

Milkwood Care Ltd

Ganarew House Care Home

Inspection report

Ganarew
Monmouth
Herefordshire
NP25 3SS

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	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 36 people living at the home at the time of this inspection.

People's experience of using this service:

People and their relatives were positive about the service and the care provided.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. The premises were clean, and staff followed infection control and prevention procedures.

The service was effective. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People were provided with a nutritious and varied diet and they enjoyed the quality and choice of food offered. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming and staff were warm and considerate towards the people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. Relatives said staff knew their family members needs well. Staff engaged with people and offered them choices on an ongoing basis. People had access to a range of activities and entertainment they enjoyed. A volunteer provided specialist dementia knowledge to stimulate people with arts and crafts. People's concerns were listened to and action was taken to improve the service as a result.

The service was well led. Communication between staff and the management team was a focus for improvement by the management team. Systems were in place to monitor the quality of care provided and actions completed when needed. The management team and staff engaged well with other organisations and had developed positive relationships.

Rating at last inspection: Focussed inspection completed 9 May 2018. Safe and well-led re-rated as good, requires improvement continued overall

Why we inspected: This was a planned inspection based on previous rating of requires improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our methodology. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team consisted of one inspector.

Ganarew House is a care home without nursing for older people and people living with dementia. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This was an unannounced inspection that took place on the 11 and 12 April 2019

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and we assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps inform our inspections.

During the inspection, we spoke with three people who used the service, to ask about their experience of the care provided and six visiting family members. We observed staff providing support to people in the communal areas of the service using an observation tool called a SOFI. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they received.

We spoke with eight members of staff including the deputy manager, care staff, and cook. We spoke with

two visiting professionals a district nurse and a GP.

We reviewed a range of records about people's care and how the service was managed. This included looking at five people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- People and the majority of relatives we spoke with told us there were usually sufficient staff on duty to meet people's needs. One relative told us there had been improvement over recent months, there appeared to be additional staff available. Professionals we spoke with said there always sufficient staff available to support them in their role. Rota's showed there were the agreed numbers of staff consistently available and where there were gaps these were usually filled.
- The regional director explained that staffing could be increased when needed. For example, we saw additional staff were on duty because the lift was not working.
- Staff we spoke said sometimes staffing levels were insufficient, they had raised this with the management team and the concerns were not consistently resolved at the time of inspection.
- We saw when the full staff team were on duty, for each day of the inspection, there were sufficient staff to meet people's needs and maintain their well-being.
- The regional director assured us they would look into staffing levels and engage with the staff team to resolve any concerns.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We looked at two staff files and the service were completing safe recruitment practices.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action. We saw examples where incidents had been reported and these were actioned appropriately. We spoke with the local authority safeguarding team and they confirmed concerns were reported and actioned appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were up to date and reviewed when required. Staff had a good understanding of peoples risks and knew how to mitigate them. For example, we saw one person had a system in place with staff which was variable according to their needs at any point in the day. Staff had a good understanding of this and the information was clearly recorded.

Using medicines safely

- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to ensure they followed safe practice. Medicines were stored and monitored safely.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.
- The environment was visibly clean, and people told us staff were thorough in their cleaning.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, falls were recorded and reviewed weekly by the regional director to ensure lessons were learnt and people did not continue to be at risk.
- Staff knew how to report accidents and incidents and told us they received feedback about changes as a result of incidents regularly.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 7 and 8 December 2017. These were that Mental capacity assessments and best interests' decisions were not always decision specific and appropriately recorded. At this inspection we found improvements had been made and were consistently in place.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed and documented people's needs and preferences in relation to their care and planned care based on this.
- People's outcomes were good. For example, one family member told us about how their family member had improved since arriving from the hospital. They told us, "They couldn't stand or walk, and they are standing now, improving every day." They also said that their family member had settled much better than expected and seemed happy to be at the home.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as food records to prevent malnutrition, were completed consistently.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- A new member of staff told us they had completed training when they first started the role. They were supported by experienced staff who shared best practice knowledge.
- Another member of staff said they were supported with additional training to ensure they could meet people's needs.
- We saw ongoing training updates were arranged for staff. Staff said they were encouraged to further develop their knowledge and skills through vocational training.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw people had choices in the meals they were offered and people we spoke with said if they wanted something different they could just ask.
- We saw people were offered drinks and snacks through the day and enjoyed their meal time experience. ● The cook regularly asked for feedback from people and adapted their menu to include people's choices. The service had worked with a dietitian to ensure people received a balanced healthy diet.
- Recently the registered manager had moved a member of staff to solely support people in the dining room that needed support. We saw people were supported to eat well with staff who knew their needs.

Adapting service, design, decoration to meet people's needs

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide

enough for easy wheelchair access. There was clear signage for people, and the layout of the home was straightforward to facilitate way finding. The communal areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them and pictures they had chosen.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care.

- We received positive feedback from the district nurse and GP we spoke with about their relationships with staff at the home.
- People and their families explained they could access healthcare services when they needed. We spoke with a GP and district nurse who regularly visited the service. They both told us staff were accessible, knew people well, and made appropriate referrals. They also said staff followed their guidance appropriately.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent for people's care and support. Staff had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- When people could not make a decision, the management team completed a decision specific mental capacity assessment and the best interest decision making process was followed and documented.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation had been met.

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 7 and 8 December 2017. The concerns were that People did not always receive care that was kind and compassionate and received the emotional support they required. At this inspection we found improvement had been made.

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff demonstrate sensitivity and consideration about issues around equality, diversity and human rights. For example, we saw one member of staff ensure a person living at the home was included in an event to ensure they did not feel isolated. One person said, "Staff are all kind and caring here."
- One relative said the home was, "Heaven sent, wonderful." Other relatives all said the staff were really caring and supportive to people living at the home.
- We saw examples of staff being patient with people consistently throughout the inspection. We saw staff offer emotional support when needed which improved people's well-being.

Supporting people to express their views and be involved in making decisions about their care

- We saw staff asking people what they wanted to eat and drink, offering choices to meet people's needs. We saw one person wanted to be in another part of the home, staff supported the person to be where they wanted to be.
- People we spoke with said they made decisions about their day to day care and had the support they needed. One person said, "I can do what I like, I make the choices." A relative explained how staff had listened to them to support their family member and the practice had really made a difference to their family members well-being when they were new to the home. We saw people got up and went to bed when they chose to.
- We saw there were meetings for people to discuss their views and to look at any improvements to the home. People were asked for feedback about food options to ensure they were happy with the choices available. One person told us they could always have something different if they didn't want any of the choices available.
- Some people chose to get up later and staff were able to provide breakfast when people wanted it.
- Relatives we spoke with told us that they felt involved in the care of their family member and were kept included.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and we saw that staff were careful to close doors when assisting people. They knocked on people's doors before entering and ensured they were covered when using equipment such as a hoist to move them.
- Staff were respectful of people's needs, for example crouching down to speak with people. We saw one

staff member gently touch one person to wake them when they had fallen asleep at the table.

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 7 and 8 December 2017. At that inspection we found, specific incidents of behaviour that had been challenging had not always been recorded. Therefore, people had not always received care and support that was appropriate and met their needs. At this inspection we found there had been improvement and there was an effective process in place for reporting and reviewing specific incidents to ensure people's needs were continuously met.

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Information was gathered from families and people living at the home to build a detailed picture about each person care needs, preferences and history. This enabled staff to provide personalised care tailored to the needs and wishes of the individual.
- People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long term health conditions.
- Staff understood how to communicate with people to understand their wishes and when people were less able to communicate verbally, staff observed people's facial expressions to gauge their preferences.
- The deputy manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. They provided large print information, pictorial information to support people to make choices about their daily living. They described how staff could show people different options to support their choices.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. One family member explained how they had made a collage of family pictures to support their family members well-being.
- People had access to a range of group activities such as games and exercise classes along with entertainment and external trips. The provider had employed two activity co-ordinators who provided interesting things for people to do. One person said, "I love to go for a walk with (staff)." Another person told us, "I am never bored I always have my paper which I enjoy reading." We saw people were supported with trips out to places they were interested in.
- We spoke with a volunteer who was spending time doing art activities with those who wished to participate. They had researched up to date practice for people living with dementia and were knowledgeable about innovative practice and development. We saw people really enjoyed the sessions.
- Another relative told us staff were responsive when their family member had a serious illness, staff were quick to action, share information and ensure the person was appropriately treated.

Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to. We saw where complaints were made

formally these were investigated and the complaints policy followed by the registered manager. We found that although verbal complaints were resolved they were not always recorded. We could not be certain that all complaints had therefore been reviewed. The regional director assured us they would ensure these were recorded and reviewed for continuous learning in the future.

End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes. The deputy manager explained they were well supported by other agencies to ensure where possible people remained at the home when at the end of their life. People's views about their end of life care were captured for staff guidance when possible.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care.

- The deputy manager told us they were working on improving relationships with staff. Staff had raised concerns about lack of staff cover for sickness and annual leave at a staff meeting last November 2018. We spoke with the Deputy and the Regional Director and they felt there had been improvements. However staff we spoke with did not consistently feel listened to which impacted on their feelings of being valued by the management team. The deputy and regional director said they would work with staff to improve their moral.

- One relative told us they had made a complaint, and although this had been addressed at the time, the relative did not feel responded to appropriately. The Regional Director was aware of this complaint and assured us that they would follow up with the relative. They also assured us that verbal complaints would be recorded and reviewed so they could keep an overview for continuous improvement.

- We found accidents and incidents were regularly reviewed and learning used to inform future plans.

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

- People and their relatives also gave positive feedback. For example, one relative said, "The management team are fantastic. They are all very approachable, and nothing is too much trouble. They really listen to us and focus on each person as an individual."

- The service was led by an experienced registered manager and a supporting management team. Staff were clear about their responsibilities and the leadership structure.

- The deputy manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.

- Staff were confident they could speak with the regional director, or the provider if they wanted to escalate concerns.

- The registered manager had an action plan to take forward improvements to the service based the findings from quality audits.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives said the management team knew them well and treated them as individuals. We heard and saw many examples of person-centred care from staff and the deputy manager on duty.

- The management team completed a full range of quality audits on a monthly basis and we saw that actions were identified and addressed to bring about improvements. Audit results were monitored by the provider and representatives of the provider visited at least fortnightly to provide support and undertake

their own quality monitoring.

- Relatives we spoke with said they were always contacted when there were any concerns about their relative. One relative explained how the service reported unexplained bruises on their family member, to the Local Authority Safe Guarding team to ensure they were investigated thoroughly. They knew the outcome and were confident their family member was safe.
- Another relative explained how the low staff turnover gave them a sense of stability and confidence in the staff team. They also said, "We've recently been asked by someone if we could recommend a care home and we said this is the very best."

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

- People and their relatives were encouraged to contribute their views on an ongoing basis through regular feedback surveys. These were reviewed by the provider and any changes made from this feedback displayed for people's information.
- Meetings for people using the service and for relatives were held monthly and a wide range of topics were discussed to improve people's experience.
- We spoke with a volunteer who regularly visited the service to look at innovative ways of engaging with people who live with dementia. We saw people really enjoyed the sessions, which improved their well-being.

Working in partnership with others.

- We heard positive feedback from a health professional that management and staff worked effectively with them to improve people's health and well-being.
- The management teams from their other homes had visited Ganarew to support improvement by sharing best practice ideas.