Caring Homes Healthcare Group Limited

Galsworthy House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Galsworthy House Nursing Home is a residential care home that provides personal care and accommodation for up to 72 people, many of whom have physical disabilities and are living with dementia. At the time of this inspection, 59 people were receiving support from this service.

People's experience of using this service and what we found
Although staff had not recently completed training in mental health awareness, they had guidance on how to support people safely. Care records lacked information related to personal information about people and discussions that staff had with people about their end of life wishes. The management team told us that these areas of concern will be addressed immediately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the mental capacity assessments, carried during the initial assessment process, were not in line with the principles of the Mental Capacity Act 2005 (MCA). The management team reassured us that systems would be reviewed to address this.

Staff were aware of the provider's procedures to support people safely if they noticed them being at risk of harm and abuse or when incidents and accidents took place. Potential risks to people were highlighted to guide staff as necessary. Pre-employment checks took place to ensure that suitable staff was employed for the job. People's medicines were managed safely. Staff understood their responsibility to provide hygienic care for people.

Staff had support to discuss their development needs and the support they required to perform in their role well. People's health and nutritional needs were identified and met as necessary.

People told us they were well treated, and that staff were kind and caring. Staff supported people to make everyday choices about the care they wanted to receive. People had their spiritual, cultural and religious needs identified which helped them to feel valued. People's independence was enhanced and supported as necessary.

Care records included relevant information about people, including their personal care and communication needs. People felt they could complain about the service delivery if they needed to. Staff sensitively approached people who were at the end stages of their life, so they could remain comfortable for as long as possible.

Although recent changes in management had affected the service delivery, issues were picked up by the management team who took action to improve where necessary. Systems were in place to guide staff in their role and to monitor the care being delivered for people. The staff team were involved in care planning

and followed procedures to ensure good communication at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection- The last rating for this service was good (published 29 July 2017).

Why we inspected- This was a planned inspection based on the previous rating.

Follow up- We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Galsworthy House Nursing Home

Detailed findings

Background to this inspection

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

Inspection team
This inspection was unannounced and carried out by two inspectors, a specialist nurse and Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager in post who was in the process to register with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did before the inspection
Before the inspection, we looked at information we held about the service, including notifications they had made to us about important events. We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We visited the care home on 31 July 2019 and spoke to five people, seven relatives and a healthcare professional asking for their feedback about the service delivery. We also talked to the regional manager, manager of the service, deputy manager/lead nurse, 13 staff members, head of maintenance, and chef working for the service.

We reviewed a range of records. This included nine people's care records, staff files, training, recruitment, medicine records and other documents relating to the service delivery.

People using the service had complex communication disabilities and were not able to communicate their views to us, so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at data relating to training and fire safety.

We contacted two healthcare professionals asking for their feedback about the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe living at Galsworthy House Nursing Home, with one person telling us, "I feel safe because I can trust staff."
• Policies and procedures were in place for reporting, recording and investigating any safeguarding concerns received. Records showed that the management team was in contact with the local authority's safeguarding team where an allegation of abuse was reported to them and people required protection.
• Staff were able to express to us their knowledge of safeguarding, and how to report potential concerns. Comments included, "It's about protecting vulnerable adults from any harm or abuse, anything that is not normal for a person such as pressure sores, dehydration or malnutrition." and "I'd go to my nurse directly and bring my concerns to her and I'd tell the office if she didn't deal with it. I'd go through to head office first and CQC if really not happy. I'm not the one to sit on it."

Assessing risk, safety monitoring and management
• People's care records included risk assessments that highlighted individual areas of need and the support staff needed to deliver in order to mitigate risks to people in relation to eating and drinking, mobility, nursing in bed and personal care. A healthcare professional told us, "Staff are knowledgeable, follow instructions and respond to risks appropriately. No concerns whatsoever."
• Systems where in place to ensure fire safety at the service. Fire exits were clearly marked, and floor plans were displayed to guide staff and people in the event of fire.
• Although during the inspection, we noticed that bedroom call bell cords appeared too high from the floor should people have a fall and need to ask for assistance, the management team told us that those people who were at high risk of falls, had individual portable call bells to call for help if needed.

Staffing and recruitment
• Records showed that staff completed a job application form, attended an interview, provided two references and an identity document, including a work permit where applicable, before they started working with people.
• Staff told us there was enough staff on duty to ensure safe care delivery. A staff member said, "It works, if people go sick we ask for agency cover. There is enough [staff] I would say. Most of the time there are lot of nurses on duty." Records showed that cover was provided if a staff member cancelled their shift on a short notice which ensured that people had assistance when they required it.
• We observed staff responding to call bells in good time as necessary.

Using medicines safely
• We observed staff being patient and attempting to engage with a person, where they refused to take their

medicines, so that the person would take the medicines when they were ready.
• The service ensured proper and safe use of medicines. Controlled drugs were checked on each shift, appropriately recorded and regularly audited. Covert medicine protocols were in place and reviewed by the healthcare professionals as necessary.
• Staff signed the medicines administration records (MARs) to confirm that people had taken their medicines. Guidance was provided for staff on how to support people with as and when needed medicines.

Preventing and controlling infection
• Staff understood their responsibilities in relation to infection control. A staff member told us, "I always use gloves, I don't work without it. I use different gloves every time. [Provider] trains us to be aware of chemicals. When I finish and before I touch anything, I wash my hands."
• We observed the premises to be well presented and clean, with people's rooms regularly subject to a deep clean as part of the 'resident of the day' timetable. Staff appropriately disposed of clinical waste.

Learning lessons when things go wrong
• Staff followed the provider's incident and accident reporting procedures to ensure they supported people's safety. Staff were required to complete a form if an incident or accident took place which was then reviewed by the management team to ensure that appropriate actions was taken quickly as necessary, including calling emergency services for guidance and assistance.
• Checks were carried out by the management team to prevent repeated incidents taking place. The deputy manager/ lead nurse told us they looked for reoccurring and time specific events to put additional measures in place to protect people as necessary, for example from falls.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.
• We found that mental capacity assessments had been carried out during the initial assessment process to determine people's capacity in relation to their ability to make overall decisions about their personal care. Although these assessments were only used to inform the staff team about people's ability to make everyday choices, this practice was contradicting the main principal of the MCA to assess people's capacity only in relation to a specific decision. On the other hand, we also saw that the mental capacity assessments were completed appropriately to determine if people had capacity to make the specific decisions, for example in relation to medicines and bed rails. Where required, best interest decisions were carried out to support people to make the decisions as necessary. This meant that the MCA was also applied appropriately to support people in making important decisions to them. After discussing this with the management team they informed us that the generic mental capacity assessments would no longer be carried out. We will check their progress at our next comprehensive inspection.
• Staff understood the principles of the MCA telling us, "You should presume that everyone has the capacity to make their decisions" and "MCA empowers those that lack capacity to make their own choices and know their rights. We have people on our floor who don't have capacity. I got one lady dressed this morning, she can't tell me what she wants but I showed her 2 DVD's and she pointed and looked brighter when I showed her one, so I put it on. We still ask at mealtimes what dishes [people] want, even if they can't tell us."
• Records showed that applications had been made to renew the DoLS applications, but in some instances the local authority had not yet got back confirming the authorisation.

Staff support: induction, training, skills and experience
• Although staff did not receive training in mental health, they had guidance in how to assist people with these needs. Staff told us, and records confirmed that they did not receive regular training in mental health awareness, despite two people living at the home presented with a mental health diagnosis. Care record viewed for those two people highlighted how their meant health conditions may present and the steps staff needed to take to support those people to manage this. This meant that staff were provided with suitable guidance to assist people in managing potential changes in behaviours.
• After the inspection, the management team contacted us to say that staff were booked to attend the necessary training courses. We were satisfied with their response and we will check their progress at our next comprehensive inspection.
• Staff felt well supported by the training they received, which included both, electronic and face to face training. Staff comments included, "We get e-learning. I've done several dementia courses and work with Kings College on dementia floor. Last year I completed Level 3 in [Qualifications and Credit Framework (QCF), recognised diploma in social care]. Often training pops up on the board and we can put our names down to do it."
• Staff told us they were well supported through regular one-to-one supervision and appraisal meetings with their line manager. Records showed that all staff had been recently supervised to ensure they performed in their role as necessary.

Adapting service, design, decoration to meet people's needs
• The environment was generally furnished appropriately. People had access to a beautifully appointed garden and coffee bar where they could help themselves to different drinks and patisseries. A relative told us, "What is nice is the coffee bar where I meet other relatives and visitors. It makes me feel a part a family where we have tea or coffee, cakes and fruit."
• People were able to furnish their rooms with the items of their choosing. Most of the rooms were en-suite, and updates were planned for rooms as they became vacated.
• There was evidence of sensory stimulation for those residents who have dementia. People were supported with their orientation through individual memory boxes on each person's door, as well as signings across the floor. However, we had discussions with the management team asking them to consider further improvements by fixing additional handrails on the hallway wall, and reviewing décor to ensure it was more dementia friendly as this resulted in difficulty with walking if a person had lack of spatial awareness. The management team told us they would look into addressing this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's care plans and initial assessments showed that their needs had been assessed in line with best practice guidance. This included the use of the Waterlow score to assess people's skin integrity and body maps to carry out observations where necessary.

Supporting people to eat and drink enough to maintain a balanced diet
• People had access to regular meals and refreshments throughout the day. We observed lunch at the home and saw that staff were attentive to people's needs, supporting people to eat in a compassionate manner as required. People were offered a glass of wine should they want to enjoy it during their meal times.
• Care plans detailed full guidance on the support that people required in relation to nutrition, with staff telling us they received specific training to support people with substitutes such as thickeners at meal times. We spoke with a chef who was knowledgeable in people's dietary requirements and regularly consulted people on their meal preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

• People told us they had access to healthcare services at times that they needed to. One person said, "I think the GP comes every week. You can ask to see him if needed." A family member told us, "[My relative] is waiting for the podiatrist to come. The hygienist came and did not do a good job… We had to ask for [my relative] to be seen again and the next time the service was improved. The physio comes every week."
• There was a multi-disciplinary approach to care which meant that people's health needs were met as necessary. Records showed that people were referred to the Speech and Language Therapy team (SALT), psychiatrists and the home received visits from a regular GP to address any presenting health and social care needs.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People told us that staff were caring and compassionate. One person said, "Staff are helpful and kind." A family member told us, "Staff are gentle and kind, thoughtful too. A carer, who seems to be everywhere, is so good. Last night, before she went off duty, she gave [my relative] a mashed banana with custard. [My relative] loves bananas and would eat them all day long if they could eat it independently." A healthcare professional said, "This home is a good one."
• We observed staff being passionate about the care they delivered to people, and they took time to understand people's care needs and backgrounds. A staff member told us, "You've got to put yourself in that position, I'm very passionate about care. I just love my job." Another staff said, "We can make time and have a meaningful conversation when assisting [people]. I talk about all sorts of things with them."
• Staff provided us with examples of how they addressed people's cultural background, religious beliefs and preferences. Their comments included, "We check if [people] need support and guide the mealtimes. [A person who is Muslim] doesn't have pork. We have four Roman Catholics who are offered communion when a priest comes" and "One person is Indian and eats halal meat but doesn't eat pork and all the hospitality staff know that. I cooked Indian curry for him couple of days ago."

Supporting people to express their views and be involved in making decisions about their care
• Staff listened to people and acted on what they asked for, including the support they wanted with personal care. One person told us, "I can get up when I want to and, yes, I do ask if I want a bath or shower." A family member said, "Carers are very good and patient and listen to what [my relative] wants." A staff member told us, "People have wishes and needs prior to coming here. We need to continue supporting them to do the things they used to do before. It's keeping their personal identity and things from home they want to bring in. If they want to wake up at 6am and have a cup of tea and toast, we help them with that."
• Care plans showed that staff engaged people and their relatives in decision making and where this was not possible acted in the person's best interest. Staff were required to review the overall care of a person as part of the 'resident of the day' which included having discussions with the person about the changes they wanted to make and how they wanted to be cared for.
• There were no restrictions on visiting times so people could see their relatives when they wanted to. One person said, "Staff always welcome my visitors." Family members were given a code for the main door, so they could come to see their relatives when it suited them.

Respecting and promoting people's privacy, dignity and independence
• Staff knew how to respect people and their dignity. Comments included, "I speak to people quietly if

sensitive information is provided, cover people properly and close the doors and curtains" and "When I enter a room I say good morning and ask how they are. I tell them I come with their breakfast and ask what they'd like first."
• People were supported to be as independent as they were able to be. A staff member told us, "I always encourage people to be independent, e.g. I put cutlery in their hands and support them with eating, or their medication. I ask people to do things they can when washing."
• Care plans included information related to the activities people were able to carry out independently which included oral care and brushing of the hair.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Some care records failed to offer insight into the individual and their preferences or acknowledge their emotional needs. Care plans had not always addressed people's end of life wishes, including their spiritual needs and who people wanted to be informed after their death. The management team told us that people were supported to express their end of life wishes and highlighted that this was yet to be completed in their care plans. They acknowledged the importance of ensuring individual preferences were recorded in care plans and told us they would be reviewing the processes in place to ensure appropriate record keeping for this. We will check their progress at our next comprehensive inspection.
• Where risks had been identified, the care plans linked to further assessments and planning. For example, if a person was at risk of developing a pressure sore, the system guided staff to compete a Waterlow score to assess the person's skin integrity and to make a referral to appropriate healthcare professionals.
• Staff used hand held electronic devises to record the daily interventions and tasks which helped to ensure accuracy of the information documented.
Staff were observant and went to assist people who were unsteady on their feet or who kept trying to get out of chairs without support.

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

• People had a choice of the activities they wanted to participate in. Their comments included, "Activities are offered and encouraged" and "Sometimes I go into the garden. I do join in some [activities]. I like singing and reading."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People had their communication needs assessed in line with the requirements of the AIS. This included the support they required to ask for help if necessary.
● Staff were aware of people's communication needs. One staff member told us, "I observe residents to see if they understand information and can communicate it back, so I can help them to do things that they

want."

Improving care quality in response to complaints or concerns
• People and their relatives felt they were able to complain if needed. One person said, "I know I can complain, but I don't like to." A relative told us "I will say if there's something not right and usually it's acted on."
• There was a culture of dealing with issues arising quickly as necessary. The management team told us, and records confirmed that any complaints received were logged and investigated appropriately which ensured that issues raised were dealt with accordingly.
• Some concerns were raised in relation to the lift in the home which was not always working as necessary. We discussed this with the management team who reassured us that action was taken to address this concern, aiming to install the new lift soon.

End of life care and support
• Staff were clear with their responsibilities in supporting people with their end of life wishes and ensuring people were as comfortable as possible. A staff member told us, "When someone is at the end of life care, I speak to their family and palliative care team. I discuss it with the management team to know how often to assess [the person] and consistency of medication required to keep them pain free. We ask people's wishes for last rites, call priest if they ask to and keep family informed."
• Care plans included information where people made Do Not Attempt Resuscitation (DNR) decisions which guided staff to support people in respect of their wishes.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Staff told us how they worked in partnership with people and their relatives to ensure good care delivery. One staff member said, "Besides supporting residents, I also support visitor's needs. [People's relatives'] tell me their concerns and worries, and I feel I support them. This makes me very happy as I'm supporting not just the residents."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The deputy manager/lead nurse told us they ensure that people's views were adhered to at all times and when any issues were raised it was addressed quickly to ensure effective care delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The service had a new manager in post who was applying for registration with the CQC. The deputy manager/ lead nurse had demonstrated a caring attitude to people, relatives and staff. We found them transparent and competent in their job. The deputy manager/ lead nurse told us that recent changes in management had affected the care delivery but that issues were picked up and acted upon as necessary. This included some of the DoLS applications being submitted to local authorities for authorisation after the expiry date.
• The management team was aware of their registration requirements and knew the different forms of statutory notifications they had submit to CQC as required by law. Our records showed that these were sent to CQC in good time since the last inspection.
• Staff informed us that recent changes across management of the home had been unsettling, but that they were positive about the newly appointed home manager. Comments included, "I can see the changes, and it's improved a lot. [The manager] wears a blue uniform sometimes and goes on the floor, checks on everyone 4-5 times a day", "He's approachable, I'd go to him if something was bothering me" and "As far as what I can see [the manager] is trying his best to make the place better."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Meetings were facilitated to ensure good communication between the staff team. This included everyday morning, focused and a weekly catch-up meeting. A staff member told us, "We have regular floor meetings

and hold like a group supervision if something comes up and needs addressing."
• The provider conducted satisfaction surveys for people, their relatives, stakeholders and staff. Feedback received was mostly positive and where improvements were identified, an action plan was put in place to address these. For example, in how the service planned to support staff to be open in raising their concerns with the management team.

Continuous learning and improving care
• An electronic system was used to monitor the quality of the services provided for people. Appropriate records were kept by the management team to record any audits taking place. These records were also electronically sent to the regional manager for approval. Any follow-up actions required were recorded in the action plan which was regularly reviewed to ensure it was completed as necessary.
• There were systems in place to review the quality of the everyday care provided for people. Regular checks were carried out by the staff team to monitor health and safety at the service, management of people's medicines and accuracy of care records.

Working in partnership with others
• The staff team sought partnership working with relevant healthcare professionals to enhance people's right to inclusion. Healthcare professionals guided staff in how best to support people's well-being which ensured good care provision at the service.
• The service was registered with the CQC for information and updates about the changes taking place in the health and social care services.