Milkwood Care Ltd

Ganarew House Care Home

Inspection report

Ganarew
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Date of inspection visit:
11 May 2018

Date of publication:
30 May 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 and 8 December 2017. Breaches of legal requirements were found. These related to the provider's failure to investigate and notify us of allegations of abuse, and the overall effectiveness of their quality assurance systems and processes. We served a warning notice in relation to the governance of the service.

The provider wrote to us to say what they would do to meet legal requirements in relation to the identified breaches of Regulations 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements.

Following our last inspection, we also received concerns in relation to moving and handling practices, staffing levels and the management of people's medicines at the service. We also looked into these concerns during this focused inspection.

This report only covers our findings in relation to those requirements and concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ganarew House Care Home on our website at www.cqc.org.uk"

This inspection took place on 11 May 2018 and was unannounced.

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 home provides accommodation with personal care to a maximum of 37 older people, some of whom are living with dementia. There were 35 people living at the home when we visited.

A registered manager was in post and present during 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.

The provider had taken steps to protect people from abuse and discrimination, providing staff with training to help them understand their associated responsibilities. The risks to individuals had been assessed, recorded and managed. Any accidents, incidents or allegations of abuse were recorded and reported by staff, and monitored and acted upon by the management team. The staffing levels maintained at the home ensured people's needs could be met safely. People received their medicines as prescribed from trained staff. Measures were in place to protect people from the risk of infection, through, amongst other things, the use of personal protective equipment by staff.

The provider now had effective quality assurance systems and processes in place. The management team understood the notifications required to be sent to CQC, under the provider's registration with us. They promoted open communication with people and their relatives, and sought to involve them in the service. Staff understood what was expected of them at work, and felt able to bring issues or concerns to the attention of the management team.

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.

We found that action had been taken to improve procedures for reporting and investigating incidents, including allegations of abuse. The risks associated with people's individual care and support needs had been assessed, recorded and managed. Staffing levels ensured people's needs could be met safely. People received their medicines as prescribed from trained staff. Infection control measures were in place to reduce the risk of infection.

Is the service well-led?

Good

The service was well-led.

We found that action had been taken to improve quality assurance processes, and to ensure the provider submitted all required notifications to CQC, in line with their registration with us. The management team promoted an open culture within the service. Staff understood what was expected of them at work, and felt able to approach the management team for any additional guidance or support needed.

Ganarew House Care Home

Detailed findings

Background to this inspection

This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our 7 December 2017 inspection had been made. We also looked into concerns raised since our last inspection. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led? This is because the service was not meeting some legal requirements in those key questions at the time of our last inspection.

The ratings from the previous comprehensive inspection for key questions not looked at during this inspection were included in calculating the overall rating in this inspection.

The inspection team consisted of one inspector.

As part of our inspection, we looked at the information we held about the service, including the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority, the local clinical commissioning group (CCG) and Healthwatch for their views about the service.

During our inspection visit, we spoke with the registered manager, the deputy manager, three senior care staff, one care assistant and a community healthcare professional. We also spoke with four people who used the service and four relatives.

We looked at a range of documentation, including four people's care files, medicines records, incident and accidents records, fire safety records, two staff recruitment files, staff training records, notes of residents' meetings and records associated with the provider's quality assurance.

Good

Is the service safe?

Our findings

At our last inspection, we found the provider did not have effective systems and processes in place to monitor and investigate allegations of abuse. A number of serious incidents involving challenging behaviour had not been brought to the attention of the home's management team, or reported to the local authority safeguarding team in line with locally agreed procedures. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 13. The procedures for reporting incidents involving people who used the service, including any allegations of abuse, had been reviewed and improved to ensure the management team were consistently informed of all such events without any unnecessary delay. Staff placed all completed incident forms in a wall-mounted document holder in the management office, following which they were consistently reviewed by the management team. All of the staff we spoke with were aware of the current procedures for recording and reporting incidents.

The incident form itself had been amended to include a checklist of all required notifications, and a management review section on which the management team recorded the action taken in response to the incident. The completed incident forms we looked at demonstrated the management team monitored and responded to these events. No allegations of abuse had been reported since our last inspection, but the provider had clear procedures in place to ensure any concerns of this nature were reported to the appropriate external agencies, such as the local authority safeguarding team, police and CQC, and investigated.

The management team had created a 'daily working whiteboard' to enable staff and management to see, at a glance, each person's current condition and whether this was likely to change. They had also introduced the use of 'safety crosses", to help them track any falls or incidents of challenging behaviour, in addition to the falls and incident monitoring charts maintained in people's individual care files. 'Safety cross' tools are visual data collection tools in the shape of a cross, which cover the period of one calendar month.

People told us they felt safe living at Ganarew House Care Home. One person said, "Oh, yes, I feel safe. They [staff] look after you … I wouldn't stay here if they didn't." Another person explained they felt safe, because 'People [staff] are so kind, helpful and lovely." People told us they would not hesitate to speak to a member of staff or management if they were worried about their own or others' safety and wellbeing. One person explained, "I'd speak to one of the staff I know very well. I'm sure there would be someone there to help me if I wanted it. It's a lovely place to be." People's relatives had confidence in the safety of the care and support provided at the home. One relative told us, "I've always got one hundred percent confidence in [relative's] safety. Staff have longevity of service and they [provider] have lots of staff on." Another relative explained, "I definitely feel [relative] is being safely cared for. I've never heard anyone raise their voice here or seen anyone roughly handled, and I can come into the home at any time."

Staff received training to help them understand their individual responsibility to remain alert to and report

any form of abuse or discrimination involving the people who lived at the home. They showed insight into the different forms and potential signs of abuse. They gave us examples of the kind of things that would give them cause for concern, such as unexplained injuries or bruising, and marked changes in people's behaviour or response to particular staff. Staff confirmed they would immediately report any witnessed or suspected abuse to the management team.

The risks associated with people's individual care and support needs had been assessed using recognised assessment tools, recorded in their care files and kept under regular review. This process included consideration of people's pressure care needs, their mobility and risk of falls, their physical health, nutrition, and any challenging behaviour. Plans had been developed to manage identified risks, and protect people's safety and wellbeing. For example, where people were assessed to be at risk of developing pressure sores, pressure-relieving equipment, the application of barrier creams and regular skin integrity checks by staff were used to reduce this risk. A relative praised the manner in which staff reduced their family member's risk of falls, explaining, "They [staff] are very careful around [relative's] walking, as they have had a couple of falls at the home." A community healthcare professional spoke positively about the role staff had played in improving one person's skin integrity, through liaising with the district nursing team and consistent use of heel protectors.

Staff understood the need to follow people's risk management plans, and confirmed they could read, and refer back to, these as needed. They received training designed to give them the knowledge and skills needed to work safely, including moving and handling, health and safety, infection control and first aid training. Challenging behaviour training had recently been introduced, to help staff understand and safely manage these. One staff member told us, "I'm quite happy we [staff] can manage people's behaviours and that no service users are under threat of harm." We saw staff followed safe work practices when, for example, safely operating a mobile hoist to carry out people's transfers in the lead-up to lunch.

Any changes in the risks to people and others were communicated to staff through daily 'handovers' between shifts. Handover is a face-to-face meeting in which staff leaving shift pass on key information about people's care to the staff arriving on duty. The management team had recently made the handover process more robust, in an effort to improve information sharing between staff. The senior care staff giving handover were now required to provide an overview of each person's care, wellbeing and circumstances over the previous 24-hours, as opposed to the previous shift alone. The management team also organised daily 'ten at ten' meetings with key staff each morning, including care, maintenance and housekeeping staff, to exchange important information about people's care and other events at the home that day.

The provider had effective maintenance procedures in place, and carried out, or arranged for external contractors to complete, regular safety checks, to ensure the premises and equipment remained suitable and safe for use. This included testing of the home's electrics and fire alarm system. A member of staff told us, "If we [staff] need anything repairing, we put it in the maintenance book and they [maintenance staff] check it daily." The provider had trained two staff members as 'moving and handling ambassadors', enabling them to assess which mobility equipment would benefit and be safe and suitable for use by individuals. The home's lift had been out of operation and awaiting repair for a six-week period between February and March of this year. During this period, staff had been directed to transfer people between floors using the home's stair lifts. Although this had proved challenging, staff told us they had received the overall guidance and support needed from management during this period.

People and their relatives were satisfied with the staffing levels and arrangements at the home. One relative told us, "We selected this place based on the level of staffing. There's always plenty of staff on." Staff confirmed staffing levels enabled them to safely meet people's needs. One staff member explained, "We are

sometimes short-staffed through staff illness, but they [management team] always try to bring staff in." The registered manager explained that they assessed, monitored and organised staffing requirements based upon people's current care and support needs. Consideration was given to the skill mix on each shift, with at least one senior care staff on duty at any time. The provider covered shortfalls in staffing through offering voluntary overtime to staff, as opposed to bringing in agency staff. On this subject, one relative told us, "I just like the fact that there's not a huge changeover of staff and they don't use agency staff. It's the continuity of care I like." During our inspection visit, we saw there were enough staff on duty to monitor people's safety and wellbeing, and to respond to their needs and requests for assistance.

The provider carried out pre-employment checks on all prospective staff to ensure they were safe to work with the people who lived at Ganarew House. This included requesting employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS searches police records and barred list information to help employers make safer recruitment decisions.

People and their relatives were satisfied with the support staff gave people to take their medicines. One person told us, "They [staff] dispense them [medicines] to me, because I couldn't get them myself." A relative said, "They [staff] take as much care as the can over people's medicines." Systems and procedures were in place to ensure people's medicines were handled and administered safely in line with current professional guidance. People's medicines were stored in locked medicines cabinets and medicines trolleys, and administered by trained senior care staff who underwent annual competency checks. When giving people their medicines, staff sought their permission to administer these, confirmed they had been taken and maintained up-to-date medicines administration records (MARs). The level of support people needed with their medicines, and any specific guidelines to be followed during the administration of these, were clearly recorded in people's care plans. Written guidance was also in place regarding the use of 'as required' medicines, to ensure staff understood the circumstances in which to administer these.

The provider had taken steps to protect people, staff and visitors from the risk of infection. During our inspection visit, we found the home to be clean and free from unpleasant odours. The provider's domestic staff helped care staff ensure the premises and equipment remained clean and hygienic, adhering to agreed cleaning schedules. Staff received infection control training, and made use of the personal protective equipment provided, which comprised of disposable aprons and gloves. Suitable hand-washing facilities were available and hand sanitiser dispensers were sited at key locations throughout the home for use by staff and visitors. Since our last inspection, the management team had purchased additional slings. This ensured all those who requiring hoisting had an individual sling, and so reduced the risk of cross infection.

Good

Is the service well-led?

Our findings

At our last inspection, we found the provider's quality assurance systems were not always effective. This was demonstrated by the provider's failure 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. In addition, there were no effective systems in place to ensure care plans were updated following incidents, to reflect people's current care and support needs. Communication between staff and the management team was not effective, resulting in the management team being unaware of a number of incidents of challenging behaviour, until these were brought to their attention during the inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we served a warning notice in relation to this.

We also found the provider had also failed to notify us of six allegations of abuse involving people living at Ganarew House. 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.

At this inspection, we found the provider was now meeting the requirements of Regulations 17 and 18. The management team now had clear oversight of any incidents involving people who lived at the home, including any challenging behaviour or allegations of abuse, and monitored these on a consistent basis. People's care plans had been updated to provide staff with clear guidance on the known triggers for, and management of, their challenging behaviours. The management team demonstrated good insight into the notifications required by CQC in accordance with the provider's registration with us. They had notified us, as required, when the home's lift had been out of use for an extended period. The service's current CQC rating was clearly displayed at the premises, as the provider is required to do.

People and their relatives spoke positively about the overall management of the service, the standard of care provided, and their relationship with the management team. One person told us, "I couldn't grumble about them [management]; I think they're fine. They come around and see us." A relative said, "I couldn't say a bad thing about the place; the staff are superb. I'm happy [relative] is in here and being looked after." People's relatives spoke about their ongoing, open dialogue with staff and management, and the friendly, welcoming atmosphere promoted within the home. One relative explained, "I just think it's a family atmosphere. There's nobody [staff and management] that I feel I can't speak to; they're a friendly bunch. We can come in anytime we like and are always made to feel welcome." People's relatives had confidence in the management team's willingness to listen to, and act upon, their views, ideas and suggestions. One relative told us, "They [management] are totally approachable. They will discuss anything to do with [relative's] care. Also, if I want [relative] to have any extra things, they arrange it seamlessly. They are always on the floor; nobody sits in an ivory tower here."

The staff we spoke with had worked at the home for a number of years, and talked about their work with the people who lived at Ganarew House with enthusiasm. One staff member said, "I love it here." Staff were clear what was expected of them at work, and felt able to speak openly with an approachable management team.

One staff member explained, "I personally have a good rapport with the management team and can approach them to discuss things." The provider had a whistleblowing policy in place, and staff told us they would use this, if necessary. Whistleblowing refers to when an employee tells the authorities or the public that the organisation they are working for is doing something immoral or illegal.

The provider took steps to involve people, their relatives and staff in the home. Staff meetings and residents' meetings were each held on a quarterly basis. We looked at the notes of the most recent residents' meeting in March 2018. Key aspects of the service had been discussed, including activities provision and the food and drink provided, and no significant concerns had been raised by those in attendance. In addition, the provider distributed annual feedback surveys to capture the views of people's relatives on the service. Feedback from the last such survey, in November 2017, had been positive. A "You said, we did" board displayed the actions taken by the management team to address any issues raised. This included plans to invite people's relatives into the home, on an individual basis, to share their views and review their family member's care at Ganarew House. The provider also produced a regular newsletter, 'The Ganarew Gossip', to inform people and their relatives of news and events at the service.

The provider had a rolling programme of audits and checks in place to monitor and address the quality of the service people received. This included audits by the management team in relation to the management of medicines, the safe us of bed rails and hoists and slings, wound care, infection control, kitchen hygiene and practices, people's care plans and their nutrition. These quality assurance activities had led to improvements in the service, including positive developments in staff training. The registered manager explained the service was also transitioning over to an electronic care planning system, with the aim of further improving assessment and care planning processes within the service.