MCA. We spoke to the registered manager about these concerns who told us they would undertake a full review on mental capacity assessments and best interest decisions.

People were comfortable and confident in their exchanges with staff. Throughout our visit, staff were observed seeking consent from people before undertaking any routine tasks. They were observed explaining to people what they wanted to do, such as how they would support people mobilising or eating. They would ensure people were happy before proceeding with any support. One member of staff spoke to us about the importance of explaining to people what they wanted to do before seeking consent. The member of staff also explained how they would show people what they wanted to do, if the person was unable to communicate verbally. If consent was denied, they would leave the person alone and return later, or ask another member of staff to engage with the person.

People and their relatives told us they thought staff had the appropriate skills and training to support them effectively. Staff spoke favourably about the training they received, which involved an external trainer in a classroom environment. This was considered far more effective than alternatives such as on-line training. New staff explained how they were subject of a six month training and shadowing programme, which included the completion of the care certificate. The care certificate is a nationally recognised qualification in social care. One member of staff told us how they underwent an induction programme, which involved training and shadowing experienced staff, which enabled them to get to know people. They believed that with their background in care, the training and support they received was targeted specifically to meet their development needs. Staff received annual refresher training, which included subjects such as first aid, moving and handling, MCA/DoLS, fire safety and medication, however not all staff had either received or

completed all their training. Most staff told us they had either obtained or were perusing nationally recognised qualification in social care. On the whole, staff had the appropriate skills and training to support people effectively

Staff told us they felt valued and supported by management. They received regular supervision, which enabled them to discuss people's needs, personal issues and training requirements. One member of staff said, "I do feel valued and appreciated by the manager and provider together with other staff. It's a really nice place to work, I genuinely enjoy my job as a result."

We found that people's dietary requirements were assessed and appropriate care plans and risk assessment were in place. We asked people what they thought about the food available. One person said, "The food's very good." Another person told us, "The foods good, it's very much to our taste. They don't just pluck it out of the air and leave us to get on with it." One relative said, "I can't fault it. [Relative] likes the food. They don't overdo it and fill them up too much. They have tea or coffee and biscuits in the morning. Dinner is at one o'clock, then there's afternoon tea, and supper later on. Every time I come in, they ask me whether I'm you staying for dinner and do you want a cup of tea or a coffee."

The day's menu was displayed on the dining room wall. There was an extensive choice of hot and cold food for breakfast, which included yogurts, fresh fruit, cereals, toast and marmalade, 'continental' or 'Full English.' Lunch was a choice of Beef Stew and Dumplings or Cheese, Bacon, and Mushroom Risotto followed by Strawberry and Pineapple Eton Mess or Ice Cream. Supper was a choice of Soup, Sandwiches, Cakes, Jelly, and Ice-Cream. Meals were freshly prepared in the kitchen, which had a serving hatch opening into the dining room. Drinks were always available and we saw staff frequently ask people if they would like another drink. People were encouraged to drink and remain hydrated. We observed the lunch time meal. Tables were nicely laid with table cloths and fabric napkins. Some people were able to walk into the room unaided whilst others needed staff support. People were asked by staff where they wanted to sit. People told us they enjoyed the lunch time experience and we saw good interaction between staff and people during this period.

We asked people about health care and access to external health services. People told us that they were supported to access other health professionals when needed. One relative told us that staff had recently taken their family member to hospital, an NHS funded chiropodist attended the home, together with an optician. Their relative was also taken to a nearby dentist when required. They also said they had been promptly advised when the GP had been called to see their relative. One visiting health care professional told us that they always received appropriate support from staff when visiting the home. They believed people were well looked after and that staff were very good at following any specific health care instruction provided. They stated they had absolutely no concerns about the home and the manner it dealt with people's health needs.

We saw evidence of resources in communal areas, such as memory boxes outside people's rooms, displays of pictures and information relating to past events locally and nationally to support people living with dementia. These items of general interest provided opportunities for people to explore. The home also had adequate signage features that would help to orientate people living with dementia. People chose whether to spend their time in their rooms or with other people. People could access the one of the two lounges available or the dining room. They also had access to a garden area during fine weather. People were therefore able to spend time with relatives in private or in one of the communal areas.

Requires Improvement

Is the service caring?

Our findings

We found there had been a number of incidents involving behaviour by people that was challenging, aggressive and violent. These matters had not been reported to the local authority in line with locally agreed procedures and as an independent oversight. Management at the home were unaware of these incidents. We asked the provider to take immediate action to address these concerns, who subsequently notified us of six incidents involving allegations of abuse. We could therefore not be certain that people involved in these altercations had received care that was kind, respectful and compassionate, and had received the emotional support they required.

We asked people what they thought of the care provided. One person said, "The care staff are very nice, they do what we want them to. If I want anything, I just ask them. You may have to wait now and then." Another person told us, "I think they're keen on working with us. There are one or two odd ones, otherwise it's pretty good." A third person said, "The staff have always been very kind, we are all friends." One relative told us, "Residents seem to be quite happy and there are always things going on. It's always nice coming here, there's a really nice atmosphere."

People looked well-cared for, cleanly and comfortably dressed and were supported by staff in a way that was kind, respectful and compassionate. Staff who approached people to offer personal care did so discreetly and respectfully. Staff addressed people by their first name and clearly knew the people they supported. We saw many caring and respectful interactions between staff and the people living at the home with staff giving frequent praise and encouragement as they spent time together. People were comfortable and confident when talking to staff and we observed many warm and natural exchanges, such as spontaneous hugs, and shared jokes. Staff spent time with people chatting or reading. One member of staff who was engaging with a person in the lounge told us, the person's family had recently used the room to celebrate the person's wedding anniversary. The home had provided a buffet and cake for the family. Staff also told us family members were routinely invited to Sunday lunch and special events like Christmas dinner.

People were offered choices in support of their individual wishes and preferences. People were always provided with an alternative option at meal times or when being offered drinks and snacks throughout the day. We saw staff asking people whether they would like to participate in certain activities, such as reading together, or listening to certain music. People were asked what they wanted to watch on the television, or what music they wanted to listen to.

Staff were aware of the need to demonstrate sensitivity and consideration about issues around equality, diversity and human rights. One member of staff told us, "We have had training in diversity matters and people's sexuality wouldn't make any difference in my view. We try to meet people's specific needs, whoever they are. There is a very positive attitude at the home in relation to these issues." Another member of staff told us that gender and preferred sexual orientation was covered in people's care plans. They told us they considered the provider to be very progressive about lesbian, guy, bi-sexual and transgender (LGBT) issues, in respect of both people and staff. The registered manager told us they would support people from the

LGBT community in a non-judgemental manner. They also said they would encourage any person to live the life they chose. They told us they would continue to provide opportunities and assistance to every potential and existing person in relation to any specific cultural need or lifestyle choice.

The registered manager told us that staff were aware that they should respect people and colleagues' chosen beliefs, individuals lifestyle choices and to respect each-others individuality. Training in this area was provided by an external provider and was mandatory for all staff and management.

Staff demonstrated an understanding of people's individual communication styles and preferences, and they were able to explain to us how each person expressed themselves. People with any sensory impairment, such as hearing loss, were cared for by staff who were aware of the requirement to ensure hearing aids were in good working order on a daily basis.

People and relatives told us they or their relatives were involved in decisions about the care and support they received. People told us the care provided reflected theirs or their relative's wishes. Staff told us care plan reviews where undertaken with people or their families if they wished to be involved. This was an opportunity to ensure they were meeting people's needs and whether any changes to the care delivered was required.

Requires Improvement

Is the service responsive?

Our findings

People's care was planned and delivered to meet their specific needs. Individualised care plans had been completed and addressed people's communication needs, personal care and continence care, mobility, pressure care, nutrition and hydration, hobbies and interests and religious needs. However, we found examples of specific incidents involving people where their behaviour had been challenging. These were issues that both the registered and deputy manager were unaware of. These specific incidents had not always been recorded effectively. Care plans relating to the individual's 'emotional wellbeing and behaviour' had not always been updated to reflect these matters. Had these matters been recorded accurately, this would have enabled the provider to review whether any additional changes in care or support was required. Staff were aware of people who occasionally presented behaviour that challenged, and supported people effectively during our inspection. However, in respect of these incidents, we could not be certain that the people concerned received care and support that was appropriate and met their individual needs.

Staff supported people to pursue their interests, and to spend their time doing things they found enjoyable. We asked people how they were stimulated and encouraged to pursue their interests. People told us that they were occupied and there was always something to do. One person told us, "I like to go out in the fresh air. I go out into the garden, but my days of gardening are long gone." Another person said, "I'm not bored. I'm always helping people or doing something." One visitor told us people were regularly taken out on trips to a local farm, the river and garden centres." During our visit we saw people engaging in craft work in the dining room, which they were clearly enjoying.

We saw the activities coordinator undertaking group activities such as armchair exercise and balloon coordination to music. People were encouraged to join in by staff, but if they declined their wishes were respected. We also saw group conversation and general reminiscence orchestrated by the activities coordinator. Many people from the group joined in this conversation. When music was changed to Christmas carols, people spontaneously started to sing along. People were comfortable and relaxed with each other and with staff. During the afternoon, Holy Communion was undertaken with 16 people. The service was led by a lay person from a local church. Music, hymn sheets, Order of Service, and a table for the vessels had been arranged for this event. We asked the church lay person, whether they thought the home met the spiritual needs of people. They told us the event was always well-organised and always attended by a good number of people and it created a "really nice atmosphere." The activities coordinator told us that children from a local school would be attending the home in the run up to Christmas to sing carols. A local drama group would be visiting to present Peter Pan.

People told us they felt comfortable to raise any concerns or complaints with staff or the management team and they would be listened to. The provider had a system in place for dealing with complaints, which enabled the registered manager and provider to review any complaints and identify actions and lessons learnt. The registered manager told us they focused on developing good relationships with relatives, who were encouraged to express any issues or concerns. They said that if concerns or complaints arose and no management was immediately available, there was an on-call rota with a member of management available.

People's needs had been identified and addressed when nearing the end of their life. Staff told us they had received training in palliative care and maintained a good working relationship with a local Hospice, who were able to provide additional support when required. One member of staff told us, "I have had training in end of life care and we work very closely with the district nurses, who provide the clinical support. We keep people comfortable and also support the families as best we can." No one was receiving palliative support during our inspection visit.

The registered manager told us that staff had recently been given information in relation to the Accessible Information Standard. They explained that where people had other sensory needs, information would be communicated in various ways such as braille, talking books, and verbal instructions for those who are sight impaired. Picture cards, written information and simple sign language were also other examples of effective communication styles used by the provider. The provider also utilised a local advocacy service for people who may have required this.

Requires Improvement

Is the service well-led?

Our findings

Though the provider had systems in place to monitor the quality of care people received, these were not always effective. This was demonstrated by the failure of the provider to identify allegations of abuse following specific incidents, and to ensure that such matters were recorded accurately and action taken to ensure people were safe. A number of serious incidents involving the challenging behaviour of people had not always been recorded and acted upon. Following the inspection, the provider notified us of six incidents involving allegations of abuse, which should have been reported. A number of incident reports had been filed away before the management team were able to review and ensure appropriate action had been taken. This meant there were no effective systems in place to enable the management team to monitor and ensure appropriate action had been taken.

There were no effective systems in place to ensure care plans had been regularly updated to reflect people's current health and wellbeing needs following these incidents. In the absence of this information, people remained at risk of not receiving the care and support appropriate to their individual needs.

Communication between staff and the management team was not effective, which had an impact on the people living at the home. These failings in governance were also demonstrated by the fact that the senior management team at the home were unaware of these incidents of challenging behaviour until pointed out during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager told us that new systems had been introduced to ensure incidents were captured, recorded correctly and appropriate action taken.

Registered providers are required by law to notify the CQC of incidents where people have suffered harm, injury, abuse or suspected abuse. The provider had failed to notify us of six allegations of abuse involving people living at Ganarew House Care Home. Statutory notifications are used by the CQC as a way of monitoring services and any emerging risks to people using them.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2014.

People told us both management and staff were approachable and that the home was well-managed. One person told us, "I don't know her name [registered manager], but they wander around and is very friendly and is very easy to talk to." One relative said, "They [registered manager] are always around. They are lovely and easy to talk to. The family have no concerns. They [registered manager] are really helpful when we had a meeting with the Council. You don't feel that you're bothering them."

Staff spoke favourably about the working environment and told us that they were encouraged to express their views by management and the provider. They felt valued and supported both professionally and

personally by a flexible management team. They told us that as well as regular one to one supervision they had on-going support throughout the day. Staff were aware of the whistleblowing policy and said that they would feel supported by the provider if they ever had to report any concerns or bad practice. There were also regular staff meetings. These meetings enabled staff to talk openly with the management team, and where any actions were identified or suggestions made these were listened to.

The provider maintained effective and established local links with other health care professionals, and agencies. However, in respect of safeguarding these were not as effective as they could be. The home published a monthly 'news-letter', which included details of trips and events that had been attended. Details of people's birthdays were also reported on and 'question and answers' sessions with a members of individual staff. This included details of their background and previous working experience.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify us of six allegations of abuse involving people living at Ganarew House Care Home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have effective systems and processes to investigate, immediately on becoming aware of, any allegation of abuse

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had systems in place to monitor the quality of care people received, however these were not always effective.

The enforcement action we took:

The provider and registered manager were served with a warning notice, which required compliance with Regulation 17 by the 01 March 2018