

Galax Care Ltd

Galax Care

Inspection report

Nexus Business Centre
6 Darby Close
Swindon
Wiltshire
SN2 2PN

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10 February 2016

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Galax Care is a supported living service providing people with a learning disability support to live their lives as independently as possible. Support offered varied from supporting people with meal preparation, shopping, attending activities and managing finances. The provider explained that support hours provided varied depending on the person's needs. At the time of our inspection five people were using the service. Flexible support was offered 24 hours a day for seven days a week.

The inspection took place on 10 February 2016. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a supported living service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. At our last inspection in February 2014 we did not identify any concerns about the care being provided.

A registered manager was employed by the service. The registered manager was not present during our inspection. The day to day running of the service is overseen by a recently appointed manager who is applying to become the registered manager. 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 looked at three care plans and found some guidance did not always identify how care and support should be provided. This meant people were at risk of not receiving the care and support in the way they needed.

The focus of the service was to help people live fulfilling lives as independently as they were able. Staff and the manager had detailed knowledge of people's needs and preferences to support them to be able to do this.

Relatives spoke positively about the care and support offered by Galax care. They said they could approach the provider and manager at any time to make suggestions or raise any concerns they may have.

People were protected against the risks of potential abuse or harm. Staff had the knowledge to be able to identify safeguarding concerns and acted on these to keep people safe.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Day to day staffing levels were varied and set to meet people's needs. Staff were well trained and supported to provide good quality care and support.

There were safe medicine administration systems in place and people received their medicines as prescribed.

People were supported to make choices and decisions about the care they wished to receive. The provider, manager and staff had an understanding of the Mental Capacity Act 2005.

The provider, registered manager and manager had systems in place to monitor the quality of service provided. People and their relatives were encouraged to comment on how they felt about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe.

Staff knew how to recognise and respond to abuse. Staff told us they would challenge poor practice if it occurred and were confident it would be addressed by the manager.

Sufficient numbers of staff were available to keep people safe and meet their needs.□

Is the service effective?

Good ●

This service was effective.

Staff were knowledgeable about the people they supported and this ensured people's support needs and preferences were met.

The manager and staff had an understanding of the Mental Capacity Act 2005 and supported people to make choices and decisions regarding their care and support.□

Is the service caring?

Good ●

This service was caring.

Relatives spoke positively about the care and support their loved one received.

People received care and support from staff who had got to know them well.

Is the service responsive?

Requires Improvement ●

This service was not always responsive.

We looked at three care plans and found some guidance did not always identify how care and support should be provided. This meant people were at risk of not receiving the care and support in the way they needed.

There were systems in place to support people and their relatives

to make complaints. Relatives told us they would speak with staff if they had any concerns regarding the care their family member received.□

Is the service well-led?

Good ●

This service was well-led.

There was a registered manager in post.

The manager and provider carried out regular audits to monitor the quality of the service.

Staff spoke positively regarding the open culture and approachability of the manager and provider. □

Galax Care

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 10 February 2016. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a supported living service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by one inspector. At our last inspection in February 2014 we did not identify any concerns about the care being provided.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR) from the service. 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.

During our inspection we went to the service's office and spoke with the provider and manager. We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

The people using the service were not able to tell us verbally about the care and support they received. We spoke with the relatives of the three people using the service. We spoke with the provider, the manager and a three supporting staff members. We also received feedback from one health and social care professional who in worked in partnership with the service.

Is the service safe?

Our findings

Some assessments had been undertaken to identify risks to people who used the service. We saw in one plan where risks were identified appropriate guidance was in place to minimise potential risks. For example whilst accessing the community. However, in another care plan we looked at, where risks had been identified, actions required to minimise these risks and support the person were not clear. For example one person's plan guided staff to 'avoid me entering your personal space'. The guidance did not detail how staff were to support the person not to do this. However, staff knew people well and were able to describe the care and support people required. There had not been any incidents involving this person. We discussed this with the manager and provider who said they would amend the guidance immediately. Relatives told us they had confidence that the care and support provided by Galax Care kept their family member safe and free from harm. Comments included "I feel at ease when he goes off with the carers as I know they take good care of him" and "I have no worries, I have every confidence in the staff".

As people accessed the local community the provider explained they had sent Christmas cards to the neighbours of their supported living accommodation. In the cards they had included a leaflet encouraging neighbours to come and speak with them if they saw any staff working practices they were concerned about.

Staff had access to safeguarding procedures and training to help them identify abuse and respond appropriately. Staff described the actions they would take if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident the manager would act on their concerns. Whilst there had not been any safeguarding alerts the manager was aware of the need to report any concerns to the local authority safeguarding team and to inform the Care Quality Commission as required by their registration. The manager undertook unannounced visits to observe the working practices of staff. They explained this was to make sure staff were following safe working practices to ensure both themselves and the person using the service were safe. We saw records of these visits.

There were systems in place to support people to safely manage their finances. There was clear guidance for staff to follow. A staff member explained when people who were supported, made any purchases this was logged and signed for by the staff member. They told us monies were checked by staff to ensure the correct amount was there.

There were suitable arrangements to ensure people's medicines were managed safely. Only staff who had completed a medicines administration course were able to administer people's medicines. Safe practices for the administering, storing and disposing of medicines were followed in line with the provider's policy. We visited the home of one person using the service. Their medicines were dispensed from a monitored dosage system (MDS). This is a storage system designed to simplify the administration of solid, oral dose medicines. The medicines were dispensed into the MDS by a pharmacist, which reduced the risk of errors. Staff removed the medicines from the dosage system and gave them to the person at the required time. Staff signed the medicine administration record after each administration. This gave an accurate record of the medicines people had taken. The policy guided staff on how to administer homely remedies. A staff member

informed us they would check with the person's doctor before purchasing over the counter medicines to ensure they did not conflict with any of the person's current medicines.

There was enough qualified, skilled and experienced staff to meet people's needs. Day to day staffing levels were varied and set to meet people's needs. People receiving a service needed either 1:1 staff support or 2:1 staff support. The manager explained that the team leader was responsible for doing the rotas each week. For the most part people only had a small team of staff to support them which they felt promoted consistency with the care people received.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Is the service effective?

Our findings

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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. Any DoLS applications must be made to the court of protection.

The provider and manager were aware of their responsibilities in respect of this legislation. They explained the local authority were responsible for completing any capacity assessments relating to the person consenting to care and treatment received by Galax Care. They said any concerns they had relating to a person's capacity would be reported to the local authority. This may then lead to a meeting being held with the person's representatives and health and social care professionals to discuss what might be needed in the person's best interest. Staff had received training around the MCA and Deprivation of Liberty Safeguards (DoLS).

Relatives told us staff they had confidence in staff's abilities and knowledge. They felt communication was excellent between themselves, staff and the manager and provider. Comments included "X has a lovely relationship with staff. Communication is good between us and they always let me know how the activity has gone" and "Communication is good and I can always discuss solutions to problems with staff".

People were supported by staff who had access to a range of training, including an induction and training on meeting people's specific needs. Training records confirmed staff had received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety. Records demonstrated staff had completed training that was specific to people's needs, including the needs of people with autism and epilepsy. The manager had systems in place to identify training that was required and ensure it was completed. Some staff were working towards qualifications appropriate to their role. For example one person we spoke with was currently undertaking their QCF level 3. The QCF is a national framework for staff members to achieve a qualification in healthcare.

Regular meetings were held between staff and their line manager. Staff told us these meetings were used to discuss the progress in their work; training and development opportunities and other matters relating to the provision of care for people using the service. These meeting would also be an opportunity to discuss any difficulties or concerns staff had.

People using the service were supported to have sufficient to eat and drink. We visited the home of one person who received 24 hour support. Staff were aware of the person's dietary needs and preferences. They explained how the person was involved with weekly menu planning with the aid of picture menu cards. The person was supported with shopping and meal preparation by staff. People's food preferences were

recorded in their care plan. A relative told us "Whilst they have a list of his likes and dislikes for food I am happy for them to encourage him to try something new. He will soon let them know if he doesn't like it".

Where necessary staff contacted health and social care professionals for guidance and support. This supported staff to ensure people had the contact they needed with the relevant health and social care professionals.

Is the service caring?

Our findings

We looked at the arrangements in place to ensure the approach of staff was caring and appropriate to the needs of the people using the service. Relatives spoke positively about the care and support their family member received. Comments included "I couldn't be without them. Life has improved for both me and him since he started using their service" "staff are very good. They speak with him and tell him what's going on" and "They (staff) know him very well and they have built up a lovely relationship".

A health professional who had some involvement with the service fed back "X (provider) and her team have worked really well with my service user and his carer. She has been approachable and also come to me with any problems. The reports back to me have been that staff act professionally, communicate appropriately and respect the dignity of my service user. The carer has described them as a breath of fresh air".

Staff were knowledgeable about people's needs and preferences. They told us they had access to people's care and support plans which contained information on how the person wanted to receive care. Relative's comments about staff's support of their family member included "Staff are very confident when supporting him. However, they will come to me if they need any clarification on aspects of his care" and "Staff know him very well and know just how to support him".

Two relatives told us when staff arrived to pick up their family member they were always happy to see staff. One relative said "He doesn't even give a backward glance. He lights up when he sees them (staff), gets his bag and off he goes". Both relatives said this gave them "Peace of mind" when their family member was accessing the service.

We visited one person who was supported to live in their own home. Whilst we were only there a short time we observed the person moved freely around their home and did not hesitate to ask for support and assistance from staff when required. Staff sought permission before assisting the person with any care or support. For example, staff sought permission to help the person put their coat on.

People's confidential information was kept private and their records were stored appropriately at the office. As part of the induction staff had received training on the principles of privacy and dignity and respecting confidentiality.

Is the service responsive?

Our findings

We looked at three care plans. They did not always contain the detail required for staff to be able to care for people consistently. For example, one person's care plan guided staff to use 'safe handling techniques to remove my arms from your arms'. The guidance did not include what these techniques were. The plan also stated 'When I have done tasks I do not wish to' the person could be rewarded. The guidance did not include any information on what tasks the person did not like to do that would incur a reward. The guidance also included withdrawing the reward. We spoke with the manager about the kind of message this was giving to the person and how the giving and withdrawing or rewards could be interpreted differently by staff. The manager said she would review the care plan and update the information accordingly.

Assessments had been undertaken to identify risks to people who used the service. However, where risks had been identified, not all care plans contained guidance on actions required to minimise these risks and support the person. For example one person's plan said they were not to enter the kitchen area. There was no assessment in place which identified the risk and what actions staff were to take to support the person. However, the person did access the kitchen during meal times. This information was contradictory and meant the person was at risk of not receiving the care and support in the way they needed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Relatives of the people receiving care said they had been consulted about the planning of care. They felt staff were responsive to their family member's needs. One relative said "We've had lots of discussions about the care X requires. This has helped staff to get to know him well. All the information they have learned about him has gone in to the care plan".

People were supported to maintain their independence and community involvement. This included supporting people to follow their interests and take part in social activities. People attended a variety of activities within the local community which included bowling, horse riding, ice skating and eating out. Staff said sometimes people accessing the service chose to attend an activity together. This helped avoid social isolation and supported people to build friendships. One relative said "He has a better social life than me. He goes to places he has never been before and tries new things. He goes all over".

We looked at the arrangements in place to manage complaints and concerns that were brought to the registered manager's attention. The service had a complaints procedure in place setting out how complaints could be made and how they would be handled. There had not been any complaints since the service had registered. No one we spoke with had any concerns about the service. Relatives told us if they had any concerns then they could speak to any member of staff or the registered manager. They felt any concerns raised would be listened to and appropriate action taken where required. Comments included "Communication is great between us all. I have no concerns but know where to go if I do" and "I have not had any concerns. I trust the service they provide".

Is the service well-led?

Our findings

There was a registered manager in post who no longer worked within the service. They were in the process of de-registering. The day to day running of the service was overseen by a manager who was supported by the provider/owner of the service. The manager was currently in the process of applying to become the registered manager. Staff and relatives spoke highly of the manager and the provider. Comments included "I was blown away by their (the provider) passion to provide a good service" and "X (The provider) understands me and what support we both need. I would recommend this service to other people". Relatives felt the manager and provider understood things from their perspective as a carer. They said the service not only supported their family member but them too which one relative found "Refreshing".

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities. Staff attended team meetings which they told us they felt were useful. They said they were able to discuss the people they were supporting and share working practices.

The manager spent time working alongside staff to give them feedback on their performance. There were records of active observations which focused on how the member of staff had interacted with the person they were supporting. The manager explained that this constructive feedback helped to ensure staff followed best practice when supporting people.

Staff members' training was monitored by the manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

The manager carried out regular audits to monitor the quality of the service and to help inform and plan improvements. These audits included management of medicines, care plans and training. Where improvements were required the manager had put together a list of actions to complete. There had not been any accidents or incidents. The manager explained that should any occur then they would ensure these were reviewed as part of the monthly audits to identify any patterns or trends.

To keep up with best practice the provider and manager had recently started attending local forums where they could meet other providers and share ideas and best practice. The provider explained they did not see the service as a "Business venture" but they were passionate about the service and "Getting care right". Whilst they had recently recruited a manager to develop and grow the service and ensure professional services were provided, they still wanted to ensure the company remained person centred.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Care plans did not always contain detailed information on how staff could ensure the person's needs were met. Some guidance did not always identify how care and support should be provided. This meant people were at risk of not receiving the care and support in the way they needed.</p>