

Galtee More Residential Home Ltd

# Galtee More Residential Home Ltd

## Inspection report

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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

Galtee More Residential Home is a care home providing accommodation and personal care for up to 23 people aged 65 and over. At the time of the inspection there were 20 people living at the home.

### People's experience of using this service and what we found

People looked relaxed, happy, and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service. Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm.

The new provider had started a programme of refurbishment to improve the premises, but aspects of the environment still required renovation and decoration. The environment was safe and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

Staff received appropriate training and support to enable them to carry out their role safely, including fire safety and dementia care training. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and go out into the community. Staff knew how to keep people safe from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Medicines were ordered, stored, and disposed of safely. Records were accessible and up to date. People's communication needs were identified, and where they wanted, people had their end of life wishes explored and recorded.

There were systems in place to monitor and improve the quality and safety of care provision. People and staff told us the registered manager and the management team made themselves available and assisted them daily. They went on to say how they were approachable and listened when they had any concerns or complaints.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for the service under the previous provider was good, published on 30 January 2020. At our last inspection we recommended the provider consider current guidance on good governance and receiving

and dealing with complaints and take action to update their practice accordingly.

At this inspection we found the provider had improved their practice on receiving and handling complaints and the provider had started to be more involved in providing oversight on the running of the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Galtee More Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 

# Galtee More Residential Home Ltd

## **Detailed findings**

### Background to this inspection

#### The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Galtee More Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Galtee More Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was not present during the first day of the inspection. However, the deputy manager who was in day-to-day control of the service was present.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on the 23 May 2023 and ended on the 12 June 2023. We visited the service on the 23 May 2023 and 12 June 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who used the service about their experience of the care provided and spent time observing people. We spoke with 13 members of staff including the nominated individual, the registered manager, care, and auxiliary staff. We also spoke to 12 relatives during our inspection visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and 4 medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this area.
- The registered manager understood their responsibility to report safeguarding concerns to external bodies where appropriate. Records showed referrals had been completed appropriately with actions to protect people. A log of safeguarding referrals was kept for the registered manager to identify any trends or patterns of concerns.

Assessing risk, safety monitoring and management

- Risks in relation to people's care and support had been assessed and were managed effectively.
- Risk assessments were detailed, and we observed staff delivering care and support in line with them.
- People had personal emergency evacuation plans in place to show what support people required in case of an emergency.

Learning lessons when things go wrong

- The management team kept a record of accidents and incidents and used this information to identify trends and patterns.
- The management team completed analysis of accidents and incidents, to identify lessons learned and generate actions to mitigate future incidents.

Staffing and recruitment

- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.
- Staffing levels were appropriate to meet the needs of people who used the service. Staffing levels were determined by the number of people receiving care and support and their assessed needs.
- We observed staff responding to people's needs in a timely manner and care was delivered in line with people's care plans.

Using medicines safely

- Medicines were managed safely. There were systems in place to support people to receive their medicines as prescribed.
- Staff were trained in how to administer medicines safely. Their competence to administer medicines was kept under regular review to ensure their skills and knowledge remained up to date.

- Medicines were clearly recorded within people's medication administration records.
- Regular audits of medication administration took place to ensure continuous safety.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to maintain relationships with family and friends, who were welcome to visit the home without restrictions.



# Is the service effective?

## Our findings

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- Pre-admission assessments were completed to assess people's needs and choices.
- Assessments of people's needs were comprehensive, identifying people's risks and support needs. This meant staff had key information to support people effectively. People and relatives told us they were involved in the assessment and care planning process.
- Care plans were person-centred and included social and cultural information on people's social history, preferences, and things that were important to them.

Staff support: induction, training, skills and experience

- Staff received an induction, ongoing training, and regular opportunities to discuss their work, training, and development needs. A staff member said, "The training is good and there's plenty of it."
- The provider's training matrix confirmed staff had received training to meet people's individual needs.
- Staff were positive about the support they received. A staff member said, "It's a lovely home and all the staff are so supportive. I would definitely recommend the home."

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

- People received the support they needed to eat, drink and maintain a healthy balanced diet.
- People told us they enjoyed their meals. They commented staff assisted them as required and the food was very good.

Staff working with other agencies to provide consistent, effective, timely care

- Procedures were in place to share information with external health care professionals to support people with their ongoing care.
- People's care records confirmed referrals to other external agencies were made in a timely manner.
- Relatives were confident staff had a positive approach to information sharing and working with external agencies.

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

- The provider had started a programme of refurbishment to improve the premises, but aspects of the environment still required renovation and decoration. The provider acknowledged this and said they had an ongoing plan to continue to improve the environment. Following the inspection, the provider sent us a plan of actions they were going to take in relation to improving the environment and the premises.
- The atmosphere and appearance of the home was homely, and people looked comfortable and relaxed in

their surroundings.

- The premises were safe and regular checks were completed to ensure ongoing maintenance issues were dealt with promptly.

Supporting people to live healthier lives, access healthcare services and support

- The home was pro-active in requesting medical referrals and investigations where required.
- A relative said, "Any health concerns are raised with the GP. For example, our relative had an outpatient appointment at hospital, but they get stressed about anything like this. The home recognised this, and contacted the hospital and arranged a video appointment."

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the principles of the Act. Where people were thought to not have the capacity to make certain decisions, capacity assessments had been carried out. Overall, where capacity was not evident to make specific decisions, best interest decisions had been made and management and staff followed the correct process to do so.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- Staff knew people and their needs well. We observed kind and positive interactions between people and staff. People told us the care and support they received from staff was of good quality and staff were caring. Comments included, "The staff are so kind and courteous" and "The staff are very good here and they are always around if you need them."
- Relatives were complementary of the care people received. They commented, "'I cannot thank them enough for their care. It is a home from home" and "Its [the service] excellent, I cannot praise them enough."
- Care plans included information about people's preferences, hobbies, and cultural beliefs.

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

- People had been involved in decision making in relation to their care and support, this was reflected in their care records.
- Staff encouraged people to make choices in the way they received their care, and their choices were respected.
- People and their relatives were involved in the planning of ongoing care. One relative said, "The seniors always keep me updated and involve me in [relatives] care."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. One person told us, "My privacy and dignity are always maintained, there are no concerns."
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices which fell short of this.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records detailed information about people's backgrounds, history, social, physical and health needs.
- Where people had a specific health condition, guidance was in place for staff on how to manage and support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and preferences were identified, recorded, and highlighted in care plans. This included references to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service.
- People had access to a range of activities.
- Activities were both communal and on a one to one basis to ensure people were engaged in activities which were meaningful to them. One relative said, "There are plenty of activities. My [relative] takes part in all sorts of activities and attends a local community club across the road. There is always something to occupy them."

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider consider current guidance on dealing with complaints and take action to update their practice. The provider had made improvements.

- The provider had systems in place to manage complaints. People knew how to give feedback about their experiences of care and support. We saw formal complaints had been investigated and addressed in line with their policy.

- People and relatives told us they would be confident to speak to the management or a member of staff if they were unhappy. Comments included "We are always kept informed" and "We have never had to raise concerns."

#### End of life care and support

- The provider had suitable systems in place to ensure they could support people at the end of their life to have a comfortable, dignified and pain-free death.
- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider consider current guidance on good governance and providing oversight on the running of the service and take action to update their practice accordingly. The new provider had made improvements.

- Although the previous rating was not awarded to the current provider, the provider had full knowledge of the history and had taken responsibility for maintaining and improving the service, including addressing any issues from the last inspection.
- The registered manager had a range of quality assurance checks in place, areas covered included health and safety, safeguarding, infection control and medicines.
- The registered manager had a good understanding of people's needs and maintained a good oversight of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led. There was a positive culture and ethos at the service which was driven by the management team. The registered manager led by example and actively promoted responsive care which improved people's quality of life. Staff ensured people received person-centred care.
- People and relatives said the service was managed well and they would recommend it. One person told us, "The [registered manager] and [deputy manager] are always around to help if there are any issues. They are brilliant."
- The service ensured staff focused on building and maintaining open and honest relationships with people and their families, friends, and other carers.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The provider and managers were aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives were supported to provide feedback about the service. Suggestions were followed up and changes were made in response to feedback.
- Staff were complimentary of the support they received from the management team. Staff told us they had plenty of opportunities to provide feedback about the service. Comments from staff included, "They [management team] really look after all the staff here," "The support I get from the registered manager is amazing," and "The registered manager and the deputy are so supportive."

Working in partnership with others

- The management team and staff had effective working relationships with other organisations and professionals to ensure people's needs were met and their health promoted and maintained.
- Staff worked well with people, their relatives, and professionals to ensure people were supported safely and in the way they wanted.