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Galtee More Rest Home

Inspection report

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Date of inspection visit:
27 February 2018

Date of publication:
21 March 2018

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

The inspection took place on 27 February 2018 and was unannounced. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question, is it safe? to at least good."

Galtee More provides accommodation for people with a learning disability who require support with personal care. There were 11 people living in the home at the time of our inspection. There was a registered manager 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.

Galtee More accommodates 15 people in one building. Due to its layout the building does not have a passenger lift. There is ramp access to the front of the home. Bedrooms are situated over four floors. Most bedrooms are of single occupancy, some with en-suite facilities. There is a walk in bath and a shower room available for use. The home is within walking distance of the town centre and just off the promenade. Transport links to nearby towns are within easy reach.

Galtee More is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

"The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy. At Galtee More many of the people living in the home have lived there together for over 12 years, some as many as 30 years. Galtee More is their home. They access their community and its facilities through socialising, activities and work/volunteering opportunities. People are very much a part of the community. Some people have family members and friends who live locally and visit them.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs. They were regularly updated to reflect any changes in people's needs.

Medicines were safely stored and administered in accordance with best practice. Staff were trained in the administration of medication. The records that we saw indicated that medicines were administered correctly and were subject to regular audit.

The registered provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults. There were enough staff on duty to provide support to people living in the home.

Staff had completed training in safeguarding vulnerable adults and were aware of the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly. The home was odour free, clean and hygienic.

Staff were trained and supported by the service to ensure that they had the right skills and knowledge. They had completed a range of training courses relevant to the needs of people living at the home. We saw that staff received training regularly and that this was up to date.

Staff spoke positively about support they received from the registered manager and the registered provider. Staff we spoke with confirmed they had completed a period of induction when they commenced their employment, which included a number of 'shadow shifts'. This enabled them to familiarise themselves with the people who lived in the home and their support needs. From the records we looked at we saw that staff received regular supervision and annual appraisals.

The service operated in accordance with the principles of the Mental Capacity Act 2005. People were able to make decisions regarding day to day choices. People living at Galtee More were able to consent to their care and support on a day to day basis. This was recorded in their care records.

People were supported to maintain good health in conjunction with a range of community healthcare services. We saw regular appointments were made with GPs, dentists and community nurses. People had up to date healthcare records and health passports which contained important information for healthcare professionals such as people's support needs and communication needs.

People were supported to eat and drink and maintain a healthy diet in accordance with their individual requirements. Some people had specific dietary requirements because of diabetes. We checked with them to ensure they were supported to enjoy a health and varied diet. They confirmed they did.

Galtee More was accessible throughout via stairs. There was no passenger lift due to the layout of the building. There were two bedrooms and a bathroom on the ground floor. Bathrooms had been adapted to meet the needs of people living there.

People were treated with respect and kindness by staff. We observed positive relationships between people and the staff, including the registered manager. There was plenty of chatter and laughter. Staff supported people to maintain their privacy and dignity in all aspects of care.

People were encouraged to express their views and were actively involved in decisions about their care. Weekly meetings were held where decisions were made mainly regarding meals and activities.

Care plans were written for the individual and informed staff of people's preferences and wishes which were supported. Each record contained extensive information about people's personal history, family, care needs and preferences, as well as information which gave a 'snap shot' of the person's likes and dislikes.

People enjoyed a range of activities both in the home and in the local community. Some people volunteered for local charities.

Staff recognised the need to communicate with people on an individual basis. Information was provided through face to face conversations. We observed staff using language which was simplified and repeated for

some people to aid their understanding.

A complaints policy was in place and displayed in the home. People did not have any complaints about the service they received.

Quality assurance and governance systems were in place to help the registered manager and registered provider to monitor standards and drive forward improvements.

Feedback was sought regularly from people living in the home, their relatives and staff to ensure standards were being maintained.

The registered manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They promoted a person centred and transparent culture in the home.

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 ●

The service was safe.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs. They were regularly updated to reflect any changes in people's needs.

Medicines were managed safely in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults. There were enough staff on duty to provide care and support to people living in the home.

Staff had completed training in safeguarding vulnerable adults and we were aware of the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported by the service to ensure that they had the right skills and knowledge.

The service operated in accordance with the principles of the Mental Capacity Act 2005.

People were supported to maintain good health in conjunction with a range of community healthcare services.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness by staff.

People were encouraged to express their views and were actively involved in decisions about their care.

Staff supported people to maintain their privacy and dignity in all aspects of care.

Is the service responsive?

The service was responsive.

Care plans were written for the individual and informed staff of people's preferences and wishes which were supported.

People enjoyed a range of activities.

A complaints policy was in place and displayed in the home

Good ●

Is the service well-led?

The service was well led.

Quality assurance and governance systems were in place to help the registered manager and registered provider to monitor standards and drive forward improvements.

Feedback was sought regularly from people living in the home, their relatives and staff to ensure standards were being maintained.

The registered manager and registered provider met their legal requirements with the Care Quality Commission (CQC).

Good ●

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 was a comprehensive inspection. The inspection took place on 27 February 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors.

We reviewed the information we held about the service before we carried out the visit. We collated information we had about the home. Prior to the inspection the registered provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the registered provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make. We contacted the local authority commissioning team to gather their opinion of the service.

During the inspection we were able to speak with eight people who lived at Galtee More. We spoke with two staff, including the registered manager, the registered provider and a visiting support worker.

We looked at the care records for four people, as well as medication records, four staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits. We undertook general observations and looked round the home.

Is the service safe?

Our findings

We previously visited this home in July 2017 and found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found risks to people were not always appropriately assessed and recorded in care records. We checked this during this inspection and saw that care records were regularly reviewed and support plans and risk assessments were updated to ensure the information reflected people's current care needs. Risk assessments were completed for mobility, personal care, and medication and were current.

Positive risk taking was encouraged to improve people's skills and promote their independence. For example, some people helped throughout the home, with small tasks, such as vacuuming the lounge and serving cold drinks during meal times. Most people went out each day. Many went out independently but some people felt safer with the support of a staff member.

Staff were safely recruited and deployed in sufficient numbers to provide safe, consistent care and support. There were 11 people living in the home at the time of our inspection. The registered manager was available to provide additional support. However at the time of our inspection the registered manager was also cooking most of the meals and providing support due to the absence of a member of staff, through ill health. People were supported in the home by one care staff and one domestic staff member. The registered provider worked at the home most mornings. Additional support staff were brought in to support people for community visits or health care appointments. One staff member worked at night. We looked at staffing rotas and found there were consistent numbers of staff working each day, including weekends.

Full pre-employment checks were carried out prior to a member of staff commencing work. This included ensuring two references and identification was on file prior to them commencing work. A Disclosure and Barring Service (DBS) check was also completed for each member of staff prior to them commencing work. A valid DBS check is required for all staff employed to care and support people within health and social care settings to check their criminal background.

Medicines were safely stored and administered in accordance with best-practice. Staff were trained in the administration of medication. The records that we saw indicated that medicines were administered correctly and were subject to regular audit. Room and fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. Checking medications are stored within the correct temperature range is important because it helps to ensure that their ability to work correctly is not compromised. The medication administration records (MAR) included a photograph that identified the person. We found that the photographs for two people were somewhat outdated. We suggested a more recent photograph be used to identify the person. We noted that the MAR charts had been completed correctly and in full. An external audit by the pharmacy used by Galtee More had been carried out in October 2017.

Staff had completed training in safeguarding vulnerable adults and they were aware of the action they needed to take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly. We saw from the records kept that issues when found had been addressed. A visit from the fire service in July 2017 had found the home to be safe.

We checked the process for preventing the spread of infection in the home. The home was odour free, clean and hygienic and there were provisions for hand sanitiser mounted on walls around the home. There was dedicated domestic staff who worked to a cleaning schedule. Records showed the work completed each day. In an external audit completed by the local environmental health team in October 2017 Galtee More had scored 99.26%.

A fire risk assessment had been carried out. We saw personal emergency evacuation plans (PEEPs) were completed for the people in the home to help ensure effective evacuation in case of an emergency. A copy of the fire risk assessment was available at the front door. This made the information readily available for staff and the fire service when evacuating the building in an emergency.

We checked safety certificates for electrical safety, gas safety, legionella and kitchen hygiene and these were up to date. The kitchen had achieved a five-star (very good) rating, the highest achievable rating. This helped ensure good safety standards in the home.

Incidents and accidents were recorded and subject to analysis by the registered manager. The registered manager was very proactive in addressing any incidents and looked for ways to reduce them. For example changing the time a person received their personal care had reduced the number of epileptic fits they experienced.

Is the service effective?

Our findings

People told us that staff had the right skills and experience to meet their care needs. One person told us, "They [staff] all know what I need. I know they get lots of training."

We asked people about their daily routines. Some people told us they liked to get up early each morning. Comments included, "I've already had my breakfast because I get up at 5.30am", and "I'm always up early". We saw that others enjoyed their breakfast later than the others. Some had been shopping for food with the registered provider. They told us they did this each week. When we arrived some people had already gone out to their volunteering jobs or to do personal shopping.

We saw a lot of interaction throughout our inspection between staff and people living in the home. Our observations showed staff had a good knowledge of people's individual needs and their particular likes, dislikes and preferred routines.

People's support and health care needs were documented in a person centred plan. Each plan recorded personal information, such as people's likes, dislikes, preferred routines, what made them happy and what made them sad.

Information regarding people's change in needs were recorded in a daily diary and staff informed us this information was discussed in the daily handover. In addition the registered manager told us they had set up an telephone instant messaging group, to share instant messages with staff via a text message. They said this was working well as this system helped to ensure staff were kept up to date immediately regarding any changes.

We saw that staff had completed a range of training courses relevant to the needs of people living at the home. This training was subject to regular review to ensure that staff were equipped to provide effective care and support. Examples of the training courses included health and safety, moving and handling, medication administration, infection control, food safety, fire safety and safeguarding vulnerable adults. Staff spoke positively about the training which was delivered both internally through the use of DVDs and by suitably qualified external trainers. We saw that staff received regular training which was up to date.

Staff spoke positively about the support they received from the registered manager and the registered provider. Staff we spoke with confirmed they had completed a period of induction when they commenced their employment, which included a number of 'shadow shifts' to enable them to familiarise themselves with the people who lived in the home and their support needs. From the records we looked at we saw that staff received regular supervision and annual appraisals.

People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required. We saw evidence in care records of appointments with GP's, opticians and dentists. People had up to date healthcare records and health passports which contained important information for healthcare professionals such as people's support

needs and communication needs.

People were supported to eat and drink and maintain a healthy diet in accordance with their individual requirements. Some people had specific dietary requirements because of diabetes. We checked with them to ensure they were supported to enjoy a healthy and varied diet. They confirmed they did. People were offered a choice of nutritious food which was well-presented and served in a small dining area which was laid out with matching cutlery, crockery and condiments. We saw people were offered second helpings of the lunch time meal, 'Spam fritters', which had been requested by some people. Some people had also requested smaller portions.

We heard plenty of positive comments like, "That was lovely" and "I really enjoyed that". People told us they enjoyed the food and had a good choice. One person said, "If there is something I don't want they will always make sure there is something else for me to have." We saw a person offered an alternative meal. The menus were displayed on the wall in the dining area so people knew what was being prepared. We saw that staff checked with them to make sure they wanted the choice, or an alternative.

Galtee More is a small home spread over three floors, with a basement area. The home is accessible throughout via stairs. There is no passenger lift due to the layout of the building. There were two bedrooms and a bathroom on the ground floor. Bathrooms had been adapted to meet the needs of people living there; a step in bath and walk in shower were available to make bathing easier. People's bedrooms and shared areas were decorated in a manner which was age appropriate, bright and homely. Bedrooms were personalised with photographs and pictures. People's paintings and drawings were displayed on the walls in the lounge.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. People had signed individual consent forms to demonstrate their agreement. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that people living at Galtee More were able to consent to their care and support on a day to day basis. This was recorded in their care records.

Is the service caring?

Our findings

People told us and we saw that staff treated them with kindness and respect. People spoke positively about the quality of care they received and the attitude of the staff and managers. One person told us, "Galtee More Is the best home I have lived in; I never want to leave."

We spent time sitting with people in the home. We observed positive relationships between people and the staff, including the registered manager. There was plenty of chatter and laughter.

Many of the people who lived in the home had lived there for many years. The staff had also worked in the home for a long time. This helped to promote familiarity and confidence between people that knew them and their needs. People were actively involved in decisions about their care. Staff took time to explain important information and offer choices.

Staff were aware of the need to maintain privacy and dignity when providing personal care. We saw examples of this during our inspection. Staff spoke with people discreetly and ensured any support was carried out in private. A recent survey asked if staff respected people's privacy and dignity; all respondents unanimously rated staff 'good' at this.

We found that confidential information, such as people's care records were kept securely.

During the inspection and in the care records we saw staff actively promoted people's independence. For example, people supported to access the community and improving their skills in daily living around the home.

Staff ensured that people were given the opportunity to discuss changes in their care/support needs. Meetings were held regularly, usually held at meal times to discuss any ideas or potential changes. We were told of recent additions to the menu that people had requested.

The home displayed information about independent advocacy for any people that needed it. The registered manager told us they had made a referral for someone for an independent advocate and were awaiting a response.

People were supported to keep in touch with their family. One person was supported to do this using 'Skype', as their relative was unable to visit them in person. Other people told us about the visits made by their family members.

Is the service responsive?

Our findings

Galtee More ensured that people received personalised care that met their needs. We saw that care records had been produced with the involvement of the person and were subject to regular review. Care records contained extensive information about people's personal history, family, care needs and preferences. For example, one document was a person centred plan, which detailed a 'snap shot' of the person's likes and dislikes. A different record detailed a person's preferences for routines and personal care. This information helped staff to get to know people and provide care which reflected their individuality. We spoke with staff who clearly knew people well.

We asked people in the home about the activities available to them. They told us that some people volunteered in charity shops and lunch clubs; they said they had an allotment which some people kept with the provider, where they grew a variety of vegetables. People accessed the local town centre for cafes to meet up with friends, and to do personal shopping. Some people were supported to go out for lunch each week with staff. Others enjoyed weekly trips for bowling and an art and craft class. During our inspection we saw people doing jigsaws, drawing, watching TV and listening to music.

The registered manager arranged for regular musical entertainment in the home and chair exercises. The positive comments from people told us they enjoyed these visits. Celebrations were held for people's birthdays as well as activities for Easter, Halloween and Christmas. People were able to access Holy Communion when they wanted to. People's care records showed whether they wished to follow their faith.

Staff recognised the need to communicate with people on an individual basis. Information was provided through face to face conversations. We observed staff using language which was simplified and repeated for some people to aid their understanding. This individualised approach to the provision of information ensured that Galtee More met the Accessible Information Standard. The Accessible Information Standard promotes the use of alternative or simplified methods of presenting information to aid people's understanding.

We checked the records in relation to concerns and complaints. There were no formal complaints recorded. However, the complaints' process was clearly displayed. People we spoke with were clear about how they would complain, but told us they had not felt the need to do so.

Staff and managers were conscious of the need to support people and their wishes at the end of their life. We saw examples of how people had completed advanced care plans. For example, information about their wishes and preferences were recorded and some had already obtained a funeral plan. Some people had been able to make these decisions; however some had found it difficult and upsetting to discuss with staff.

Is the service well-led?

Our findings

People spoke positively about the management of the service. One person said, "If there's ever a problem or something I need then I go to [registered manager], they always sort it."

Staff were equally positive about the management of the service. One member of staff said, "The manager is very supportive and approachable. There is good communication between the staff."

Galtee More is a family run business, with the registered manager and registered provider operating a 'hands on' approach in the home. There was an extremely person-centred culture and ethos in the home. The home presented as very homely; many people had lived there for many years. Everything was done with the people who lived in the home in mind. They were involved in decision making; this enabled the home to promote a transparent and open culture.

Regular staff meetings were held to share information with the staff team. The registered manager and registered provider were a daily presence in the home to address any issues in a timely way.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through regular meetings, discussions and surveys. A recent 'residents' meeting highlighted a request for different meals and this had been implemented. Feedback was also sought from relatives and staff to ensure standards were being maintained. We saw the results of satisfaction surveys carried out in February 2017 for 'residents and relatives'; each person in the home and their relatives had completed a survey to give an accurate view. Questions were asked regarding, for example, the cleanliness of the home, helpfulness of staff, quality of meals, activities and respect and dignity. Staff completed an independent survey for their views in August 2017. The findings were rated very good and excellent regarding the staff induction and training, staff support and care of residents.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. This had recently involved achieving medication reviews with general practitioners for two people living in the home. The registered manager also welcomed audits from the pharmacist, infection control team and an external independent assessor to provide an additional quality and safety check.

Throughout the inspection the staff and managers were open and responsive. They were able to provide evidence on request and clearly understood management systems and what was required of them. We saw evidence of regular audits being conducted and action taken when issues were identified. Audits looked at a full range of relevant areas such as; health and safety, medicines, care records, maintenance and activities. The registered manager understood their responsibilities in relation to regulatory requirements.

From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a

service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection of Galtee More was displayed in the home.