

Dr G H Khan

Galtee More Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Galtee More Nursing Home known as Galtee More to the people who live and work there is registered to provide accommodation and personal care for up to 28 people over 65 years old, some of whom are living with dementia.

Galtee More is a residential care home situated in a residential area on the outskirts of Barnsley town centre. The home consists of one building with four floors accessed by one passenger lift. The majority of rooms are single without en-suite facilities. At the time of this inspection there were 23 people living at the home.

We inspected Galtee More on 3 and 5 July 2017. Both inspection days were unannounced. This meant the home did not know when we were coming.

Galtee More was last inspected in September 2015 and was rated Good.

The home had a registered manager who had registered with the Care Quality Commission (CQC) in February 2014. A registered manager is a person who has registered with CQC 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.

During this inspection, we identified that the service was breaching regulations related to safe care and treatment, recruitment, consent and good governance.

People and relatives told us they felt safe and their care needs were met by staff at the home.

Although risks associated with people's individual care needs were identified, such as pressure sores and falls, we found shortfalls in how these and other areas of risk were managed. Staffing levels were appropriate and dependency tools were found in people's files however these were not being used to inform the registered manager's decision in regards to staffing levels or staff deployment. People had care plan specific to their care needs however its quality was variable.

Medicines were not always administered safely at the home. The temperature of the medicines room was over the advised limit during several days and no action was taken to rectify it; creams were not being administered or recorded properly and there were no protocols for 'as and when required' (PRN) medicines.

Mental Capacity Act 2005 assessments and best interest decisions for people, who lacked capacity, were not in place.

Recruitment process were not robust as staff's full employment history and appropriate references were not always sought in line with regulations.

People and their relatives provided good feedback about the meals and drinks provided. Care and catering staff were well-informed about people's dietary needs, food preferences and dislikes.

When needed, referrals to other professionals were done and during our visit we had positive feedback from a visiting health professional in relation to the care provided at Galtee More.

People had access to activities.

Staff had completed training however it was not always possible to establish when this had been completed. Staff had regular supervision. The registered manager did not have an oversight of staff's training records or supervision dates.

People felt able to tell staff if there was something they were not happy with and we saw that concerns and complaints were managed well.

People and relatives thought the care staff and management were kind, caring and polite.

The systems in place to monitor and improve the quality of the service provided were not robust. Some checks and audits were undertaken but these did not identify areas for improvement.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's individual care needs were identified but we found shortfalls in how these and other areas of risk were managed.

Medicines were not always administered and managed safely.

Safe recruitment procedures were not always being followed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The home was not fully compliant with the Mental Capacity Act 2005.

People received the support they needed to eat and drink; people gave positive feedback about the meals served at the home.

We could not evidence that all care staff received the support and training they needed to provide effective care.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Care plans were person centred but there was no evidence people and their relatives were involved in reviewing these.

People's files with confidential and sensitive information were not stored securely.

People and their relatives described staff as kind and caring and our observations during the inspection supported this.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were in place however their quality was inconsistent.

Activities were offered but there were mixed views by people and relatives in relation to the quality of these activities.

There was a complaints procedure in place and we found that complaints were managed appropriately.

Is the service well-led?

The service was not always well-led.

The registered manager did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

The registered provider did not have any systems in place to monitor, assess and improve the quality of the services provided.

Requires Improvement 

Galtee More Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 5 July 2017. Both inspection days were unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience on the first day and two adult social care inspectors on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who was part of this inspection had experience caring for older people and people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident takes place, for example where a person who uses the service experiences a serious injury or there is an incident that requires the involvement of the police.

We also contacted local stakeholders to have their views on the care provided at Galtee More. These included Healthwatch Barnsley, the local authority safeguarding team and the Clinical Commissioning Group. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not share any concerns with us.

During the inspection we spent time observing care in the communal lounges and dining rooms, we spoke with ten people living at Galtee More and seven relatives or friends. We also spoke with ten members of care staff including the registered manager and the registered provider. We looked at records in relation to six people's care and four staff records. We looked at other records which related to the management of the home, including policies and procedures, fire checks, audits and minutes of resident's meetings.

Is the service safe?

Our findings

People living at Galtee More told us they felt safe. One person told us, "I feel so much safer than I did at home." A second person said, "I can certainly say that I feel safe and secure." Relatives told us they felt their loved ones were safe. One commented, "Mum is in safe hands, I can promise you, we feel so confident that mum is safe here". However, we found evidence that people were not always safe from the risk of harm.

We checked how risks to people were being managed and we found these were not always being identified or managed appropriately.

People's care files contained risk assessments, for example, for nutrition, pressure ulcers, falls, moving and handling. However, the information in some risk assessments and care plans lacked detail. For example, two of the manual handling risk assessments that we looked at did not include enough detail in relation to the method staff were required to follow to safely move people as there was no indication of which loops to select when using slings or belts. This meant there was a risk that people may not be moved in a safe way.

We observed how people were being moved and on two occasions we had concerns with the safety of the manoeuvres done by staff. Poor moving and handling practices can cause harm to both the person and staff. We discussed our observations with the registered manager to enable them to take appropriate action to reduce the likelihood of this situation re-occurring.

Equipment such as slings, belts, stand aid and a hoist had been maintained and had a recent Lifting Operations and Lifting Equipment Regulations (LOLER) certification. However, there was no equipment list and some equipment we saw was not identifiable with a unique number or label therefore, we could not confirm that all equipment had been subject to the appropriate checks. Slings and belts were being shared by more than one person. This is not good practice in terms of moving and handling, as each person should have equipment assessed to their particular needs, nor good practice in terms of infection control. This meant that safe moving and handling was not always being followed as per the advice of the Health and Safety Executive (HSE) in their guidance, Health and Safety in care homes (2014).

During our inspection, we identified some risks in relation to how the premises were managed.

There was a balcony on the second floor of the home, accessible through an unlocked door; the balcony and its entrance was unsupervised at times. As recommended by the Health and Safety Executive (HSE), in their guidance on how to prevent falls from windows and balconies, the registered provider needs to carry out a proper risk assessment and put in place the appropriate control measures. We discussed this with the registered manager, they said they did not have a full risk assessment of the premises but they told us they would do one. This meant that people living at Galtee More, in particular people living with dementia, could be at risk of falls from the balcony. Two weeks after our inspection, we were informed by the registered manager of their decision to lock the balcony's door when staff were not present.

The internal staircase of the home was accessible to all people. This meant that people living with dementia

and those with mobility difficulties could be at an increased risk of falls. We also observed some risks related with accessing the laundry, maintenance room and kitchen were not being managed in a safe way. During our inspection days, both inspectors were able to gain access to these areas when staff was not there. This meant that people could also access these areas unsupervised and be at risk of burns, ingestion of hazardous products and electrocution. This was discussed with the registered manager, who explained that some of these doors were kept unlocked due to being fire doors. After our inspection, the registered manager told us they had been in contact with the Fire and Rescue service and were advised of what to do to keep those areas safe to people while ensuring they were adhering to the fire safety regulations.

These examples demonstrate a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

During the first day of our inspection, we observed staff had placed a door wedge under the office door and a person's bedroom door. This meant that in the event of a fire, these fire doors might not be able to close and consequently would not fulfil their purpose of being a fire barrier. We brought this to the attention of the registered manager. On the second day of our inspection we did not see doors wedged opened.

We checked whether each person had a Personal Emergency Evacuation Plan (PEEP) to enable staff to assist people to evacuate the building if necessary and found these were in place. We also saw the evacuation plan was displayed in the home. We saw fire drills were being completed, however; these only considered the time of arrival of staff to the assembly point. The records of two of the drills completed this year indicated that some staff had not respond appropriately but there was no information as to the actions taken to rectify this. This meant that people could not be reassured that staff would always follow the appropriate fire safety procedures.

After our inspection visits, we contacted the fire authority and shared our findings. They told us they would carry out a further audit to follow up on the issues identified. Concerns in relation to fire safety demonstrated a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

During our inspection we found evidence external contractors had completed checks of gas safety, lift servicing, electrical wiring, fire extinguishers and fire alarm lighting.

We checked and found that people's medicines were not always managed in a safe way.

People told us, "I have to take my tablets early in the morning; staff make sure I get them on time." Another person said, "They are pretty strict with medication, it is always on time."

We found that medicines were ordered in a timely manner and there was no evidence of under or overstocking. The medication trolley, medication room and fridges where medication was stored were well organised and clean. Temperatures were regularly checked however, there were several instances when these were not within the required range. This meant that medicines were not always stored according to the manufactures instructions which could affect their efficacy. Staff checking the temperatures were not aware of what the required range was or its consequences to the quality of the medication.

We observed medication being administered, staff were focused on the task and established positive and patient interactions while administering medication to people. We looked at the medicines administration records (MAR) for seven people and we saw that each one had a medication profile containing a photograph of the person and information relating to any allergies. This helped ensure that the right medicine was being

administered to the right person and any risks minimised.

We saw 'as and when required' (PRN) medicines were not supported by written instructions which described situations and presentations where PRN medicines could be given. These protocols are particularly important to guide staff supporting people who might have difficulty communicating their needs, for example, people who were living with dementia. On checking the records, we found that PRN medication was given on a regular basis to some people and no medical advice was being sought to ascertain the cause for needing the medication or if this should be made a regular prescription. For example, one person was prescribed 10 or 20 mls of Paracetamol as a PRN medication to be administered a maximum four times a day. This medication had been administered consecutively for 17 days; there was no indication of the rationale used to quantify if the person required 10 or 20 mls and the times of administration had not been recorded. Another person was being administered Loperamide 2mg, a medication used to decrease the frequency of diarrhoea, twice a day for 15 consecutive days when the patient information leaflet advises that if taken for more than 48 hours, medical advice should be sought. This meant staff were not managing people's medicines safely and underlying health conditions may not be identified or addressed. We discussed these concerns with the registered manager who reassured us they would seek medical advice regarding these concerns.

We looked at the creams people were prescribed. We found creams were not applied consistently according to the prescribed frequency and there was no body map to indicate where the cream should be applied. We found that the recording of creams was signed in two places, in the cream chart by care staff and in the MAR sheet by senior care staff. However, these records did not always match. One person was prescribed a pain relief cream to be applied three times daily, we saw staff had signed to say they had applied the cream twice for four days on the cream chart but signed three times on the MAR sheet. Another person with a risk of developing pressure sores required a skin barrier cream to be applied two times a day; when we looked at the records, the application of this cream was inconsistent. We could not ascertain the impact this had had on this person's skin integrity but we discussed our concerns with the registered manager who assured us that they would take action to improve consistent application and recording of creams.

As part of our inspection, we looked at medicines that contain drugs controlled under misuse of drugs legislation called controlled drugs. We checked the controlled medicines register and found medicines were recorded and administered in accordance with good practice.

This evidence further demonstrates a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

We checked how the service ensured there were sufficient numbers of staff to keep people safe and meet their needs.

People living at Galtee More, their relatives and staff did not raise concerns in relation to staffing. We asked the registered manager how staffing levels and staff deployment were calculated; they explained there was a standard number of staff covering each shift. We saw that even though dependency tools were found in people's files, these were not being used to inform the registered manager's decision in regards to staffing levels or staff deployment. This meant that if people's needs changed, there were no systems in place to ensure that staffing levels or deployment would be updated in a timely manner.

We checked the systems in place to protect people from harm and abuse.

Staff and the registered manager were able to identify the main types of abuse and what to do if abuse was

recognised. We spoke with staff who told us that they would not hesitate in reporting any concerns to their line manager. This showed safeguarding procedures were in place to protect people from abuse and neglect.

Prior to the inspection we reviewed the safeguarding notifications submitted by the registered manager to the CQC and saw the last one had been submitted in March 2017. However, when we looked at the safeguarding file at the home, we saw two safeguarding incidents that had been reported to the local authority safeguarding team. While we saw that appropriate action had been taken to address the incidents, the registered manager had failed to report them to CQC. Registered providers and registered managers have a statutory duty to report these concerns and incidents to the CQC to help us assess their level of risk. We discussed this with the registered manager and they reassured us that this would not happen in the future.

We looked at four staff files for staff who had been recruited since our last inspection. We found that the registered manager was not consistently following their own recruitment policy in relation to recruitment checks to ensure staff suitability to work in the home. In two of the files sampled there were no interview notes, we saw that gaps in worker's employment history had not been investigated and references were not dated or signed. This meant it was not possible to confirm that all satisfactory evidence of conduct in previous employment had been sought by Galtee More's management to ensure they were recruiting staff who would not pose a risk to the people living at the home.

This meant the necessary recruitment checks to ensure staff suitability to work in the home were not being followed and this constituted a breach Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

Is the service effective?

Our findings

People told us they felt staff had the skills and training to perform in their role. One person said, "They are skilled enough to do what we need." Another person commented, "I think they are pretty well trained."

When we spoke with staff, they were knowledgeable about people's care needs and preferences. For example, a staff member was able to explain how one person's morning routine changed when they chose to have a bath. Staff were also able to explain the particular drinking needs of a person who required thickened fluids to reduce the risk of them choking on drinks.

When we looked at staff's records, we saw new staff had completed an induction and had taken time to shadow more experienced members of the team so they could learn how to meet people's needs effectively. However, we saw the Care Certificate training (or equivalent) was not being completed. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers should follow in order to provide high quality care.

During our inspection, we reviewed staff's training records and saw evidence that training was being completed. We saw individual training spreadsheets in staff's files summarising when training was last completed and when it was due, however, in the files sampled we found the dates of training completion and expiry did not always match with the certificates in their file. For instance, the training spreadsheet of one of the staff members recorded their last safeguarding training had been completed in June 2017 however; the most recent certificate we found was dated November 2015. Another staff member's training spreadsheet showed their last safeguarding training had been completed in 2015 but the most recent certificate was dated October 2016. The documentation provided by the registered manager stated that safeguarding training required a 12 month refresher. This meant we could not clearly establish when staff had completed individual training courses.

We saw evidence that supervision was being regularly completed and was a meaningful two way conversation. Staff confirmed that a variety of topics were discussed, for example, training. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities.

The registered manager did not have an oversight of the staff's training records or supervision dates to identify when last one was completed and next one due. This meant that we could not be reassured that all staff had up to date skills and competences to provide effective care. This constituted a breach of regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

We checked and found that people's consent wasn't always being sought in line with legislation 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We asked staff about their understanding of the MCA and the impact it had in the care they delivered. Staff were able to identify the decisions that some people needed support with and explain how this support was offered by giving people choices and alternatives.

When we looked at people's care plans we found the assessments of mental capacity which had been completed lacked detail and were not decision specific. We saw one person had a mental capacity assessment on file but it did not detail which decision it was being considered for, the outcome of the assessment stated 'No capacity to make decisions'. The mental capacity assessment had been reviewed three times since January 2015 by the registered manager and the outcome on each occasion had been recorded as 'no changes'.

When people were assessed as lacking the capacity to make decision, the law determines that the decision should be done in the person's best interests. We could not find any documentation evidencing that best interest decisions had been completed when people were assessed as requiring one.

We saw forms relating to consent to care and uploading photographs of people on social media sites had been signed by relatives. However, the care files we looked at did not contain information about any Lasting Power of Attorney (LPA) orders being in place. An LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you are no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. We asked the registered manager for evidence that relatives had the legal authority to sign those documents but the registered manager could not provide evidence of this. When the registered manager raised this with a relative, they confirmed they did not have the appropriate authorisation in place. This meant the registered manager was asking family members to sign consent forms when they did not have the legal authority to do so.

We also found that the least restrictive support was not always the first being offered to people who lacked capacity. For example, we looked at the care plan of one person whose behaviour might be considered as challenging to others. We saw the administration of medication to manage behaviour was identified as the first action for staff to take; no other options were recorded, for example, distraction techniques. This meant the least restrictive option was not always being used as required by the principles of the MCA.

This was a breach in Regulation 11 (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection, there were ten people living in the home who had a DoLS authorisation in place and these had been reported to us, in line with the regulations.

We asked people if they felt their rights were being restricted in any way by staff and if they could make choices about everyday decisions, feedback was inconsistent. One person told us "It's my choice what I do, what I eat and what I wear" and "They ask us what we want." Another two people told us, "They got me up at 5 o'clock this morning. Then they sat me here, not sure why", and "Yes, they got me up early too, same time, 5.30 (in the morning)." We discussed this with the registered manager who was very surprised to know that people were expressing these views and reassured us that they would speak with staff about this matter.

We asked people who used the service about their meal experience at Galtee More.

One person told us, "The food is good. If you don't like what is on, you just tell them", another person said, "The food is not always to my taste but the cooks will make me a separate meal." A relative said, "The staff always offer us drinks, we can have a meal anytime."

During the inspection we saw menus on display in the dining room which matched the meals being offered. We observed people being offered a cooked breakfast, cereals or porridge and a drink. At lunch, when people received their main hot meal of the day, people were offered two choices but the second option was always a baked potato. We saw that people requiring assistance with their meals were sat together in one table with staff. Tables were set with table clothes, cutlery and condiments. Tea time was served in people's rooms or upstairs in communal areas, the dining room was not used. Tea time food was prepared in advance by the catering staff and reheated by care staff at the meal time and included sandwiches, salads and soup.

During our two inspection days, we observed that the vast majority of people living at the home were sat eating their breakfast at the same time and were also choosing not to have their tea time meal in the dining area. We discussed this with the registered manager as we were concerned that the meal experience offered at Galtee More may not be meeting people's individualised preferences. The registered manager reassured us that the time and location of mealtimes had been discussed with people when they were admitted to the home. We confirmed this by looking at people's care files however, we saw no evidence to suggest these options had been discussed or reviewed since. The registered manager told us they would discuss these preferences with people to confirm they were still up-to-date.

We spoke with two of the catering staff who were able to tell us people's preferences and specific nutritional needs for people who required fortified or pureed food, gluten free and options for people who were diabetic. We also saw there was information on display in the kitchen in relation to people's needs and any updates to people's nutritional needs were provided by senior care staff.

We saw evidence in each of the care plans we reviewed that people received the input of external healthcare professionals, for example, GP's, district nurses and dieticians. This showed people using the service received additional support when required for meeting their care and treatment needs.

The home had a reminiscence area with several household products and utensils from the twentieth century. The registered manager told us this area was enjoyed by people who lived at the home and staff used the area to engage distraction techniques with people who may be unsettled or upset.

During our inspection we found that it was not always easy to find our way around the home. We spoke with the registered manager about this and on the second inspection day we saw that additional directional signage had been put in place. □ This can be helpful for people, particularly where people may have difficulty recollecting the directions to the various areas within the home.

Is the service caring?

Our findings

Comments from people included, "I am completely satisfied with the caring service I receive", "The manager and staff show genuine care" and "I am really happy here." Relatives told us, "The manager and staff are always welcoming and are always available for any questions I might have" and "I have every confidence in the staff team."

We spoke with one health professional who was visiting the home on the day of our inspection who visited the home on a regular basis. Their feedback was positive in relation the care delivered by staff. Comments included, "I love coming into this home as a community nurse. Staff are always friendly, helpful, caring and supportive."

During our inspection, we spent time observing the interactions between people living at Galtee More and staff. People looked comfortable and relaxed when interacting with staff and staff maintained warm and compassionate relationships with people. We also observed the registered manager chatting with people during a meal time, after one of these interactions we heard a person say, "She is a good lass."

We saw people who lived at the home were clean, well-groomed and suitably dressed which showed staff had taken time to assist people with their personal care needs.

People's bedrooms were tidy and personal belongings such as photographs and ornaments were on display. This showed staff respected people and their possessions.

We observed staff supporting people to retain their independence. For example, people who required support with their meals and drinks were provided with adapted equipment, such as plate guards. These can help to stop food sliding off the plate and onto the table. We observed a good example of two staff members supporting a person using a stand aid to move from a wheelchair to a rise and recline chair. Staff maintained positive communication throughout the transfer, explaining what was going to happen next and what the person needed to do. This was done in a discrete and respectful way. This meant people's independence was being promoted by staff.

We checked if people and their relatives were being involved in planning and reviewing their care and we received mixed views.

There was evidence that care plans were regularly reviewed however; these reviews were generally only conducted by staff. The registered manager showed us evidence of meeting individually with some people and relatives but we could not see how these meetings were informing any change in the care delivered to individuals according with their preferences. One relative told us, "The manager has private meetings with me on a regular basis, I can talk about anything and discuss mum's care plan." Another relative said, "I have never been asked to contribute to a care plan." This demonstrated that people and their relatives were not routinely involved in planning their care.

People had access to advocacy services if they needed. We saw a notice about advocacy services on display within the home. The registered manager confirmed that some people living at Galtee More had access to advocacy services while being supported to make decisions in relation to some specific aspects of their care. This meant that people were supported with independent advice to make decisions about their care.

We considered if people's privacy and dignity was being respected at Galtee More.

Staff could describe how they respected people's privacy while providing care, for example, knocking on doors before entering and asking for permission before starting any care interventions. During our inspection, we observed this happening. This meant staff provided care in a respectful and considerate manner.

During our inspection, we saw that people's files with confidential and sensitive information were not stored securely as they were often left unattended in an office and the door was left unlocked. We raised our concerns to the registered manager who advised us they would take appropriate action.

Is the service responsive?

Our findings

People and relatives told us staff provided support that was suitable to their needs. People commented, "The staff know me well" and "The staff are always asking us (if) we want anything to change." A relative said, "My [relative] and I are very happy with the care our mother is receiving."

The registered manager told us they assessed people prior to admission to the home. The assessment included gathering information about people's needs, for example; nutrition, mobility, skin condition, communication and cultural needs. This meant people's care was being designed in an individualised way.

When we looked at people's care plans, we found specific care plans and risk assessments were in place to identify their needs and support. Examples of care plans included eating and drinking, mobility, skin care, personal care, medication, behaviour, falls prevention and sleep.

We found that the quality of the care plans we reviewed fluctuated. For example, one person had a dementia care plan which recorded "(Person) has dementia. (Person) is very forgetful. At times you can have a normal conversation with (Person)." This evidenced that the vocabulary used was not dementia friendly as did not describe the particular impact of having dementia according to the person's point of view. Another example was a behaviour care plan that did not use expressions that focused on the person's abilities nor helped the person be seen positively and meaningfully engaged. The behaviour was described as 'pretending to be poorly' and stated that '(Person) does this for attention'.

We saw weights charts were in place for people who required their food and fluid intake monitored however, the quantity of food and drinks offered and consumed were not recorded. We also noted that the regularity and quantity of thickeners that were added to some people's drinks was not recorded. This meant that staff were not accurately monitoring people's food intake however; we could see evidence of staff seeking medical and dietetic advice for people whose food intake was decreasing or losing weight.

We checked if people's personal histories were being incorporated in care plans.

We saw care plans for people who lived at the home contained a life history section called 'Things you must know about me' which detailed their interests and relationships with relatives and friends. Some files had additional information called 'life bubbles'. When we spoke with staff, their description of people's preferences matched what was written in their care plans. This meant that staff had the knowledge to deliver person centred care to people.

On our last inspection, we saw the service had a policy and procedure in relation to supporting people to manage their finances. We saw that people's money was kept in individual wallets in a locked safe. We checked the financial records and receipts for three people and we found the records corresponded to the money held. The administrator explained that the majority of people kept their spending money in the office safe and it was made available to people when they needed it. We discussed this with the registered manager as we were concerned this may not be meeting people's individualised preferences regarding

access to their spending money.

The home did not have one member of staff exclusively dedicated to the role of activities coordinator and staff on shift were in charge of developing activities with people. We saw evidences that several activities were being offered to people by both staff and external organisations. For example, physical exercise classes were regularly delivered by a local organisation; there were cinema nights and table games.

We asked people if the home supported their wellbeing by providing significant activities of their choice. People and their relatives had different views in relation to the activities developed at the home. People told us, "We have some good laughs when we do activities" and "We really enjoy the trips to the seaside, we are planning a trip to Blackpool." Relatives commented, "There needs to be more stimulation for the residents" and "It is not clear when activities are taking place, the big boards are just full of ideas and examples of activities, not the actual activity taking place."

During our inspection, one person told us, "I always speak my mind and would say if anything was wrong." A relative commented, "I have had problems in the past but the manager sorted things out immediately." There was a complaints procedure in place and we saw complaints were recorded in a book. We read some of the complaints made by people and their relatives and the actions taken by the registered manager. This showed that people and their relatives could voice their concerns and be reassured that these would be valued and acted upon.

Is the service well-led?

Our findings

There was a registered manager in post at the service.

Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the care home and on their websites. At this inspection we saw the ratings from the last inspection were displayed in the home's foyer. The home did not have a website.

People and relatives that we spoke with shared positive comments in relation to how Galtee More was run. One person told us, "I have not been here long; the manager has worked hard to make me feel at home." Another person said, "The management are absolutely brilliant." One relative commented, "All the management and staff are approachable." Another relative said, "The manager always assists me with my queries."

Care workers spoke positively about their working environment and the culture of the home. One staff member said the culture was "Cheerful and lively." Throughout our inspection, we observed staff interacted with people, relatives and each other in a respectful and joyful manner.

Residents' and relatives' meetings were held on a regular basis at the home. Minutes of recent meetings included discussions regarding activities, food options and positive feedback about the home. This meant the registered manager was taking steps to involve people and their relatives in the decisions as to how the service was managed.

Some audits were in place and most were completed on a monthly basis, however, the information was divided in different files and the system was not easy to navigate. Audits included medication and antibiotics but did not include care files, staff files, bedrails, mattresses, accidents and incidents. We reviewed the medication audits completed by the registered manager and senior carer staff. We saw they focused on stock checks and did not include any other areas of medicine management. This meant that the concerns we had raised had not been identified through the medication audit and evidenced a lack of robust governance system in place to identify potential problems with medication management and drive its improvement. We asked the registered manager if they were aware of the guidance from the National Institute of Clinical Excellence (NICE), they told us they were not. NICE provides advice on current best practice guidelines in respect of safe medicines management.

Accidents and incidents were recorded in people's individual files. When a person had a fall, staff were to observe them at regular intervals over a 72 hour period following the accident. We looked at people's incident records and evidenced that this had happened however, it was not clear if and how the registered manager was being informed of these and other incidents. We also identified that the registered manager was not doing any analysis of patterns which may influence future management decisions relating to staffing levels, maintenance issues and individual care needs. This meant that trends were not being captured and acted upon to reduce the risk of future incidents and learning opportunities were being

missed.

During our inspection we looked at a report from the fire authority dated 17 May 2017. The report identified several failures including doors wedged open, unsuitable fire risk assessment, insufficient evacuation procedures and inadequate fire training. We could see that an action plan had been agreed between the registered provider and the fire authority. We had a discussion with the registered manager about the execution of the action plan and the registered manager told us that some areas had already been addressed however; there was no indication of when these had been completed or any timescales for completion of the outstanding concerns.

Under the registration regulations, registered providers are required to report specific incidents to the Care Quality Commission. Notifiable incidents include safeguarding concerns, police call-outs and serious injuries. During our inspection, we found two safeguarding notifications that had been reported to the safeguarding authority but not reported to the Care Quality Commission. This meant the Care Quality Commission was not in a position to have accurate information about the level of risk presented by the service and take action if required.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. During our inspection we identified one incident which the registered provider had failed to notify us about but we were satisfied that this was an oversight as other notifications regarding the home had been routinely submitted in a timely manner.

On our last inspection, we found a high number of assorted notices, posters and flyers on several walls and doors which were confusing, safety notices were being obscured and people living with dementia could be subject to sensory overload. At this inspection, we found that no improvements had been made in this area and we shared our findings with the registered manager.

During our two inspection days, we met and spoke with the registered provider. The registered provider told us they regularly visit the home, speaking with the management and staff however, they said they did not conduct any formal audits of the quality of the services provided. This demonstrated the registered provider did not have effective systems in place to monitor, assess and improve the services provided to people.

We concluded that the processes for ensuring compliance with the regulations and assessing and monitoring the quality and safety of the service were not operating effectively and this was a breach of regulation 17(1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The home was not fully compliant with the Mental Capacity Act 2005.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's individual risk assessments were identified but these lacked detail. Some risks related with fire safety and premises were not being properly identified or managed.</p> <p>Medicines were not always administered and managed safely. We identified concerns relating to the application of topical creams, the medicines room temperature and PRN protocols.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.</p> <p>The registered manager did not have effective systems in place to monitor staff's safe recruitment, training and development needs.</p> <p>The registered provider did not have any systems in place to monitor, assess and</p>

improve the quality of the services provided

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The necessary recruitment checks to ensure staff suitability to work in the home were not always being followed.