

Milkwood Care Ltd

# Ganarew House Care Home

## Inspection report

Ganarew  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ganarew House provides care and support for up to 37 people and specialises in caring for people with dementia. There were 32 people living at the home at the time of this inspection.

### People's experience of using this service and what we found

People were cared for by trained staff that knew them well and how to keep them safe from avoidable harm. Risks were assessed so staff knew what action to take to keep people safe. Recruitment processes were safe, checks were carried out to ensure only people of suitable character were employed. People received their medicines as prescribed and systems were in place for the safe management and supply of medicines. We checked infection control procedures within the home and processes were in place to keep people safe. Incidents and accidents were investigated, and action taken if required.

Relatives spoke highly of the staff and management team and the care provided. Staff told us communication had improved and relationships were positive. There were effective quality monitoring systems in place. A variety of audits were carried out meaning any shortfalls were quickly identified and used to drive forward improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 02 May 2019).

### Why we inspected

We received concerns in relation to the management of medicines, staff training and infection prevention and control procedures. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Ganarew House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Ganarew house is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post who had applied to register with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced and took place on 16 December 2020.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We looked around the premises, observed the interactions between people living at the service and care delivery provided at the service.

We spoke with seven members of staff including the manager, deputy manager, senior care workers, care workers, housekeeping and the chef. We spoke with one visiting health professional.

We reviewed a range of records. This included five people's care records and a sample of medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at accidents, incidents, complaints and quality assurance records. We spoke with four relatives about their experience of the care provided.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff that had received training and understood how to protect people from the risk of abuse.
- Staff knew what action to take if they had any concerns and were confident any concerns raised would be acted on and investigated thoroughly.
- The provider had a safeguarding and whistleblowing policy in place to manage and respond to any safeguarding concerns. The manager understood their safeguarding responsibilities and what action to take.

Assessing risk, safety monitoring and management

- Assessments and risk assessments were completed prior to new people moving in to the service and these were regularly reviewed and updated to reflect any changes to needs when necessary.
- The manager regularly monitored the information on the provider's electronic care system and took action where required to address any changes in risk to people.

Staffing and recruitment

- Relatives told us there was enough staff to meet people's needs. One relative said, "The staff are so dedicated" another relative told us, "Staff are so kind and caring [person's name] is well looked after".
- Staffing levels were appropriate to meet the needs of the people on the day of inspection. For example, we saw staff spend one to one time with people, doing activities, supporting and assisting people with meals. Staff supported people in a safe and appropriate way.
- Appropriate checks were undertaken to ensure potential new staff were employed and suitable to work and care for people living in the home.

Using medicines safely

- People were supported to take their medicines by trained staff that regularly had their competency checked to ensure they followed safe practice.
- Records demonstrated people received their medications as per their individual prescription and checks were in place to ensure any issues were identified and acted upon.
- A medication policy was in place and medicines were received, stored and disposed of safely and regularly medication audits were carried out.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The manager kept relatives informed in the event of an incident. One relative told us how they were immediately informed of an incident with their family member and appreciated being involved in the decision making.
- Staff knew how to escalate any concerns.
- Systems were in place for recording accidents and incidents. These were reviewed by the management team. Any lessons learnt were shared with staff and people's care files were updated when needed. For example, one person's risk assessment and care plan had recently been updated with new information as a result of lessons learnt following an incident.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives spoke positively about staff and the care and support they provided their family member. One relative told us their family member used to be a gardener and how the service had put planters in the back garden for them to look after and take responsibility for.
- Staff were motivated and enthusiastic about their roles and told us they felt valued. A member of staff told us, "Favourite place ever worked, I am listened to and given opportunities now which was never offered before. I was interested in becoming a manual handling ambassador and they invested in me in the training". This enabled the trained staff to make decisions and update risk assessments and care plans appropriately.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were open and approachable and aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and honest when something goes wrong with care or treatment.
- Relatives told us they were informed of any accidents and incidents and said they had good, open and honest relationships with management.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection there has been a change to management. The new manager had applied to register with the Care Quality Commission. The manager understood their role and was clear about their responsibilities for reporting to the CQC and the regulatory requirements.
- Staff understood their roles and responsibilities. Staff we spoke with told us the manager is very supportive and proactive when arranging training to help support staff in their roles.
- The management team monitored performance of staff through observations and formal supervisions. If any additional training or support needs were identified action was taken to enable staff to carry out their role.
- The provider was meeting their legal responsibility of displaying their last CQC inspection rating in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care

- People who use the service had been asked for their views during monthly resident's meetings on how to improve and develop the service. Relatives were sent annual customer care surveys to provide feedback. We saw positive responses. Comments included, "Keep doing what you are doing well" and, "Moving to Ganarew has changed [relative] life for the better".
- Staff told us they feel valued and their views and suggestions are now listened to. Staff said, "Previously they felt they couldn't say anything, now under this management are able to" and, "Now with the new management everything changing in the right direction".

Working in partnership with others

- We received positive feedback from a health professional that works closely with the home that management and staff are proactive in their approach and follow any advice and recommendations made to improve people's health and well-being.