

Milkwood Care Ltd

Ganarew House Care Home

Inspection report

Monmouth
Herefordshire
NP25 3SS
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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

The inspection took place on 28 January 2015 and it was unannounced.

The home provides accommodation and personal care and support for up to 37 people, and specialises in caring for people with dementia. At the time of the inspection 36 people were living at the home.

It is a requirement that the home has a registered manager. There was a registered manager in post who was registered with us under the Health and Social Care Act 2008 in 2010. 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.

We found that the registered manager had not always followed the legally required steps that help protect people’s rights when they are unable to make decisions about their care and treatment. The provider was aware of this before our inspection and had started to address this.

People liked the staff that supported them and they felt safe and relaxed at the home. People’s safety and risks

Summary of findings

were considered when their care was planned and staff knew how to help people stay safe. Staff understood their responsibility to protect people from harm and how to report any abuse. People were supported by a sufficient number of staff that they liked and found caring. The background of new staff was checked before they were employed. Suitable arrangements were in place to help people with their medicines.

People and their relatives felt staff were kind and caring and whilst giving the care needed, they also promoted people's independence. Staff were supported in their role and were given the induction and training they needed.

People and their relatives were involved in planning and reviewing the care arrangements. Staff knew people well and understood the support they needed. People had opportunities to take part in hobbies and activities they enjoyed but were also given space and privacy.

There was a friendly and welcoming atmosphere in the home. People had been supported to look their best, their individuality was respected and their support was personalised.

People liked the food and they were given choices. Their nutritional needs were monitored and met. Mealtimes were homely and relaxed and relatives were welcome to be involved and eat with their family member. The staff worked well with external professionals to meet people's health care needs. Staff were released and a vehicle provided if people needed support to attend health appointments.

People and their relatives felt the service was well run and their views were welcomed and listened to. They and staff felt able to raise any issues with the registered manager and provider. There was a clear management structure in place and the provider was monitoring the service. The environment had been improved during 2014 and further improvements were planned.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People felt safe, systems were in place to help protect them from avoidable harm and abuse. People were being supported by sufficient staff to meet their needs and had the help they needed with their medicines.

Good



Is the service effective?

The service was not consistently effective. Staff gained people's consent before they supported them. Where people lacked the mental capacity to give consent the legal principles that protect their rights were not always followed. People received care from staff that were well trained and supported. They were supported to have the food and drink that they enjoyed and required and they had their health needs met.

Requires Improvement



Is the service caring?

The service was caring. People were treated as individuals and were valued. They were supported in a compassionate way and their privacy and dignity were promoted. People had good relationships with the staff who they found helpful and kind.

Good



Is the service responsive?

The service was responsive. People's care was planned in a personalised way and kept under reviewed. They were asked their opinions and they felt listened to. Their relatives and health professionals were appropriately involved in care planning.

Good



People's views and preferences were respected and they were helped to stay in contact with their families and friends. They had opportunities to take part in meaningful activities and community involvement.

Is the service well-led?

The service was well-led. People, relatives and staff felt there was an open culture where feedback was welcomed and they had an opportunity to be involved in how the service was run. The management arrangements were clear and monitoring by the provider led to on-going improvements.

Good



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 was planned to check 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.

The inspection took place on 28 January 2015. The inspection was unannounced and was carried out by one inspector and an expert who had experience of older people's care services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we spoke with other agencies for their opinions of the service including the local authority

and Healthwatch. We looked at the statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We used this information to help us plan our inspection.

During our inspection we met the people who lived at the home, we spoke with some in groups and with five people individually. We spoke with two of the people's relatives who were visiting and a visiting district nurse. We also spoke with the registered manager and deputy manager, four of the care staff team, the cook and the activities coordinator.

We looked at a sample of records including three people's care plans, medicine administration charts, staff training records and quality assurance audits.

Is the service safe?

Our findings

Everyone who gave us feedback told us that they felt safe and free from the risk of abuse. One said, “I’m fine here, nothing to worry about”. Another said, “Staff help and nobody speaks sharply”. Relatives we spoke with said they felt their family members were in safe hands. One said, “We have never heard a raised voice or witnessed anything which would give us cause for concern”. A visiting district nurse told us they had no concerns and had seen safe care being provided. Everyone we spoke with told us that they had confidence that the registered manager would take any concerns seriously and would take action to protect the person at risk. There was information accessible to people and their visitors about how to report and get help if they were worried about any form of abuse.

Staff said that they had been trained in safeguarding adults from the risk of abuse and knew how to raise any concerns with the registered manager or the local authority. They also understood that they were protected by the provider’s whistle blowing policy. Staff told us that senior staff listened to any concerns they raised. One said, “We can raise any issues and we are listened to”. This meant that staff felt able to report incidents of abuse which helped to protect people from the risk of harm.

The registered manager was aware of how to report any safeguarding incidents to the local authority and to us. They had cooperated fully and openly with other agencies when an incident occurred in 2014. Steps were taken to learn lessons from the incident in order to reduce future risks for people at the home.

We looked at how people were supported to reduce potential risks. People told us that they felt they were supported to stay safe because they got the help they needed at the right time. One said, “I feel safe here, I have plenty of staff to look after me”. One family told us, “Staff are aware of what is going on, my relative catches their eye and immediately two staff help with their wheelchair”. Another said, “[Person’s name] is much safer here than they were at home, they always have two staff to help and they have the correct equipment for showering safely”. We saw that staff assisted people to mobilise in an unhurried way while giving the person clear guidance in a caring and timely manner. Staff told us they helped ensure people’s safety by giving them help when they wanted it and by using the correct procedures and equipment.

People or their relatives had been involved in the care planning process and in some cases had signed documents to show their involvement. Risk assessments formed part of people’s care plans and these had been kept under review each month. Staff told us they had read the risk assessments and any changes in the support people needed were discussed at the shift handover meetings. Staff told us that they had the equipment they needed and it was only used when it was part of the care plan for that person. We saw that equipment was serviced to ensure it was in safe working order. The registered manager told us that they were constantly reviewing the environment in order to make improvements to increase safety. An example of this was the stair lift which had recently been upgraded to a design that would better meet people’s needs. The registered manager told us that incidents and accidents were recorded and monitored so lessons could be learnt. These were then put into a monthly report for the provider including any action that had been taken.

People told us that there was always staff available to help them. One relative told us, “There always seems to be plenty of staff in the lounges and they are aware of what everyone is doing”. We saw that there were staff available when people needed support. Staff worked in an unrushed and calm way. The registered manager told us that they monitored how many staff was needed depending on the needs of people in the home. The provider allowed them to be flexible and adjust staffing depending on people’s needs. For example if someone is receiving end of life care and need staff to sit with them. We saw that staff were able to support people as needed. For example the activities coordinator supported one person to attend a health appointment.

A new worker told us that they had not been allowed to start work until the provider had received background checks. This included references from previous employers and clearance from the Disclosure and Barring Scheme. We looked at this person’s recruitment records which confirmed this. This meant that the suitability of new staff was being checked to help protect people from the risk of abuse.

We looked at the arrangements for supporting people with their medicines. People told us that they got their medicines when needed. One said, “They give me my tablets every morning, I don’t know what they are called but I know what they are for”. Relatives told us that they

Is the service safe?

were kept informed about any changes the GP made with their family member's medicines, and they felt appropriately involved in these decisions. A visiting district nurse told us that pain relief was given as instructed during end of life care.

We saw that staff took time to tell people what the medicine was for. They checked people wanted to take them, and then waited for the medicines to be taken. Secure storage was in place and new medicine trolleys were on order to address a shortage in storage space. The

recent administration records we looked at showed that people had been given their medicines correctly. Where people had medicines prescribed for them that were only required at certain times there was guidance in place. The deputy manager told us that only trained staff were allowed to administer medicines. Their competencies were checked by senior staff observing them to make sure they were confident following the procedures. This meant that suitable arrangements were in place to protect people from the risks associated with medicines.

Is the service effective?

Our findings

People told us that staff asked their consent before providing support. One person said, “Yes they ask me if they can help me and when it suits me”. One person’s relative told us, “Staff always ask [person’s name] what they would like to do, I am not sure they are always able to choose but I am happy for them to do what they think is best”. Staff told us they always asked people’s consent and when the person wanted to receive their support. People’s relatives felt involved in decisions when their family member had not been able to make their own decision.

We saw in care records that people had been asked to sign to give their consent for staff to administer medicines and have their photograph on the medicine records. Where people had said they did not want any formal involvement in their care planning they had been asked to sign to evidence this request.

We looked at how the requirements on the Mental Capacity Act 2005 (MCA) were being implemented. This law provides a system of assessment and decision making to protect people who do not have capacity to give their consent for their care and treatment. We found that decisions were being made on people’s behalf without an assessment being completed. For example, bedrails had been put into place for one person without assessing their capacity. The district nurse and the person’s relative had been consulted and a risk assessment completed. The registered manager said if the information was provided in a specific way she thought the person could have understood or certainly been involved in the decision making process, but this had not happened. The registered manager had made a Deprivation of Liberty Safeguard (DoLS) application for one person. However, a mental capacity assessment had not been completed prior to this. DoLS only apply where the person being cared for lacks capacity. This meant that there was the potential that people were being restricted unlawfully.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were other care arrangements in the home that should have been considered under the Best Interest

principles and possibly DoLS. The registered manager had not fully understood the legislation and so had not completed capacity assessments and where appropriate the DoLS applications. However, following the inspection she advised that she had done this and submitted additional DoLS applications.

People told us that they liked the staff that supported them and they felt they had the right skills. One said, “Staff are pretty good, they know what they are doing so they must have been well trained”. One person’s relative told us, “Staff have the right skills to care for my relative, without a doubt, they are well trained and patient”. Another said, “I know [person’s name] feels confident with the staff because they allow them to do things for them which was not the case at a previous care home”.

A visiting professional told us that they found the registered manager and staff professional and helpful and that they were, “On the ball and quick to pick up issues”. Staff told us there was a clear staffing structure and they knew how to get support. The registered manager told us that senior carers led the day and night shifts when they or the deputy manager were not on duty. Handover meetings were held between each shift and periodic staff meetings held to help ensure staff had the information they needed for their role.

Staff told us that they were supported to stay up to date with good practice through training and regular one to one meetings with a line manager. They felt they had received training that reflected the needs of the people they supported, such as advanced dementia training. They were able to tell us how they applied the training in their roles and we also saw staff do this. For example, one carer calmly reassured and assisted a person who had become disorientated in an upstairs corridor and could not find the way downstairs. Staff told us that they enabled people to receive support when they were ready without having any pressure or routines imposed on them.

The registered manager showed us that the training needed was planned and refreshers booked when required. There was an annual staff appraisal process and training was discussed during these meetings. A new worker told us that they had worked through a formal induction process including several safety courses and fire drills. They said they had seen that their colleagues put this training into practice, for example using the correct moving and handling techniques. This meant people were supported by staff that were trained to meet their needs.

Is the service effective?

People told us that they had enough to eat and drink and that they had a choice. Comments included, “We can have hot and cold drinks anytime and there is plenty of fresh fruit” and “The food is excellent here, if there is something fancy the cook will get it for me”. A relative who sometimes had lunch with their family member told us, “The food is fantastic, the two excellent cooks make fresh cakes every day”. Another relative said the food is home cooked and [person’s name] enjoys it and they can be quite choosy”.

We saw staff offer drinks throughout the day and if anyone mentioned having a drink or a snack it was immediately provided. The lunch was served in a relaxed atmosphere and people chose where to sit. Those that needed help to eat had their meals served first and staff supported them in a respectful and unrushed way. For example, equipment had been provided to help people remain independent. The meals were well presented including those for people who needed a soft diet. When one person declined to eat and drink at lunch time several attempts were made by different staff to encourage them with different meal options.

The cook was able to tell us about people’s preferences and special needs. They had a list of people’s likes and dislikes that was kept in the kitchen. They told us, “I treat everyone as an individual, [person’s name] didn’t like the stew yesterday so they had salmon”. They told us that fresh food was purchased regularly including daily fruit,

vegetables, bread and milk. They said care staff always told them if someone was at nutritional risk and needed additional calories. The kitchen had a serving hatch to the dining room and we saw kitchen staff engaging with people during the meal. The cook said they go round each day and get people’s views on the meals. Care staff said that people at nutritional risk had their weight monitored weekly and the GP was involved. The registered manager said the menu was on a six weekly cycle but people could have anything they wanted.

People told us that staff helped them with health needs. One relative told us that staff contacted them with any concerns about their family member’s health. When a fall resulted in a hospital admission they had been satisfied with how this had been handled. They appreciated that a member of staff went with their relative for a dental treatment. Another relative told us the GP was called promptly when their family member became unwell and staff had given them regular updates. A visiting district nurse told us that one of their team came each day to change dressings and give injections. They found that staff reliably followed instructions, completed charts as requested and raised any concerns in a timely manner. The registered manager told us that they were supported by two responsive GP surgeries and specialists such as older people’s community mental health nurses.

Is the service caring?

Our findings

People told us they found the staff helpful and kind. Comments included, “Staff are so cheerful, they are wonderful” and “All the girls are lovely, and so kind to me” and “Everyone is kind there is a lovely feeling here”. Another person told us, “If I am upset staff give me a cuddle”. A visiting professional said, “The staff create a friendly and lively atmosphere where people feel confident and relaxed”.

People’s relatives felt that they were welcome in the home at any time and found the service was delivered with care. One said, “I am impressed by the way staff care for people, whatever staff they do it with compassion”.

We observed positive interactions between people who lived at the home and staff. Staff provided thoughtful care and support to people to be independent where possible. For example, staff supported one person to be involved setting the tables for lunch. One person walking about a lot and chatting to people they passed. Staff responded appropriately every time. Another person became concerned about work they felt they needed to carry out. Staff gently reassured them each time. One relative told us that staff encouraged their family member to do as much as possible for themselves to preserve their skills.

Staff spent time with people in a calm and friendly manner. They were polite and used an appropriate volume and tone of voice. Staff used people’s preferred term of address and took time to listen to what they were saying. Staff told us how important it was to provide assistance in a caring way. They said they treated people as individuals which is how they would like to be treated themselves. They told us that they enjoyed supporting the people living there and were able to share a lot of information about people’s needs, preferences and personal circumstances.

People told us they felt included in planning their support. Plans included a section about the person and their background called, ‘Who am I’. These were very detailed and aimed to help staff to understand the people they were assisting. A new worker told us that they been given time to read this information and get to know people before assisting them alone.

Staff said that they try to encourage people to spend time in communal areas so they do not become socially isolated. However, when people were clear that they liked to stay in their bedroom this was respected. One person told us, “I sit outside in good weather and come and go as I please” and “If I want to be alone I can go to my room”. People were consulted about their religious and cultural needs and arrangements were made when people wanted to follow religious practices.

The cook told us that when people go to a hospital appointment we send a packed lunch in case they get hungry while they are waiting. Fresh cakes were made for one person to take with them on their regular outings with a friend.

People told us staff helped them the way they liked and protected their dignity and privacy. One person said, “Staff make sure I have privacy, they knock to come in, and they are kind and gentle”. We saw people were provided with suitable equipment in order to maintain their dignity. For example, walking aids, crockery and cutlery which enabled people to be as independent as possible. We saw that care had been taken to assist people to present themselves very nicely and people’s relatives confirmed this was always the case. Small details had been considered such as matching accessories.

Is the service responsive?

Our findings

People told us the care was provided in a personalised way. For example, one person said, “I get up when I like and I am one of the last to go to bed at about 11.30pm. I sit with the cat and get a hot drink before bed”. All relatives we spoke with told us that their relations received the right care and support according to their needs. One relative commented how staff, knowing their relatives interests, had bought a book on one of these subjects as the home’s Christmas present. Another said, knowing of their relative’s keen interest in rugby, staff made sure they were able to watch televised matches, with a second person who also enjoys rugby, in a quiet area where they will not be disturbed.

We saw that detailed information had been collated about people’s previous lives and interests so that staff could understand them as individuals. In some cases people’s families had been involved in gathering the information. People’s hobbies and interests were included and this was used to plan relevant activities. For example, their choice of newspaper. Information about the person, which was not confidential, was displayed together with a photograph in a frame fixed to each person’s bedroom door to help people recognise their door.

We saw examples of staff supporting people in ways which helped them feel involved and valued, for example, listening to or reading with them and acknowledging them as they passed. This showed staff training in dementia helped improve the quality of people’s everyday living experiences.

We saw arrangements were in place for people to do enjoyable and interesting things. The activities organiser displayed details of planned activities so that people were aware of what was on offer. Photographs were displayed of events which showed people taking part for example, a Christmas fancy dress party where people’s relatives had dressed up. Large or adapted equipment was provided so that people for all abilities could join in. There were also regular outings in the minibus during the good weather.

The activities organiser told us that they asked people individually what they wanted to do and for their ideas. For example, we saw one person had the newspaper they had always read and another person was supported to complete a crossword puzzle. They told us that they spent time with the people who did not like to join in group activities just talking with them or doing an activity that they enjoyed such as jigsaws

People were encouraged to maintain relationships that were important to them. We saw visitors during the day and relatives spoken with told us family and friends could visit at any time. We observed staff were friendly and welcoming to visitors to the home. Those around at lunch time were offered a meal.

Staff told us that they felt well informed about people’s needs and preferences. They found their handovers between shifts worked well and kept them informed about people’s changing needs. The registered manager told us that each person’s care plan was reviewed every month. The three that we looked at confirmed this. We saw that these included details of the practical help people needed with daily living, mobilising and care tasks as well as needs associated with any mental health or emotional needs. The registered manager gave examples of how the service was working with health and social care professionals to help ensure good outcome for people.

People told us that they felt able to tell staff if they had any problems. One person told us that they would tell a family member who would, “Sort it out”. Another said, “There is nothing to complain about here, staff are good”. Relatives told us that they had confidence that any concerns raised would be addressed. We saw that information was displayed about how to make a complaint. The registered manager told us that there was a system to record how complaints were responded to but that none had been received since our last inspection. One to one discussions were held between staff and people to check they were happy with the care they received and relatives meetings were arranged. This meant that people’s views were sought and listened to before people needed to raise formal complaints.

Is the service well-led?

Our findings

People and their relatives felt the service was personalised and their views were valued. One relative told us how well staff had organised their relative's transfer from another home. They said: "Within three days of being here was a completely different person, they are so well cared for in this wonderful environment".

Our observations showed there was a very person-centred and caring culture where the people living at the home always came first. There was a friendly, happy atmosphere where relatives – families and pets were welcomed. Relatives of previous residents were also welcomed to pop in at any time and one told us they spent Christmas day at the home.

The provider had a clear leadership structure in the service which staff understood. People we spoke with knew who the registered manager was and felt that they could approach them about anything. We saw that the people living in and visiting the home knew the registered manager. . They said they had a good relationship with the registered manager who they felt had a good understanding of the needs of people in the home.

The staff felt the home was well managed and that their opinions mattered. They told us there was a good team spirit and morale. They felt they had access to the advice and guidance when needed. One said, "Senior staff are supportive and competent". A staff member said: "Sometimes the work is hard; it's all about the people we are looking after and just one comment or an unexpected reaction from a person reminds us why we love our job". Another said: "I would be very happy for my mother to live here".

The registered manager said the staff team had remained stable which they felt help provide consistent care to people in the home. Agency staff were not used because staff were flexible and would cover for each other when needed.

We saw that the provider and registered manager had given consideration to people's needs when they made decisions about improving the home environment. For example, the addition of colourful signs to identify rooms such as bathrooms and a visual display of date and weather information.

People, their relatives and staff had opportunities to contribute to the running of the service. A variety of meetings were held throughout the year. Minutes from the last relatives meeting showed the registered manager and deputy manager attended and different aspects of the service were discussed. . The activities organiser met with people individually at least twice a year to seek their views and staff said they were able to give their ideas at meetings or at any time. Satisfaction surveys were sent twice a year and the feedback collated. This covered areas such as food, care, dignity, lifestyle, ability to complaint and was the manager approachable. We found feedback was not provided to people to inform them of the results and any overall action plan for the next six months. The registered manager said any individual issues raised were followed up directly with the person but these responses were not always recorded. They told us they would do both things in future.

The registered manager was aware of her legal responsibilities and had reported notifiable incidents to us and other authorities as required. The registered manager said the provider gave the financial resources needed to operate the service effectively. A planned programme of improvements was underway that included replacement of old furniture and bedrooms being refurbished as they became vacant. The service had received a positive report from a local authority environmental health kitchen inspection in September 2014.

The provider had arranged for a senior manager to visit the home every two weeks. Staff said they knew the senior manager and person carried out audits and action points were given to the registered manager when needed. These visits were recorded and they covered many areas of the service and record keeping. We saw that action points were given to the registered manager when shortfalls were identified, such as the need to hold staff one to one meetings more often.

Following feedback from other professionals visits action had been taken to address recommendations made. For example, infection control audits had been introduced and 'as required' medicine protocols had been developed. We found that although there were shortfalls in the way the Mental Capacity Act was being implemented the provider

Is the service well-led?

had realised this and recently issued a policy and recording tool for staff to use. These systems showed that the provider was actively involved in monitoring and reviewing the service provided.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The provider had not taken appropriate steps to ensure people who lacked capacity to give consent to their care and treatment had decisions made in their best interest in line with the Mental Capacity Act 2005.</p>