

Milkwood Care Ltd

# Ganarew House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on the 14 December 2017. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they wanted to do to meet legal requirements in relation to the Mental Capacity Act and accurate and up-to-date record keeping.

We undertook this focused inspection to check they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. 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).

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

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection visit, the provider had failed to adhere to the principles of the Mental Capacity Act 2005. During this inspection we found that the provider was able to demonstrate that they were now meeting the requirements of the Regulations.

People's mental capacity had been reassessed by the provider and, where appropriate, Deprivation of Liberty Safeguards (DoLS) applications had been made. The provider had introduced new systems to assess people's ability to make day-to-day decisions about their individual care needs.

Staff understood the principles of the Mental Capacity Act and the importance of supporting people to make choices and seeking their consent to their care.

During our last inspection, the provider had failed to maintain accurate and complete contemporaneous records for people. The provider was able to demonstrate that they were now meeting the requirements of the Regulations.

Care files had been reviewed and appropriate plans had been put in place to meet people's specific needs. Historic information had been removed and archived. Where moving and handling assessments were required, these had been undertaken by trained staff.

Staff told us that the quality and information available in care files about people's care needs had

significantly improved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

The provider was now working within the principles of the MCA.

Staff understood the principles of the Mental Capacity Act and the importance of supporting people to make choices and seeking their consent to their care.

We could not improve the rating for 'effective' from requires improvement at this time, because to do so required evidence of consistent good practice over time. We also only looked at aspects relating to the breach of the Regulation, rather than looking at the whole question relating to 'effective.' We will review this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

Care files contained accurate and up-to-date information about people's needs.

Historic information had been removed and archived by the provider.

We could not improve the rating for 'well-led' from requires improvement at this time, because to do so required evidence of consistent good practice over time. We also only looked at aspects relating to the breach of the Regulation, rather than looking at the whole question relating to 'well-led.' We will review this during our next planned comprehensive inspection.

**Requires Improvement** ●

# 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.

We undertook an unannounced focused inspection at Ganarew House Care Home on 19 April 2017. This inspection was done to check that improvements to meet requirements planned by the provider after our comprehensive inspection on the 14 December 2016, had been met. We inspected the service against two of the five questions we ask about services during an inspection, which were 'Is the service Effective' and 'Is the service Well-led.' This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. During our inspection we spoke with the registered manager, the deputy manager and five members of care staff. We also looked at five care files of people.

Before the inspection we looked at the information we held about the service in the form of statutory notifications received from the provider and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

## Is the service effective?

### Our findings

At our last inspection visit on the 14 December 2016, we found the provider had failed to adhere to the principles of the Mental Capacity Act 2005. This amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the need for consent. As part of this inspection, we checked to see what improvements had been made.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the provider was now working within the principles of the MCA.

The registered manager told us that each person's mental capacity had been reassessed since our last visit and where appropriate DoLS applications had been made. We were told that a number of applications were still being processed by the local authority and we were satisfied the provider was keeping restrictions to a minimum pending the authorisation of DoLS assessment. The provider had introduced new systems to assess people's ability to make day-to-day decisions about their individual care needs. These systems had led to better support being provided to people with their day-to-day decision making and the promotion of their rights under the MCA. We saw evidence of best-interests decision making involving people's families, health and social care professionals and independent advocates

We spoke to staff about their understanding of the MCA, and its implications for their work with people. Staff confirmed that since the last inspection, class room based training on MCA and DoLS had been provided by the provider, which most staff had attended. Staff were able to tell us which people had limited capacity and what, if any restrictions, subject to the DoLS application made were in place.

Staff told us that the registered manager was very pro-active in ensuring staff understood the MCA and the implications it had for people. One member of staff told us, "The (registered) manager is constantly checking our knowledge of MCA and DoLS. Only a handful of residents have capacity and with people that have limited capacity I support them to make day-to-day decisions without jumping to assumptions." Another member of staff said, "I feel more confident in my knowledge of MCA and more aware of supporting people in making decisions, understanding best-interests decisions and what a DoLS means for people." Staff told us that although training had been recently provided, they would welcome further training opportunities with time for reflection and discussion with colleagues. The registered manager confirmed that they intended to introduce further training to address this need.

## Is the service well-led?

### Our findings

During our last inspection on 14 December 2016, we found the provider had failed to maintain accurate and complete contemporaneous records for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Part 3), in respect of good governance. We found care plans did not always accurately reflect people's current needs and were often contradictory. During this inspection, we found that the service was able to demonstrate that they were now meeting the requirements of this regulation.

The registered manager told us that each care file had been reviewed and appropriate plans had been put in place to meet people's specific needs. These included guidance for staff on pressure sore management, nutritional needs, mobility, communication and end-of-life wishes. The care files we looked at contained up-to-date and accurate information about people's needs. Historic information had been removed and archived by the provider. Where moving and handling assessments were required, these had been undertaken by trained staff known as 'moving and handling ambassador assessors.'

Staff told us that the quality and information available in care files about people's care needs had significantly improved. One member of staff said, "I think care files are much improved. The information available is far better." Another member of staff told us, "Care files have been updated. The information is definitely up to date."