

# Mr John Campbell & Mrs Ellen Mary Campbell

## Galtee More Rest Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 6 February 2017 and was unannounced.

Galtee More is a residential service which provides accommodation and personal care for a maximum of 15 people with learning and physical disabilities. At the time of the inspection 12 people were living at the service. The majority of the people living at the service at the time of the inspection were semi-independent and did not require intensive care and support. The service is based in a property near to the town centre of Southport.

A registered manager was in post. 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 registered manager was not available on the day of the inspection, but was contacted on their return to provide additional evidence.

Risk to the people living at the service was not always appropriately assessed and recorded in care records. Risk had not been consistently reviewed following significant incidents which placed people at unnecessary risk of harm. We found a breach of regulation in relation to this.

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

We spot-checked medicine administration records (MAR) for three people and saw that they had been completed correctly. We checked stock levels for three medicines and found that they were accurate. However, we saw that one person's medicine had been relocated within their blister pack following a dispensing error. We made a recommendation regarding this.

The service was not assessing people's capacity to make decisions about their care in accordance with the Mental Capacity Act 2005. People's consent to various aspects of their care had been sought and recorded on their care files. However, capacity assessments recorded in care files were generic and did not take account of people's capacity with regards to specific aspects of care. We made a recommendation regarding this.

The service had a set of policies and procedures which were used to inform staff of standards and expectations. Staff had signed to indicate their awareness and acceptance of the policies in August 2016. The policies had been reviewed in 2015. However, we saw that some policies required further development to ensure that they were complete and reflected best practice. We made a recommendation regarding this.

The registered manager completed their own regular audits which covered; care plans, reviews, complaints,

medicines and rotas. However, they had not identified any deficits in the risk assessments or practice in relation to the MCA previously mentioned. We made a recommendation regarding this.

Accidents and incidents were recorded and assessed by the registered manager. However, there was no process in place to allow for effective evaluation and to look for patterns or triggers.

Staff were recruited subject to the completion of appropriate checks. This included a requirement for two references and a Disclosure and Barring Service (DBS) check. Staff were deployed in sufficient numbers to keep people safe and provide effective care and support.

The service had processes to monitor safety and employed external contractors to service and check; gas safety, electrical safety and fire equipment. We saw checks had been completed in each area within the previous 12 months. The service had a general evacuation plan in place and tests on emergency equipment were conducted and recorded regularly. People also had a personal emergency evacuation plan (PEEP).

Staff had the skills and knowledge to meet the needs of the people living at the service. Staff were required to complete a programme of training which included; administration of medicines, people handling and adult safeguarding.

The people living at the service told us that they enjoyed the choice and quality of food available to them. The service operated a four week rolling menu which was clearly displayed in the dining room, but people said that they could ask for any alternative if they wanted something different.

People were happy to share their views and spoke positively about the care they received and the attitude of the staff team. With one exception, we observed staff interacting with the people living at the service in a manner which was knowledgeable, compassionate and caring.

The service recognised the need to promote a person-centred approach to care and support within a shared service environment. Staff managed to offer individualised models of care without the potential compromises required in a large service. For example, each bedroom was different and people had plans of activity which were suited to their own needs and preferences.

People were supported to follow their interests and to access the local community. Each of the care records that we saw had an activities care plan which detailed their preferences. There was a residents' notice board in the dining room which contained various leaflets on internal and external social activities.

The service displayed a complaints procedure which was available in an easy to read format to aid understanding. We were told that the service had not received any formal complaints recently. People using the service and families were also encouraged to provide feedback through regular surveys. The survey from August 2016 was displayed in the dining room and contained positive feedback.

The staff that we spoke with were clear about the expectations associated with their roles and responsibilities. They were motivated to provide good quality care and told us that they enjoyed their jobs.

People spoke positively about the management and leadership within Galtee More. One family member talked about a positive open culture that existed between the residents, staff and management.

The registered manager was on annual leave on the day of the inspection, but we spoke with them subsequently. They were able to confirm that they understood their responsibilities in relation to their

registration and offered examples to support the assertion. All notifications to the Commission had been submitted as required.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risk to the people living at the service was not always appropriately assessed and recorded in care records.

Medicines were not always managed safely in accordance with best-practice guidance for care homes. We made a recommendation regarding this.

Staff were safely recruited and deployed in sufficient numbers to keep people safe.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's capacity was not assessed on a decision-specific basis in accordance with the Mental Capacity Act 2005. We made a recommendation regarding this.

Staff were regularly trained in relevant subjects and supported by the management team through supervisions.

People's individual needs and preferences were accommodated by the chef and people told us that they enjoyed the choice of food.

### Is the service caring?

**Good** ●

The service was caring.

People spoke positively about the staff at the service and said how well they were treated.

Staff took time to involve people in discussions about their care and respected their views.

Staff knew the people living at the service well and used the information to engage people in conversations and activities.

### Is the service responsive?

**Good** ●

The service was responsive.

People were encouraged to contribute to the planning of care and support.

People's preferences and aspirations were recorded and used as a basis to develop person-centred activities.

The complaints procedure was readily available and produced in an easy to read format to aid understanding.

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

The service was not always well-led.

Some copies of policies and procedures were incomplete and lacking in important detail. We made a recommendation regarding this.

The registered manager completed regular audits of quality and safety, but they were not effective in assessing compliance with regulations. There was no formal oversight of the service by the provider. We made a recommendation regarding this.

People spoke positively about the way the service was managed and the approachability of the registered manager.

**Requires Improvement** 

# Galtee More Rest 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.

This inspection took place on 6 February 2017 and was unannounced.

The inspection was conducted by an adult social care inspector and an expert by experience in residential care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

We spoke with nine people living at the service, one relative, two staff and one of the proprietors. We also contacted the local authority to ask for their views on the service. We spent time looking at records, including four care records, four staff files, staff training plans, policies and other records relating to the management of the service. We also observed the delivery of care at various points during the inspection.

# Is the service safe?

## Our findings

Risk to the people living at the service was not always appropriately assessed and recorded in care records. We saw risk assessments relating to; moving and handling and general risk amongst others. However, we looked at the care records relating to one person who had epilepsy and a history of recent falls. On three occasions the person was reported to have struck their head during a fall. The falls risk assessment had not been reviewed following these incidents which meant that lessons had not been learned and attempts made to reduce the risk going forward. In addition, there was no record of staff seeking professional advice following the falls which exposed the person to unnecessary risk.

Accidents and incidents were recorded and assessed by the registered manager. However, there was no process in place to allow for effective evaluation and to look for patterns or triggers. In one case a person living at the service had sustained a scald from a meal. There was no record of any action taken after this event to reduce the risk of it reoccurring.

This is a breach of Regulation 12(2) (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the service's procedures for the storage, administration and recording of medicines. We saw that medicines were stored safely and securely and that staff maintained a record of administration. Staff also monitored the temperature at which medicines were stored and maintained a record.

We spot-checked medicine administration records (MAR) for three people and saw that they had been completed correctly. We checked stock levels for three medicines and found that they were accurate. However, we saw that one person's medicine had been relocated within their blister pack following a dispensing error. We spoke with the registered manager about this and were told that they identified the error and made the correction with the support of a member of staff. It would be reasonable to expect that any change to medicines dispensed in blister packs was done by the dispensing pharmacist or with their express permission. The service held a stock of homely remedies which were used for pain relief and other minor ailments as required. There was no person-specific guidance available to staff regarding how these medicines should be administered which exposed people to avoidable risk.

We recommend that the service reviews its practice in relation to the safe administration of medicines to ensure that it meets current best-practice guidance.

None of the people living at the service at the time of the inspection were prescribed controlled drugs. A controlled drug is a medicine that is controlled under the Misuse of Drugs regulations (and subsequent amendments). However, staff were aware of the additional requirements for the safe storage and administration of controlled drugs should they be required in the future.

Each of the people we spoke with told us they felt safe living at Galtee More. Two people made reference to an emergency card that they carried with them and how it helped them to feel safe in the community. The



card contained essential information about the person and contact details for the service. One person said, "It's really good. I feel safe when I go out as I take my E Card with me." The relative that we spoke with was equally positive about the service's approach to safety.

Staff were recruited subject to the completion of appropriate checks. This included a requirement for two references and a Disclosure and Barring Service (DBS) check. DBS checks are used to determine that people are suited to working with vulnerable adults. The staff records that we checked contained an application form, references, DBS check and photographic identification.

Staff understood their responsibilities in relation to safeguarding and were able to explain what signs they would look out for if they suspected that somebody was being abused or neglected. They were also clear about what action they would take if they suspected abuse was taking place.

The service had processes to monitor safety and employed external contractors to service and check; gas safety, electrical safety and fire equipment. We saw checks had been completed in each area within the previous 12 months. The service had a general evacuation plan in place and tests on emergency equipment were conducted and recorded regularly. People also had a personal emergency evacuation plan (PEEP).

The service had sufficient staff to meet the needs of the people living there. There were a minimum of two members of staff per shift with additional support provided by the registered manager and one of the proprietors. The service utilised a waking night staff and a sleep-in staff in case assistance was required overnight.

## Is the service effective?

### Our findings

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). Applications to deprive people of their liberty had been made appropriately. We spoke with the senior carer who understood the process and acted in accordance with the relevant legislation.

People's consent to various aspects of their care had been sought and recorded on their care files. In the majority of cases people had signed documents to confirm that they had given consent. However, capacity assessments recorded in care files were generic and did not take account of people's capacity with regards to specific aspects of care.

We recommend that the service reviews its approach to the assessment of capacity to ensure that practice is compliant with the requirements of the MCA.

Staff had the skills and knowledge to meet the needs of the people living at the service. Staff were required to complete a programme of training which included; administration of medicines, people handling and adult safeguarding. Training was provided by an external specialist and supplemented with informal, internal training as required. However, there was no consolidated record of staff training which made it difficult to assess if all training had been completed as required by the provider.

The induction process was aligned to the care certificate which requires staff to complete a programme of learning and be observed in practice by a senior colleague before being assessed as competent. One recently recruited member of staff said, "I did an induction. It was good quality."

Staff were given regular formal supervision and appraisal which was recorded on their file. Staff told us that they felt well-supported by the registered manager and could access informal support at any time. One member of staff commented, "I get good support from [registered manager]. She's always here or we can call anytime of the day or night."

The people living at the service told us that they enjoyed the choice and quality of food available to them. The service operated a four week rolling menu which was clearly displayed in the dining room, but people said that they could ask for any alternative if they wanted something different. One person told us, "Fruit is kept in the kitchen we just have to ask if we want some". Other people commented, "The food is really great", "Dinner is lovely" and "Meals are fantastic, no complaints at all." People could have their meals at

other times if they were going be to out when meals were served.

We saw that the cook had accommodated personal preferences when preparing the lunch. For example, one person did not like minced beef and so they were served sausages instead of cottage pie. We ate lunch with people living at the service. The food was nutritionally balanced and well presented. It was served in a lounge/dining room which was used for other activities throughout the day. The atmosphere was relaxed, chatty and informal. People were able to eat their lunch at a pace that suited them.

People living at the service were supported to maintain good health by accessing a range of community services. We were told that they had a GP, optician and dentist and had regular check-ups. We saw evidence of this in care records. We also saw evidence of health care plans which detailed a range of specific healthcare needs and other important information.

The service was located in an older residential property with three floors. Some of the hallways and staircases were narrow which made the building more difficult to navigate. This was especially true for people with mobility difficulties. In addition there was limited use of signage to assist people in identifying bedrooms and shared areas. This may present an issue for any new service users, but the majority of people living at the service had been there long enough to know the building well.

## Is the service caring?

### Our findings

People were happy to share their views and chatted openly over lunch about their experience of life at Galtee More. Everyone spoke very highly about the staff. Comments included "The staff here are very good", "They help me if I get stuck", "I really love it here, everyone is so nice", "I can talk to the staff and they really listen to me" and "The manager is really good." A relative said, "It is a loving, caring family environment, nearest thing to a family."

One person told us that when they moved from another care home to Galtee More they thought they would never be able to settle. They told us how they had been able to choose everything for their room and how supportive everyone had been. They said, "I settled in lovely, I am really happy and contented". I am made up with my room."

Throughout the inspection we observed staff interacting with the people living at the service in a manner which was knowledgeable, compassionate and caring. People living at the service and their relatives spoke very positively about the attitude and approach of the staff. We saw a number of examples of staff taking time to engage in conversations with people and enquire about their well-being. They used language which was respectful and appropriate and took time to re-word questions when people didn't understand. However, we did witness one incident where a person was spoken to abruptly when they were causing a disturbance in the lounge. We spoke with the registered manager about this after the inspection and they agreed to discuss the matter with the person concerned.

The staff that we spoke with knew each person and their care needs in detail and were able to explain how people preferred to spend their days and who they had developed friendships with. The majority of people living in Galtee More did not require intensive monitoring or support and as a result, the provision of care was not task-led. Staff were able to respond to people's changing needs. For example, one person became distressed while sitting in the lounge. A member of staff stopped tidying away lunchtime dishes and provided care and support to help calm the person.

The people that we spoke with told us that staff always involved them in discussions about their care and activities. We saw examples of this in practice where staff spoke with people about their planned activities and asked if they were still going ahead. For example, two people were asked about their voluntary work and whether they were due to attend through the week. We saw other examples where people's care needs were discretely discussed to ensure that they didn't require support. It was clear that people had choice and control and that their independence was promoted by the actions of staff. We saw that people declined care at certain points during the inspection process and staff respected their wishes.

The service's approach to the provision of information and general communications was appropriate to meet the needs of the people living at Galtee More. The majority of information was shared verbally, but written information was available in easy to read formats and the service made good use of photographs to aid people's understanding and promote conversation. Personal information was stored securely and confidentially.

People's rights in relation to privacy and dignity were understood and promoted by staff. Staff spoke with respect about the people living at the service and promoted their dignity in practical ways. We saw one example where a person whispered to a member of staff. The member of staff responded immediately, but discretely to support the individual with a personal care need. Staff also told us that personal care was provided in locked bathrooms or people's own bedrooms.

Information about independent advocacy was not clearly displayed, but the staff that we spoke with understood how to support people to access advocacy services and their importance. We were told that none of the people currently living at Galtee More were accessing advocacy services.

Friends and relatives were free to visit at any time. A relative said, "We are free to visit whenever we want." A member of staff confirmed, "People can have visitors whenever they want."

## Is the service responsive?

### Our findings

People told us how important it was for them to be able to go out to visit friends, attend to their finances or take part in various social activities such as, visiting the library, going to the shops, working on the allotment, doing voluntary work, and social outings. One person told us, "I am really excited about St Patrick's Day. We are going back to the hotel where we had our Christmas party."

We saw from our observations that the people living at the service were involved in discussions about care on a day to day basis. We also saw evidence that people were actively involved in regular reviews of their care. A member of staff said, "It's normal to involve people in reviews. We sit down and talk with them about their needs, any changes and things they want to do." The registered manager reviewed care plans on a regular basis as part of their audit process. We saw evidence of people signing their care plans to indicate involvement and consent.

The service recognised the need to promote a person-centred approach to care and support within a shared service environment. Staff managed to offer individualised models of care without the potential compromises required in a large service. For example, each bedroom was different and people had plans of activity which were suited to their own needs and preferences.

People were supported to follow their interests and to access the local community. Each of the care records that we saw had an activities care plan which detailed their preferences. There was a residents' notice board in the dining room which contained various leaflets on internal and external social activities, a document with the residents' survey results (August 2016), along with other general information. There was a written list of social activities available which included; keep fit, Tuesday men's group, baking with chef, bingo and karaoke. People told us about the activities arranged by the home and said that they enjoyed them. One person said, "I really like singing" and another person said, "I enjoy playing bingo." One person told us that they were thinking of going back to college and that the staff would help them to find something they would enjoy doing.

We were told that people volunteered on a regular basis. For example, one person served in the local church each Sunday while another worked in a charity shop. Another person chose to help out in the kitchen with staff guidance and support. However, one care plan stated that the person liked to do their 'own thing'. This meant that staff did not have clear instruction about how to engage the person or their preferences. We spoke with a member of staff about this and they explained that the person was reluctant to engage in structured activity. The registered manager confirmed that the care plan would be reviewed as a priority.

We saw evidence in care records that people's preference for male or female carers was considered. None of the people that we spoke with said that they had a particular preference although one care record stated that the person preferred a female carer. We spoke with the staff about this preference and were told that there was always a female carer available.

Other aspects of care were recorded in appropriate detail and were specific to the needs of each individual.

Examples of care plans included; daily plans, personal care, communication and sensory needs.

The service displayed a complaints procedure which was available in an easy to read format to aid understanding. We were told that the service had not received any formal complaints recently. People using the service and families were also encouraged to provide feedback through regular surveys. The survey from August 2016 was displayed in the dining room and contained positive feedback.

## Is the service well-led?

### Our findings

The service had a set of policies and procedures which were used to inform staff of standards and expectations. Staff had signed to indicate their awareness and acceptance of the policies in August 2016. The policies had been reviewed in 2015. However, we saw that some policies required further development to ensure that they were complete and reflected best practice. For example, the medicine's policy which was held in the staff file was basic and did not provide instruction regarding covert medicines or PRN (as required) medicines. We subsequently spoke with the registered manager about this and were provided with evidence that a more complete policy was held with the medicines. In addition, the staff policies file did not have a policy in relation to whistleblowing which would be a reasonable expectation to help safeguard people using the service and staff. The registered manager provided evidence that a whistleblowing policy was available and would be copied to the staff file.

We recommend that the service reviews its policies and procedures to ensure that the information is complete and reflects best-practice approaches.

We spoke with one of the providers who explained how the service was managed and their role in providing oversight. The provider worked from the service on a regular basis and was kept up to date through observations and updates from the registered manager. There was no formal mechanism in place for formal audits of the service by the provider. However, systems were appropriate for its size.

The registered manager completed their own regular audits which covered; care plans, reviews, complaints, medicines and rotas. However, they had not identified any deficits in the risk assessments or practice in relation to the MCA previously mentioned. They also oversaw the completion of regular safety checks of electrical and fire safety. The registered manager subsequently confirmed that they would share details of their weekly audits with the proprietor and request that they signed to indicate that the process had been completed.

We recommend that the service reviews its quality and audit processes to ensure that they are effective in monitoring compliance with all regulations.

Other records that we saw were sufficiently detailed, but some could not be located in the absence of the registered manager. For example, the staff supervision matrix, resident meeting minutes and records of the most recent surveys. We spoke with the registered manager subsequently to confirm that these records were maintained.

People spoke positively about the management and leadership within Galtee More. One family member talked about a positive open culture that existed between the residents, staff and management. They commented, "All staff have the same [positive] attitude towards the residents." Staff were equally positive about the management of the home and the support offered by the registered manager. One member of staff said, "Communication is excellent. [Registered manager] is brilliant. A great leader." Another member of staff commented, "[Owner] is always around, especially if [registered manager] is not here."



We saw clear evidence that the service was developed with input from people living at Galtee More, their relatives and staff. The service completed regular surveys and had a resident's committee where ideas and changes were discussed. For example, activities, events and the re-decoration of the service. The service also had a suggestions box in a prominent place in the reception area.

The registered manager was on annual leave on the day of the inspection, but we spoke with them subsequently. They were able to confirm that they understood their responsibilities in relation to their registration and offered examples to support the assertion. All notifications to the Commission had been submitted as required.

The staff that we spoke with were clear about the expectations associated with their roles and responsibilities. They were motivated to provide good quality care and told us that they enjoyed their jobs. One member of staff commented on their long service and said, "I think it says a lot about [ my motivation]. Another member of staff told us, "I love my job. I really enjoy working here."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not adequately protected against the risk of avoidable harm because risk assessments were not adequately maintained or reviewed following incidents.</p>