

# The Royal British Legion Galanos House

## Inspection report

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18 September 2017

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We inspected this service on 14 and 18 September 2017. The first day of our inspection was unannounced.

Galanos House provides accommodation and nursing care for up to 91 people. There are three units providing residential, nursing and care for those living with dementia. The unit for those living with dementia is called Poppy Lodge. There were 88 people living at the home at the time of our inspection visit.

There was a registered manager in post at the service. 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.

At our last inspection in March 2015, we rated the service as outstanding. At this inspection we found the service had continued to develop and further strengthened a very caring approach and the effectiveness, responsiveness and leadership of the home. People continued to receive excellent care in a community where they felt valued and had a sense of belonging.

Galanos House was exceptionally well-led. The registered manager, supported by the deputy manager, had a strong sense of providing people with an enhanced quality of life which took into account individual wishes and beliefs so each person was valued and treated with equality. This inclusive ethos enabled people to carry on living their lives, pursuing their interests and maintaining and building important relationships. The managers acted as role models for the staff team who were motivated to offer care that was kind, considerate and put people at the heart of everything they did.

The management team were proactive in driving the service forward to improve outcomes for people both within the home and the local community. They worked in partnership with key organisations, both locally and nationally, to support care provision, service development and joined up care.

The provider understood the need to provide staff with the skills, knowledge and tools to provide care that followed best practice. They had an improvement plan to invest in staff development so staff had the motivation and confidence to provide innovative care which promoted people's wellbeing and meant they had a meaningful life.

Staff treated each person as an individual and respected their life history and experiences. Staff knew about people and who and what was important to them and significant events in their lives. They focussed on the uniqueness of each person rather than labelling them with a diagnosis or condition. Staff were able to tell us how they used their knowledge of people to engage and respond to them to show they were valued and to make their lives better. Staff supported people to maintain relationships and build memories with family and friends who were important to them.

People had access to purposeful and meaningful occupation that was personal to them. People's skills, knowledge and expertise were recognised, celebrated and encouraged.

The home had sufficient staff to meet the individual needs and preferences of the people living there. Staff were recruited after the provider had completed the necessary checks to make sure they were suitable to work at the home. Staff understood their responsibilities to raise any concerns they had about people through safeguarding procedures.

Care plans provided staff with information about risks to people's health and wellbeing. Risk assessments took into account people's individual needs and abilities and encouraged people to maintain independence where possible. Medicines were managed, administered and stored safely.

People were supported by staff who understood the principles of the Mental Capacity Act 2005. They gave people maximum choice and involved them in decisions about their care. By understanding people's history and motivations they were able to provide care in the least restrictive way possible.

The provider's quality assurance system involved asking people, relatives and staff about their experience of the service. The provider understood where improvements were needed and had plans in place to achieve these to ensure people continued to receive excellent standards of care.

## 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 remains Good.

### Is the service effective?

Outstanding ☆

The service remains outstanding.

### Is the service caring?

Outstanding ☆

The service remains Outstanding.

### Is the service responsive?

Outstanding ☆

The service remains Outstanding.

### Is the service well-led?

Outstanding ☆

The service is outstanding.

People praised the leadership of the home and the culture of building a community where people felt valued and treated with equality. The managers acted as role models for the staff team who were motivated to offer care that was kind, considerate and put people at the heart of everything they did. The provider and management team had a sustained track record of delivering excellent performance and encouraging improvement in care provision both locally and nationally. People and staff were encouraged to share their views and ideas to improve outcomes for people and those closest to them.

# Galanos House

## 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 visit took place on 14 and 18 September 2017. It was a comprehensive inspection and the first day of our visit was unannounced. The inspection was undertaken by three inspectors, a specialist advisor 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 service. A specialist advisor is a qualified health professional. The second day was announced and the visit was undertaken by one inspector.

The provider had completed a provider information return (PIR). The PIR 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.

Prior to our visit we reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

During our visit we spoke with 14 people and eight relatives/visitors about what it was like to live at the home. Many of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

We spoke with two heads of unit, one nurse, 10 care staff, five support staff and two volunteers about what it

was like to work at the home. We spoke with the registered manager, deputy manager, operations director and regional health and safety advisor about their management of the service. We also contacted five healthcare professionals who provided support and services to people who lived at Galanos House.

We reviewed eight people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to continually improve the quality of the service.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe living at Galanos House. Comments included: "I feel safe living at the home as I can go outside in the garden and the carers keep an eye on you" and, "Safety and care are paramount here." Two people particularly spoke of feeling safe when staff used equipment to support them. One person told us, "The carers organise my baths by using the bath chair which I enjoy and I know I am safe." Another person spoke of a time they had a fall. They explained that staff used a hoist to help them off the floor and said, "The staff were very gentle with me and didn't hurt me."

Staff had been trained in safeguarding and understood their responsibility to protect people from avoidable harm and abuse. Staff understood their responsibilities to challenge poor practice and to report any concerns to a senior person. One staff member told us, "I would take any concerns to the home manager. I have no doubt she would quickly take action, she's very hot on things like that."

There were enough staff of varying skills on duty to support people safely and provide person centred care. The registered manager told us staffing levels had recently been reviewed by the provider which confirmed they were working at safe staffing levels. However, the provider had increased staff numbers because they wanted staff to have more time to engage with people. The provider was recruiting to fill the new roles, but in the meantime they were using agency staff to fill the vacancies. Staff spoke of the benefits of having their own permanent staff, but told us the same agency staff were used to ensure people received consistency of care.

The provider carried out appropriate checks on prospective staff to ensure they were of good character and safe to work with people who lived at the home.

Medicines were managed, administered and stored safely. All medicines were kept safely in locked cabinets in people's bedrooms. Staff kept a record of how much medicine was stored. Only trained and competent staff administered medicines. People were given a drink with their medicines and staff ensured medicines had been taken without rushing people. Medicine administration records were signed and up to date and confirmed people received their medicines as prescribed.

Some people were prescribed medicines to be given as required. There were guidelines for staff to follow which ensured these medicines were given safely and consistently. There were arrangements to ensure time specific medicines were given as prescribed. Records demonstrated that medicines given via skin patches were administered in accordance with good practice to maximise their effectiveness and reduce the risks of skin irritation. Where people could not verbalise their pain, staff used a recognised tool to assess any pain they may be experiencing.

Care plans provided staff with information about risks to people's health and wellbeing. The risk

assessments took into account people's individual needs and abilities and encouraged people to maintain independence where possible. For example, one person did not like walking with shoes or slippers on. Slipper socks had been bought to reduce the risks of this person falling. Other risks assessed included risks of skin damage, mobility, and eating and drinking. Staff had a good understanding of what people's main risks were and what strategies were used to reduce those risks.

We looked at the records of three people at risk of skin damage. We found wound management plans were not always clear, and checks to ensure risk reduction measures were taken, were not consistently recorded. The clinical lead had already identified these issues. They showed us an action plan that had been developed with the deputy manager to improve wound management records within the home.

The provider had processes to manage environmental risks, this included regular risk assessments and testing and servicing of the premises and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. The registered manager had identified the support each person would need to keep them safe in the event of an emergency.



## Is the service effective?

### Our findings

At our last inspection we rated the service as Outstanding. At this inspection we found staff continued to have the skills, experience and support to enable them to meet people's needs effectively. The provider planned to increase their investment in staff to ensure they had the tools and resources to continue to provide extremely effective care. People had freedom of choice and were supported with their dietary and health needs. The rating remains Outstanding.

The registered manager spoke of the importance of valuing and investing in staff and encouraging them to further learn and develop new skills and ideas. "The staff are the people we leave behind to care for our relatives, residents and patients when we go home. We need staff that are flexible, open, skilled and compassionate. ....(staff) make the difference between a good and an outstanding service." The staff at Galanos House demonstrated these qualities.

People were confident staff had the appropriate knowledge to meet their needs. They felt staff were very well trained and knew how best to look after them.

Managers worked with other organisations to make sure staff followed best practice and people received high standards of care from staff who felt confident to be innovative in their approach. For example, a leading dementia care training organisation which had developed the Butterfly Household model of care, had recently finished a 12 day training programme in Poppy Lodge. The training focussed on providing excellent person centred dementia care. During the training staff contributed to the development of best practice through staff forums and workshops. A healthcare professional involved in the course explained, "The whole staff team were given ownership of developing parts of the environment from the hallways to dining rooms." The course also skilled the management team to carry out observational audits to assess, observe and evaluate practice to ensure staff implemented the training into all their interactions with people.

The training staff received in caring for people with dementia was being practiced very effectively so people who lived in Poppy Lodge were empowered to engage with people, utilise their skills and maintain their independence where possible. We saw people help with the washing up, making cakes and bread, reading newspapers, dancing with staff and looking at things of interest on hand held computers. Poppy Lodge had recently been audited and continued to be an accredited Butterfly Service Home which meant they had achieved excellence in dementia care.

The management team explored other creative and innovative ways to encourage learning and motivate staff to consistently review the way they worked to ensure they strived to provide excellent levels of care. For example, they had planned some workshops in collaboration with a drama group. These workshops were aimed at providing staff with a way to explore their responses to problems related to individual dementia issues, such as limitations in verbal communication.

Care staff were proud to give people a caring home to the end of their life, Staff told us of the emotional

affect this had on them as 'carers' because they become so 'attached' to people. Staff said they were supported by their peers after a death and would like more opportunities to discuss their emotions. A typical comment was, "You love these people and you care for them." The provider had already responded to this need and introduced plans to further invest in the development of staff. This included the recruitment of a 'Practice Development Facilitator' who would co-ordinate staff training and introduce tools to support staff in their role, including a process of reflective practice. The registered manager explained, "We are putting in a lot of resources for staff to spend time with people and we want staff to be meaningfully engaged. As a team we really want to support staff in their jobs. It is about how you value your staff and how you treat them." The role of Practice Development Facilitator was being recruited to at the time of our visit.

The provider was also introducing the Nameste programme into the home. This is for people who are towards the advanced stages of dementia where communication is far more challenging. It is a programme which is designed to support the use of senses such as smell, touch, sound and feel. Training had been booked and the registered manager was confident this would give staff an extra tool to provide excellent person centred care.

New staff received a comprehensive induction which included working towards attaining the Care Certificate which is the nationally recognised minimum standard for induction. Staff were encouraged to complete nationally recognised qualifications in health and social care. The home had recently been nominated for employer of the year by their NVQ training provider.

The provider continued to provide placements for student nurses and continued to receive very positive feedback. One student nurse had recently commented, "My mentor was outstanding and provided me with so much support and helped me to achieve all my learning outcomes and essential skills."

Staff felt supported in their roles and said they had opportunities to talk about their work through formal and informal processes. They told us they felt able to raise any issues with the management team. Comments included: "I know I can go to [registered manager] and [deputy manager] with any issues and they would give me the time" and, "[Registered manager's] door is always open if you have got a problem. She is very supportive."

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

Care plans were regularly reviewed to identify if people had potential restrictions on their liberty. The registered manager explained that knowing people and their motivations and life history, meant any restrictions on their care could be kept to a minimum and by working with people and those who knew them best, they were able to provide care in the least restrictive way possible and support people's independence. Where restrictions had been identified, applications had been made to the supervisory body for a DoLS authorisation.

Staff worked within the principles of the MCA. They offered people choices and respected the decisions they made. Where people had limited communication, they took time to ensure they were acting within their wishes. For example, one person had hearing difficulties. Staff wrote down the lunch time meal choices on a piece of paper. The person did not want lunch, but the member of staff was gently persistent in writing down the conversation and providing encouragement. The person eventually chose a piece of toast instead of the meals offered. The exchange was not rushed; the staff member spent over 20 minutes providing different

choices and encouraging the person's involvement in deciding what they wanted to eat.

People's right to refuse offers of care and support was respected, but staff ensured this did not impact on people's health and wellbeing. One staff member explained, "If a person refuses something, you can leave and go back later or ask someone else to try, including a family member. If this becomes a regular occurrence and they are refusing something that could be of detriment, we would have a meeting and discuss what's in the person's best interests."

People told us the food was excellent and they enjoyed it. One person told us, "Food is fantastic, lots of choices and variety." Another said, "The cook must be friendly with the butcher as the meat is very good." People told us they were encouraged to make suggestions about what should be included on the menu. One person told us croissants were now offered at breakfast at their suggestion. Another of their requests had been to have a cheese plate as an alternative to a sweet pudding; this was now being offered.

At lunch time we saw thought had gone into the meal time experience, the environment, individual needs and how food was presented. The atmosphere was calm and relaxed. A member of staff assisted one person to eat. They helped the person into an appropriate position and then sat down next to them. They stroked the person's hand to keep their attention and coaxed them gently to eat. The staff member gave the person plenty of time to finish each mouthful without rushing.

Another person refused to have anything to eat. Three staff attempted to encourage the person using slightly different approaches. Eventually the person had a yoghurt, and then ate their main meal independently. A staff member explained the person enjoyed their food, once they had been encouraged to start eating.

On Poppy Lodge lunch took a long time because the ethos was that lunch took as long as was necessary. Staff recognised some people were more likely to eat once the dining rooms were less busy. They stayed with people until they were assured people had eaten as much as they wanted to.

Healthcare professionals confirmed staff worked with them to achieve positive outcomes for people. One healthcare professional told us, "We had one situation at Poppy Lodge where in order to maintain a resident's quality of life and ensure her wishes were met regarding what she wanted to eat, the management of mealtimes was adjusted accordingly to maximise her safety. They (staff) know their residents well and take a sensible, partnership approach rather than the residents being told what they can/can't do." People and healthcare professionals told us staff were observant and proactive in seeking advice when people were unwell or when a need was identified. A healthcare professional told us, "Staff recognise when a person needs our input and contact us directly. Any recommendations that we make appear to be followed correctly. Staff always know when we have arranged an appointment and are available to be with us for the visit."

## Is the service caring?

### Our findings

At our previous inspection we found managers and staff showed an exceptional level of compassion and empathy towards people. At this inspection we saw a lovely connection between staff and people who lived at the home. There was a great sense of community and belonging. People were extremely comfortable and happy around staff and we saw many caring moments. The rating remains 'Outstanding'.

People were very happy with the care they received. One person said, "You won't find another place like this. It is friendly and the carers are wonderful. They just do anything for you. I can't express how good they are." A relative confirmed, "All the carers are brilliant. They all offer different things and go above and beyond." One health professional commented, "There is always a very positive atmosphere where residents are treated like adults and empowered to make their own decisions." Another said, "It is a happy home, I can't praise it enough."

Staff gave people their time and treated each person as though they were special and important. There were lots of conversations punctuated with smiles and laughter. One visitor to the home expressed the views of many when they told us, "I sat in the foyer just watching and it was the interactions between all the people and all the staff. The atmosphere was wonderful. It is a real life community that is inherent in the whole place, and with such a feeling of care."

Staff were very motivated and spoke with enthusiasm about providing a family environment where people felt safe, valued and cared for. Comments included: "As soon as I came here I knew I wanted to work here, it's a home from home", "It's a place of love, the residents to me are family as much as my own family" and, "I love it here, I wouldn't want to be anywhere else...we get the reward of making the residents happy." To promote a family environment, staff brought their own families into the home to share part of their lives with people. The homely atmosphere was further enhanced because staff did not wear uniforms or name badges, and at night staff on Poppy Lodge wore pyjamas. This thoughtful approach was helpful to some people because it provided them with a visual clue to let them know it was night time. A staff member explained, "I don't need to wear a badge, they know me. That is what is important, and me knowing them."

Staff were fully committed to providing people with an outstanding level of care and often went beyond what was expected of their role. One healthcare professional commented, "Staff put their own time into raising money for the home and they attend funerals in their own time."

Managers and staff valued the people they cared for. Staff treated each person as an individual and respected their life history and experiences. Staff knew about people and who and what was important to them and significant events in their lives. They focussed on the uniqueness of each person rather than labelling them with a diagnosis or condition. Staff's willingness to learn from people made their relationships more equal. One staff member explained, "I love it because with the residents you hear all their stories. Every resident is different and has a different story to tell. They may have a health condition, but that doesn't make them who they are. Their personality and background makes them who they are."

Relatives were overwhelmingly positive about the caring and thoughtful nature of staff and told us staff had the ability to forge meaningful relationships with people. They spoke highly of the patience and understanding demonstrated by staff when their family members became anxious or agitated. One relative told us, "They are so tolerant and helpful, it is admirable. Every time they will be friendly with her, kiss her and hold her hand. There is never a sign of neglect or avoidance."

People's skills, knowledge and expertise were recognised, celebrated and encouraged. For example, one person had a love of gardening and showed us an area they had decorated with colourful plants. They went on to say, "[Registered manager] will ask me if I can do so and so for her and now they have asked if I would like to help the new gardener. She is so grateful and puts her arms around me and hugs me. She really does appreciate what you do." The person laughed as they told us they were going to be the 'ideas person' and the gardener was going to do all the hard work. This engagement gave the person a real sense of value and belonging within the community of the home.

Staff supported people to maintain relationships and build memories with family and friends who were important to them. One member of staff was accompanying a person to a family wedding and staff were organising a 40th wedding anniversary party for another person. Relatives and visitors were encouraged to be involved in their relations' care and there were no restrictions on visiting times. Computers were available in various areas of the home for people to maintain contact with family and friends who were not able to visit. Staff had supported one person to prepare video messages to be played at a family wedding when they were too ill to attend.

Staff understood how friendships and relationships were good for people's wellbeing and encouraged people to make new ones. One person particularly spoke of building meaningful friendships with others who lived in the home who had similar interests and motivations.

Relatives felt included and that their own feelings and emotions were supported by managers and staff. One relative explained how they had to find a home for their family member who had been diagnosed as requiring end of life care. They told us, "[Deputy manager] was really tender and she said, 'in your unusual circumstances your father is meant to be part of the Galanos family'. I will never forget her, she was so understanding and painted a picture of them really wanting Dad."

People were treated with great respect and regard to their dignity and privacy. One relative commented, "Whenever I visit my father is clean shaven which I know is important to him." People were encouraged to have as much choice, control and independence as possible and make decisions about their care and environment. A student nurse on completion of their placement at the home wrote, "This care home provides the utmost gold standard of care. All the patients are treated with dignity and respect."

People's religious and spiritual needs were embraced. The home had regular religious services and encouraged visits from priests and ministers of differing religious backgrounds. One relative told us, "Staff were deeply respectful of my own spiritual views."

People were supported to remain in the home at the end of their life. Staff were committed to ensuring each person who died when a resident at Galanos House had a dignified and pain free death. They supported relatives to understand what might happen at the end of a person's life to reassure and prepare them. A relative spoke movingly of the deep respect and tenderness all staff had shown their family member before, during and after their recent death. They explained, "It was life changing. When you see something that is deeply honouring of someone you love, it makes it more okay. You feel as if you are not alone. It is deeply moving and very life affirming." Staff, and those people who wished to, applauded the life of people as they

left their home at Galanos House for the last time.

People continued to be remembered and honoured at the home. A service was held annually where people were remembered. Relatives continued to visit the home and support people in the role of volunteers to continue the strong bonds and friendships that had been established.

## Is the service responsive?

### Our findings

At our last inspection we found the responsiveness of the service was Outstanding. At this inspection we found the same high level of responsiveness to people's health, emotional and social care needs. Staff worked very hard to ensure people's lives were as meaningful and fulfilling as possible and encouraged people to maintain an interesting life. The rating remains Outstanding.

The registered manager had a clear vision of how to deliver a service that was very responsive to each person's individual needs: "In order to provide a quality service we must begin by valuing the people we care for. We need to know who they were and who they are while they live with us. We need to invest time to find out the life histories and pasts of people, not just to complete the paperwork but to truly enhance the opportunities we can provide. We need to make our care offering relevant to their lives." We saw this vision put into practice in the way staff responded to people so they received highly individualised care. Healthcare professionals confirmed that staff focussed on providing person centred care and achieved extremely good results.

The home had close links with the local community that enhanced and benefited people's lives and allowed them to remain active members of the community. A recent venture with various organisations, including schools and the fire service, had resulted in a world record for the largest human portrait of a poppy. Forty five people from Galanos House had enjoyed participating in the event. Other people were going to form a percussion group with pupils from a local college and another person read us a poem they had submitted to a local poetry competition.

Care records were person-centred and explained people's lifestyle profile, their likes and dislikes, hobbies and interests. They provided detail of how people might express their feelings of pleasure or displeasure so staff could support them effectively. Staff used this knowledge to engage and respond to people to show they were valued and to make their lives better. For example, a member of staff told us about one person who used to be responsible for health and safety checks at work. They explained, "When we have the fire test on Friday he gets upset about it. He is alarmed and needs to find out what is going on. Now he is taken around and he is part of the checks. That reassures him because he knows all is in order and he has no worries that afternoon."

Delivery of care was focussed on the person rather than the task. One person was often reluctant to eat and staff had identified this was because of comments about their weight when they were younger. The staff member explained, "I change the story to get her out of that unhappy place, but remember the information she has given me because that might trigger the memory again." A relative told us, "Once staff got to know [name of person] they were able to guide him to things they knew he would enjoy. They got to know about him and his life and that gave them the opportunity to provide that higher level of care and have that continued conversation."

Staff showed an extremely caring and responsive approach to changes in behaviour. They read people's body language and facial expressions to identify when people were becoming restless, bored or anxious.



They responded quickly to turn what could be a bad moment for a person, into a moment of positive engagement. One staff member explained, "Some residents can't tell you what is wrong, but you can tell by little changes in their behaviours when something is not right."

The person centred model of care used in Poppy Lodge was called the 'butterfly approach' which promoted a family environment. People were provided with stimulation by staff who demonstrated an understanding and commitment to outstanding dementia care. Staff entered into 'people's worlds' and recognised the individual journeys people were on. Routines were kept to a minimum and staff tailored their responses to meet people's individual preferences and needs as they arose.

Poppy Lodge provided an environment that was very responsive to the needs of people living with dementia. The communal rooms were full of interesting objects and there was a central hub of activity in the main lounge. Colourful corridors full of pictures and photos brought those people who liked to explore back to the lounge area. One staff member explained, "We have memory boards opposite people's bedrooms to remind people of their memories. It is the first thing they see when they leave their room and reminds them of who they are."

People had access to purposeful and meaningful occupation that was personal to them. This involved following hobbies and interests, caring for themselves by making their own drinks or tidying their room, or doing things for others. By following these principles there were few episodes of challenging behaviour or negative engagement between people who lived in the home. It also gave people a sense of purpose and usefulness that increased their self-worth and confidence. For example, some people enjoyed being members of the gardening club and were proud to have won 16 awards in a recent agricultural show.

People were also encouraged to have ambitions and make plans. Some people had decided to gain more skills and were going to learn French so they could speak to stall holders at the regular French markets held in the town.

The staff team were innovative in looking at ways to ensure people felt appreciated and had a sense of engagement with others who lived in the home. One person used to be a 'French polisher' and staff brought them tables to strip and polish which were placed around the home. Another person led the national bird watch survey every year and then gave a talk about it. A third person was described as being low in mood when they moved into the home and "Needed a bit of love and attention and to take a bit more control of their life." This person now acted as a buddy for new people when they arrived at Galanos House.

People who lived at the home had a connection to the military and staff told us they were honoured to care for them. One relative told us, "The staff have always admired [name of person]. They are very impressed when I tell them about our history." Where people wanted to, staff encouraged them to share their experiences. Trips were organised to the National Memorial Arboretum where people shared their military experiences with two guides who then had 'real stories' to tell when showing visitors around the arboretum.

None of the people we spoke with had any complaints, but felt they would be comfortable voicing them if needed. People were encouraged to raise any issues directly with the management team to resolve any concerns before they developed into a formal complaint. The registered manager explained they had an open door policy saying, "If someone can come to you with a niggles, you avoid the big complaints. Things can quickly build up and fester if people feel you aren't listening to them." People and their relatives felt any issues they had were handled effectively and their views listened to and acted on. There had been one formal complaint in the last 12 months. The complaint had been resolved in-line with the provider's procedure.



## Is the service well-led?

### Our findings

At our last inspection visit we rated the leadership of the service as Good. At this inspection we found the provider had continued to develop the service provided and the culture of the home was extremely positive and person centred. The management team had a sustained track record of delivering excellent performance and encouraging improvement in care provision both locally and nationally. People, relatives, healthcare professionals and staff felt this was an excellent home and the rating is now Outstanding.

People praised the leadership of the home and the culture of building a community where people felt valued. One person described Galanos House as "the best in the country". Another said, "From the time I came here, I felt it was my home." One story of the home's outstanding work came from a visitor who had experienced institutionalised care when they were younger. They told us, "Being here has taken away my fear of care homes."

The management team had a clear understanding of the principles and ethos of the service. The registered manager, supported by the deputy manager, had a strong sense of providing people with an enhanced quality of life which took into account individual strengths, wishes and beliefs so each person was valued and treated with equality. This inclusive ethos allowed people to carry on living their lives, pursuing their interests and maintaining and building important relationships.

Galanos House had received local and national recognition and good practice awards for the quality of care and support provided for people using the service. Poppy Lodge had recently been audited by Dementia Care Matters and continued to hold their quality of life 'Kite-Mark' award. The award recognised the home's focus on supporting the emotional and physical well-being of the people who lived there. Recognition of the home's caring philosophy around end of life care was accredited under the Gold Standards Framework (GSF). This is a framework that guides staff to provide 'a gold standard of care' for people at the end of their life. Galanos House was a 'beacon home' which is the highest level awarded under the GSF scheme.

The home had been awarded National Care Home of the Year at the end of 2015. The award highlights excellence and rewards those who work to provide consistently outstanding care.

Building on their recognition and achievements, the management team were proactive in driving the service forward to further improve outcomes for people. There was a strong emphasis on continually striving to recognise, promote and implement systems to improve the service in response to the changing needs of the people who lived in the home and the wider local community. For example, people in Poppy Lodge moved to the nursing unit when their nursing needs began to outweigh their dementia care needs. The provider recognised this may not be beneficial for people who were leaving their home at Poppy Lodge at a vulnerable time in their lives. The provider planned to extend Poppy Lodge with ten extra bedrooms and recruit a nurse to the unit. This meant people would be able to stay on Poppy Lodge to the end of their life, surrounded by staff and people they knew and were familiar with. The increase in beds meant the home would also be able to meet an increasing demand for more in-house respite care.

The management team had also identified there was a need for more support locally for people living with dementia in their own homes, as well as their family carers. The provider was going to extend the day service into a purpose built building so they could provide more placements to support people to live independently for as long as possible. The aim of the day centre was to reduce social isolation, increase confidence and create peer support networks for people and those who cared for them.

The provider worked in partnership with key organisations to support care provision, service development and joined up care. For example, a hospice in another town had extended their 'hospice at home' service to Southam and been offered a 'satellite base' at Galanos House. This meant people locally would be given the opportunity to receive end of life care in their own homes and the two services could share and support best practice with a better understanding of the challenges faced within the different care settings. Staff also worked in liaison with Admiral nurses who are specialist nurses who give expert practical, clinical and emotional support to families of those living with dementia. Plans were in place to have an Admiral nurse based permanently at Galanos House to support the local community.

The management team were committed to improving the care people received and recognised the value of research. They understood a move into residential care should not strip away people's independence or take away their skills. They were therefore collaborating on a research project with a local university looking at whether people are made frailer in residential care settings if they are not encouraged to maintain their skills. Managers had also considered recent research regarding the benefits of joining child care with services for older people. They were exploring ways of introducing some groups for younger children into the new day service.

The provider and registered manager were committed to driving improvements within the care sector nationally. 'Quality Matters' is a government led initiative to encourage providers to maintain high quality care and to improve care when it does not meet the standards of quality that people should experience. The registered manager had been invited to speak at the launch of the initiative and continued to liaise with government representatives to ensure the momentum to provide consistently high standards in all care settings was maintained.

The home had a track record for being an excellent role model for other services. The home was a member of the 'Outstanding Society' which is a forum where providers of homes rated as outstanding can meet to discuss and share best practice within the care sector. The managers visited other care homes to explore new health initiatives and welcomed other healthcare professionals into Galanos. The registered manager had recently provided guidance to a home that had been placed by CQC into 'special measures'.

The managers acted as role models for the staff team who were motivated to offer care that was kind, considerate and put people at the heart of everything they did. Staff continually demonstrated a clear understanding of the caring values the provider and managers wanted to achieve. Staff were proud of the home and wanted to deliver the best possible service where people were supported to live as meaningful a life as possible. We observed staff ensured people were at the centre of everything they did and made to feel they mattered. One staff member explained, "It is about making each day as fulfilled and enjoyable as possible." Another told us, "People come here to live, they don't come here for the end of their life."

The provider's improvement plans included a clear staff training and developmental programme to ensure staff continued to deliver high quality care that embraced best practice. The provider had identified the supervision and appraisal system needed to be improved and was introducing a new way of supervising staff which emphasised working in partnership with them through 'Shared Values and Behaviours'. This approach had been developed in collaboration with staff and gave them an opportunity to demonstrate

how they were implementing the provider's values in their daily work.

The registered manager encouraged staff to feel empowered to make suggestions to improve service provision within the home. They explained, "Staff meetings are led by staff and they are debating the issues themselves and coming up with ideas." A staff member confirmed they felt confident to make suggestions to enhance life in the home because "all ideas matter". For example, under a new initiative a member of staff had measured the volume of fluid in all the cups, mugs and beakers used in Poppy Lodge so staff could accurately measure people's fluid intake. Staff received a 'standing ovation' citation to acknowledge their creativity in improving outcomes for people.

The registered manager used feedback from people to examine the quality of care provided. Feedback came from surveys, reviews and regular meetings. The registered manager explained the importance of listening to people because, "The ownership is with the people who live here because it is their home." To support this they had looked at innovative ways to encourage people to make suggestions. For example, a new communication group of people living at the home had been established to improve communication in the home. At the first meeting it had been suggested notice boards should be lowered to make them more accessible to people in wheelchairs. This was being actioned at the time of our visit. People confirmed they felt listened to and involved in the development of the service.

When we asked one healthcare professional if they felt the home was well managed, they responded, "Absolutely, in my opinion. I have got to know the deputy manager over the years and she has always been positive, professional, forward-thinking and proud of the service and care that is offered at Galanos." Another told us, "I feel they are very professional; it is run very well with the nursing staff and manager aware of all the patients' needs."

Galanos House had strong links to the local community, many of whom were involved in events to raise funds for the service. There was also a band of over 50 volunteers who regularly supported and facilitated entertainment and activities within the home. Southam dementia café was held monthly at the home and provided opportunities for people and their family carers to socialise in a relaxed and supportive environment. Around 15 couples attended on a regular basis. The provider also offered a fortnightly advice and information clinic which was run by one of their Advice and Information officers. This was open to anyone from the community who wanted advice about care issues, such as financial benefits they may be entitled to.

The registered manager was currently working on a project with the local county council to make the town of Southam dementia friendly. This involved identifying businesses and shops in the town who were willing to share part of the responsibility for ensuring people with dementia felt safe and understood in the local community. The registered manager had delivered training sessions to support the project.

The provider had a strong framework of checks and audits to monitor risks and performance to understand where improvements were required. This was an open and transparent process to underpin learning and development at all levels. The registered manager showed us the current action plan. This included improvements in the organisation of care plans and daily records. The registered manager delivered monthly reports to the provider so the provider could be assured care was delivered and monitored consistently across all the homes within the provider group.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.

Compliments seen demonstrated a high satisfaction with the care people received. A typical comment was, "I cannot thank you enough for all your dedicated team, regardless of their roles, who always had time to stop, chat and give you a hug when needed. It was all so genuine. This spills over into the night staff who attended him. He spoke very highly of their motivation and care during the quiet hours when sleep evaded him."