

The Royal British Legion Galanos House

Inspection report

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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?

Good 

Overall summary

We inspected this service on 17 March 2015. The inspection was unannounced. At our previous inspection in December 2013 the service was meeting the legal requirements.

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.

The service provides accommodation and nursing care for up to 90 people. There are three units providing residential, nursing and care for those with a diagnosis of dementia. There were 89 people living at the home on the day of our inspection.

The registered manager and deputy manager shared a common vision to provide a care environment where people were enabled to carry on living their lives, pursuing their interests and maintaining their relationships. People were provided with stimulation and occupation by staff who demonstrated an understanding of the ethos the

Summary of findings

management team wished to promote. Every person who lived at Galanos House was seen as an important part of the community whatever their limitations. Friends, relatives, volunteers and people from the local community were welcomed into the home and encouraged to learn more about meeting the needs of people who lived there.

There was a team approach to ensure people's health and wellbeing was maintained, with every member of staff who worked at the home considered an important member of the team. All staff, whatever their position, were provided with training that supported them to meet people's needs. They had been trained to understand dementia as it was acknowledged that each one of them would have some interaction with people living with dementia as they carried out their role.

The provider had processes to support staff to carry out their roles safely and effectively and staff were encouraged to take further qualifications to develop their careers. People who lived at Galanos House were involved in the recruitment process to ensure staff had the right personal qualities and values to support them.

People spoke highly of the level of commitment and care provided by staff, and during our visit we saw there were enough staff to respond to people's individual needs. Staff understood their obligations to report any concerns they had about people and told us they would feel confident to report any poor practice within the home. During the day we observed staff approached people with respect, dignity and friendliness which encouraged people to have meaningful interaction with them.

The provider took a positive approach to risk management and supported people as far as possible to continue to do the things they chose. Staff knew what people were still able to do and not just what they could not do.

Whilst most medicines were managed and administered safely, some records were not accurate and did not always follow good practice recommendations.

The registered manager understood their obligations under the Mental Capacity Act 2005. When decisions had been made about a person's care where they lacked capacity, these had been made in the person's best interests.

People's health needs were monitored and they were referred to external healthcare professionals when a need was identified. There were processes to ensure people received sufficient to eat and drink and people were positive about the choice and quality of food. Snacks were readily available to encourage people to eat.

People were supported and enabled to participate in activities that were meaningful to them and encouraged to participate in activities of daily living such as gardening and cooking. There was a welcoming and positive approach to visitors and the wider community was involved in activities and events. Staff established relationships with people's families and supported people to maintain relationships when they moved to the home.

Staff had a good understanding of people's needs and preferences. Where people were at end of life, the service followed the Gold Standards Framework to ensure dignity was maintained. The manager and staff had a strong commitment to providing support to people and their family to ensure a person's end of life was as peaceful and pain free as possible.

People told us they would raise any concerns or complaints with staff or managers. People were encouraged to share their views about the quality of service provided through regular meetings, groups and questionnaires.

The provider was a member of several good practice initiatives and worked with fellow organisations to develop innovative ways of supporting people, especially those with a diagnosis of dementia. The service had used guidance and research to provide an environment that stimulated interest and senses and kept people safe.

Summary of findings

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 mostly safe.

There were sufficient numbers of suitably skilled staff to meet people's individual needs and keep them safe. Staff took a positive approach to risk management so people could continue to do activities they enjoyed safely. Staff understood their obligations to report any concerns they had about people's safety and wellbeing and to report any observed poor practice. Some improvements were needed in the recording of medicines within the home to ensure they were always managed safely.

Good



Is the service effective?

The service was effective.

New staff had an intensive induction to provide them with an understanding of their role. All staff received training to meet the needs of the people who lived in the home and to ensure their health and wellbeing was maintained. Where people lacked capacity, the Mental Capacity Act 2005 had been followed so people's legal rights were protected. Arrangements were in place that ensured people received good nutrition and hydration. People received ongoing healthcare support from a range of external healthcare professionals.

Outstanding



Is the service caring?

The service was caring.

There was a welcoming, friendly atmosphere in the home and staff provided a level of care that ensured people had an excellent quality of life. Staff demonstrated they cared through their attitude and engagement with people. People were valued and staff understood the need to respect their individual wishes and values. The provider had a strong commitment to supporting people and their relatives to manage end of life care in a compassionate and dignified way.

Outstanding



Is the service responsive?

The service was responsive.

Staff had an excellent understanding of people's individual needs, preferences and how they liked to spend their day. People had fulfilling lives because they were fully engaged in activities that were meaningful to them. People told us they felt able to talk freely to staff or the management team about their concerns or complaints.

Outstanding



Is the service well-led?

The service was well-led.

There was a stable management team in place who were passionate about providing a care environment with people at the centre. Staff shared these values and enjoyed working for the organisation. People were encouraged to participate in the running of the home

Good



Summary of findings

through various planning groups and staff recruitment. The provider was a member of several good practice initiatives and accredited schemes and continually strived to improve the quality of service provision. The provider worked with other organisations to explore initiatives in the provision of excellent dementia care.

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 took place on 17 March 2015 and was unannounced. The inspection was undertaken by two inspectors, a specialist nursing advisor and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Before our visit we asked the provider to complete 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. We found the information in the PIR was an accurate assessment of how the service operated.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the 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.

We spoke with eight people who lived at the home and six relatives. We spoke with the registered manager, deputy manager, nine nursing and care staff, an activities co-ordinator and four staff from the domestic, catering and maintenance departments. We also spoke with two volunteers at the home. We observed how people were supported during the day.

Many people living at Galanos House were not able to share their views and opinions about how they were cared for. This was because of their diagnosis of dementia or physical frailty. To help us understand people's experience of the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We reviewed eight people's care plans to see how their support was planned and delivered. We reviewed management records of the checks made to assure people received a quality service.

Is the service safe?

Our findings

All the people we spoke with confirmed they felt safe living at Galanos House and offered comments such as: “Oh yes, it’s very safe here.” People, staff and visitors to the home all said there were enough staff to meet people’s individual needs and maintain their safety. We saw there were sufficient nursing and care staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. We found staff were allocated to work together according to their experience and they spoke of working as a team. One staff member told us, “We all work as a team and support each other.”

The provider followed a thorough recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining appropriate references. Staff we spoke with confirmed they were not able to start work until all the required documentation had been received.

The provider used a number of volunteers in the home and provided placements for student nurses. Before they started working in the service, checks were undertaken to ensure they were safe to work with people.

Staff had a good understanding of the provider’s safeguarding policy. The registered manager explained that it was aligned to the local authority safeguarding policy so they were working consistently and in partnership. A copy of the policy and information about how to raise concerns was available in the entrance hall of the home which made it accessible to anyone. All the staff we spoke with knew how to keep people safe and had completed training in safeguarding people. Staff were able to identify different types of abuse and knew what to do if they suspected someone was at risk of abuse and who to report concerns to. People told us, “I feel very safe here.” The registered manager understood their responsibility to report any concerns to the local authority to ensure people’s safety and welfare.

Staff told us the provider took a positive approach to risk management and supported people as far as possible to do the things they chose. The manager explained the philosophy behind this approach, “There is a risk assessment to enable you to do something. It is about

what we can do to make it happen. It is more about enabling rather than stopping.” One staff member told us, “We will look at the benefits of a person doing the activity and how they can safely continue to do this rather than restricting this.” Another staff member explained, “Positive risk taking can lead to higher incidents and near misses. It’s worth it if people are able to live their lives as they choose but we do make sure people are safe.”

Some people who lived in the home required specialist equipment to move around the home or to transfer from their bed into a chair. The provider employed an occupational therapist who completed a manual handling assessment for people when they first moved into the home. For those people who were able to move around independently, this meant checking they had the correct aid so they could mobilise safely. For those who needed staff to use a hoist when transferring them, this meant checking the correct sling was used to keep the person safe during the transfer. One relative told us about problems their family member had with their mobility equipment as their health declined. They told us this had been dealt with sensitively and they now had the correct equipment to keep them safe.

The manager monitored staff practices and told us, “If somebody is not doing manual handling properly, we have four manual handling trainers so we will put them with them to work for a week.” Staff were encouraged to raise any concerns they had about poor practice which may impact on people’s safety.

Staff had a good knowledge of how to manage risks associated with people’s health care needs. For example, they told us how people were repositioned regularly if they were at risk of skin breakdown. We looked at a selection of care records and found people at risk, because of their health condition, were monitored using a variety of recognised tools. Where risks had been identified, there were instructions about how to minimise or manage risk in areas such as manual handling, skin breakdown and malnutrition. Whilst staff knew what to do and were taking the right actions, these were not always recorded so that new staff coming on duty would know when care was last provided.

There was a system of checks and audits to ensure equipment and the environment was kept in good order to

Is the service safe?

maintain people's safety. A maintenance request log listed all the repairs and concerns about the building and any equipment in it. Repairs had been acted on in a timely manner.

We checked how medicines were managed in the home. Each person's medication was stored safely and in line with the manufacturer's guidance.

We looked at the records for people who were having medicine through skin patches applied to their bodies. There are specific requirements in the administration of patches such as the same site should be avoided for a certain period of time. Records were maintained of where patches had been applied to ensure they were being used safely.

Arrangements were in place for monitoring medicines that needed to be carefully checked to ensure the correct dose was given, such as controlled drugs or medicines that thinned blood. We checked three people prescribed a medicine that needed careful monitoring and they had been given their medicine as prescribed.

Care plans included a list of medicines people had been prescribed and a medication administration record (MAR) was completed by staff when they gave people their medicines. Records seen of administration of medicines, dates of opening of medicines with a shortened expiry date

and stock checks were not always recorded consistently. This meant staff could not accurately demonstrate people had received their medicines, although staff assured us they had. We brought this to the attention of staff and the manager who acknowledged improvements were needed. The manager took immediate action and within 24 hours had sent us an action plan detailing the actions taken to improve the systems for the safe recording and management of medicines.

The service used a tool called the Abbey Pain Scale to identify when people who were unable to communicate required pain relief prescribed "when necessary". The manager explained, "If behaviour slightly changes that is what we look at." They described one person who started to become slightly agitated. This person was unable to communicate so staff observed and recorded their behaviours and identified they were suffering from toothache. However, where people were prescribed other medicines to be administered "when necessary" there was no guidance for staff on when and how these should be used or strategies to use before giving these medicines.

The provider had taken measures to minimise the impact of unexpected events. Fire safety equipment was regularly tested and maintained. People had personal emergency evacuation plans which detailed everyone's individual support needs in an emergency.



Is the service effective?

Our findings

People and their relatives were very complimentary about the staff and the effectiveness of the care they provided. One person told us, “The staff were brilliant when mum came here. They are well trained, even the younger ones.” Another person told us, “Staff work their socks off. Nothing is too much trouble. They are always calm, but are working away behind the scenes so you don’t notice.”

The PIR described how the provider ensured the service at Galanos House was effective by “Ensuring services are provided by competent, full trained people who have an understanding and empathy for the resident group.”

All staff said they received excellent training. Training was arranged well in advance with an annual schedule of training completed at the beginning of each year. This included all training considered essential to providing care to people as well as specific training to meet the needs of people who lived at Galanos House. Some training was delivered by specialist external professionals, for example tissue viability nurses provided training in preventing skin breakdown. One member of staff told us, “Every training session supports my practice. Updates are important because things change. I have regular moving and handling updates and for me it’s useful as we don’t use equipment that often on Poppy Lodge [dementia unit] as it scares people so you can easily become deskilled.” A member of nursing staff described the training as “amazing” and told us that if they wanted any other training, the registered manager looked for appropriate courses and arranged it for them. During the day we observed staff putting their training into practice. For example, we saw staff using equipment to transfer people safely and the correct use of personal protection equipment such as gloves and aprons to reduce the risk of infection.

All the staff who worked in the home, including domestic, catering, maintenance staff and volunteers, received training in understanding what it is like to live with dementia. We observed staff put their training into practice. Staff approached people with respect, dignity and friendliness which encouraged people to have meaningful interaction with them. At night staff wore pyjamas so if people woke, they were not confused as to what time of day it was. As a result people with dementia were settled which had a positive impact on both them and their families. One family member told us, “I have had peace of

mind from the moment she moved in. I can now sleep at night.” The benefit of this training for all staff was that each of them had some interaction with people living with dementia as they carried out their roles. All the staff we spoke with told us how the training provided them with a better insight into how the illness affected those diagnosed with the condition.

All staff had also received training in care planning and were encouraged to provide their input into people’s care plans. When explaining why this training was provided for non-care staff the manager said, “They will often be the ones to identify changes in people, that something is going on.” For example, a member of domestic staff may notice someone did not chat as much as they usually did when they were cleaning their room which could indicate they were unwell or feeling down. This philosophy supported a team approach to ensure people’s health and wellbeing was maintained.

Galanos House is an accredited Butterfly Service Home which means they have achieved excellence in dementia care. This meant the training staff received in dementia care was being practiced effectively so people could continue having a good life in a calm environment.

Where staff had specific responsibilities, they had been provided with the training necessary to carry out their role. For example, the chef had attended training to meet their responsibilities under new legislation to highlight allergens in all meals served in the home.

The team of volunteers at Galanos House were all provided with basic training in areas such as manual handling, first aid and food hygiene. People in the home were used to help train the volunteers about specific conditions. For example, one person had recently spoken with volunteers about their experience of living with Parkinsons Disease so they had a better understanding when supporting people with that health condition.

The provider also provided placements for student nurses. The registered manager explained that this had a positive benefit on nursing care in the home as it kept them informed of recent changes or developments in best practice. It was also beneficial to the student nurses as it gave them an opportunity to build on their basic communication skills and have experience of managing shifts. The registered manager went on to say, “We have a responsibility to teach them the basics.”



Is the service effective?

New members of staff had an intensive induction period to ensure they understood the importance of meeting people's individual needs and preferences. One new staff member told us they had worked with more experienced members of staff for two weeks so they understood what care people needed. The manager explained this period was used to identify where staff were best suited to work within the home so they were most effective. New staff were then allocated a senior staff member who supported them through the rest of their three month induction period.

Staff were provided with support through supervision and observation. Annual appraisals were used to set objectives and discuss with individual staff members what they wished to achieve as part of their personal development. From these discussions, the provider supported staff to obtain further qualifications relevant to their roles. For example, the provider was supporting one member of staff to complete a degree in health care and the management team and senior staff had completed diplomas in caring for people with a diagnosis of dementia. Care staff were encouraged to complete national vocational qualifications in health and care and develop their careers. The registered manager was proud that four care staff had recently left the service to pursue careers in nursing.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager understood that people may have capacity to make some decisions in their lives, but may not have capacity to make complex decisions. They explained, "We do decision by decision capacity assessments." Where a person lacked capacity, decisions made about their care had been made in their best interests. For example, one person was prescribed medicine covertly (disguised in food

or drink) as they often refused it. We saw that shared decision making between all the appropriate parties had determined it was in the person's best interest to be given the medicine in disguise rather than not receive it at all.

Staff understood the principles of the MCA and the reasons for gaining people's consent. One staff member told us, "If they don't want something doing you don't do it. You refer to a senior if you don't think it is beneficial to them to leave it."

We were told nobody had their liberty restricted and that people were supported to do as they wished. This included leaving the building as the garden area was safe and secure for people to walk around. None of the security systems compromised people's freedom to move freely around the home. One person required staff support when they went outside for a cigarette. On several occasions staff responded to the person's request and accompanied them outside, but there was an occasion when staff tried to distract the person from leaving the unit. The manager said they would review this person to see whether there was any deprivation of their liberty which required an application to the supervisory body.

We asked people for their views on the variety and quality of food offered. People responded positively. Typical responses included, "Food is lovely you can have a choice", "Meals are beautiful" and "The meals are lovely".

The chef demonstrated a good knowledge and understanding of their responsibility to provide food and drinks that met people's nutritional needs. They told us, "A resident just shouldn't survive, they should thrive." People, their families and healthcare professionals were involved in completing a form which contained all the information relevant to the person's dietary requirements, as well as their likes and dislikes. This information was reviewed regularly to ensure it remained relevant and any changes were identified.

We observed the lunch experience in all areas of the home. Meals were seen as an important part of people's social experience and they could choose to eat in the large dining room or in smaller dining areas on each unit. However, some people chose to eat in their rooms and some in quieter areas of the home. People chose their meals from a menu and those who required more support to choose, were shown the different meals available. People who did not want the available choices were offered a variety of



Is the service effective?

alternatives. People who required special diets had their food presented to make it appealing. For example, moulds were used for people on pureed diets so the puree was in the shape of the actual food item.

During lunch, staff were aware of who might need help and sat and supported people to eat when required. We observed one member of staff assist a person to eat. They sat by the side of them, explained what the food was and asked if they wished to have a drink before eating. Assistance was relaxed and unhurried. Another person who was reluctant to eat their meal was offered a variety of alternatives.

On the nursing unit a staff role had specifically been developed to ensure people had sufficient to eat and drink. During the day we saw this member of staff encouraged a person who had been to hospital the previous day for minor surgery and become dehydrated to drink more. The member of staff sat with the person for some time making

sure they finished their juice. The manager told us, "What we have noticed on the back of this is that we rarely get urine infections now." This was confirmed by a relative who told us their family member who had previously been susceptible to urine infections had not had any since they moved to the home.

Staff ensured healthcare professionals, for example the GP, speech and language therapist and dieticians, knew the person they were visiting. Each of the professionals was given background information and told about the person behind the dementia diagnosis. This ensured the person was seen as being as important as their medical condition.

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional. Records showed that people were supported to attend routine health appointments to maintain their wellbeing such as dentist, chiropodist and optician.



Is the service caring?

Our findings

All the people we spoke with told us the level of care they received from staff was excellent. They praised the caring attitude of staff and spoke of staff having time to listen and engage with them. Comments included: “The care here is excellent.” “I couldn’t speak more highly of them.” We asked the manager what the ethos was behind the care they provided. They responded, “All we are is a change of address. People have come here as a change of home. We are about people living their lives and enhancing the rest of their lives.”

Galanos House was a community and each person was seen as having an important and vital role to play within that community. Every person was valued and respected irrespective of their mental or physical health. People were encouraged to have a role in the home that was meaningful to them, gave them a sense of self-worth and a place within the community of the home. We accompanied one person whose daily task was to deliver the post through the home. It was clear this was a task they enjoyed as it promoted their independence and gave them an opportunity to chat to all those receiving mail. Another person who used to be a nurse was regularly involved in discussions about nursing care and what the nurses were doing.

Staff were motivated to offer care that was kind and compassionate. Staff demonstrated a clear understanding of the caring ethos the manager was keen to promote. One staff member explained that care was, “Making life as fulfilling as it can be – people in care are often invisible and we need to fill their lives with purpose and love to make life worth living to the last moment.” Another staff member told us, “Life needs to be fun and full of love.” We saw staff putting this into practice. There was a welcoming, friendly atmosphere in the home and people had a good quality of life full of engagement and occupation.

We saw a dedicated team of staff and volunteers who were keen to provide a level of care that promoted the best outcomes for people to ensure they had a good quality of life. One volunteer told us, “People come here to live, that’s what it’s all about.” Staff through their attitude and engagement with people demonstrated that they genuinely cared and were not just doing a job. One person told us, “Staff are wonderful.”

Records showed that care planning was centred on the individual views and preferences of people. People and their families were encouraged to complete a booklet which provided information about the person’s life. This information was used so staff could get to know the person so they were better able to respond to their needs and help them maintain the lifestyles they were used to. For example, some men had spent a number of years in the forces and were used to living in an ‘all male’ environment. It was recognised they might need some time in a familiar setting. They were provided the opportunity to visit local public houses on a one to one basis with a male member of care staff. This helped alleviate their anxieties and gave them an opportunity to live the life they were used to.

There was a culture of encouraging staff to spend time with people and build relationships. We observed occasions through the day where staff spent social time with people without carrying out a care task. Staff were creative and innovative in overcoming obstacles to providing the care and support that people required. For example, we were told of one person who was resistant to personal care and reluctant to visit the hairdresser. The person had built up a good rapport with a particular member of staff. When the person became distressed when having their hair cut, the member of staff sat and had their hair cut as well which had immediately reassured and relaxed the person.

We visited one seating area of the home in the residential unit. This was a favoured area to sit for a group of people who had been given ownership of the space. They showed us the new curtains they had chosen and told us they were looking at new furniture to complement the colour scheme. The group had taken great satisfaction in being given the independence to make decisions about the environment in which they lived.

We found care began prior to people moving into the home. Before a person arrived, families were asked to visit and make the person’s room homely with their possessions. This meant the environment looked welcoming and familiar to the person and helped them settle. This also demonstrated the provider’s caring attitude to family who were often anxious about a family member’s move into a care environment. New people were also given the opportunity to have a buddy (person already living in the home) to “show them the ropes” when they first arrived. One relative told us, “We were so concerned



Is the service caring?

when he had to move here but it's been marvellous. He loves it here, always happy and staff are always smiling and singing. It's such a happy place." Another relative told us, "Mum has loved it since day one."

The registered manager told us that families and friends of people who lived at the service were also an important part of the community. They understood how vital it was to support people to maintain relationships with those who were important to them. They told us, "This is not a plan in most people's lives but you can still make memories and still have a good life together." The deputy manager spoke of relationships that had been put under strain by the demands of looking after someone who was suffering from ill health and explained, "I love seeing relationships put back together. We don't just take the resident in, we take the family as well." Relatives and friends told us they were welcomed at the home at any time of the day. We observed one relative supporting their family member with personal care. They told us they enjoyed doing this as it made them feel "involved in their care".

People were also encouraged to build new relationships with people who had similar interests and memories. A pen pal club had been established with other service homes around the country. The registered manager explained, "We find service homes with ex-servicemen in. Residents are writing to them and they are writing back."

People told us how staff supported them to attend family events outside the home ensuring "they were dressed in their best and ready on time." A family member had asked the manager whether they could hold a "marriage blessing" at the home as their relative was unable to attend their wedding due to their health. This was turning into a big event for the home as everyone had been invited to attend. A hairdresser was booked to make sure people looked their best, together with a photographer. The cook had organised the afternoon tea and we were told "everyone is really excited".

Pets and animals were welcomed into the home. Several relatives brought their dogs into the home during the day and one relative told us how they had brought their mother's cat in on Mothering Sunday for them to hold.

Everyone who lived in the home received a gift from the provider on their birthday as well as at Christmas so that those who had no family felt involved and valued.

The resident guide to the service states, "The adoption of person centred care is fundamental to the ethos that every resident is an individual with their own beliefs and values." Throughout our visit we saw staff were mindful of people's privacy and dignity. Staff were respectful when talking with people and called them by their preferred names. One relative told us that all the staff in the home called them and their relative by their first names. They confirmed they were asked how they preferred to be addressed when their family member moved there. Staff we spoke with explained how they upheld people's privacy and dignity. A typical response was, "I always get all their clothes and things together before they shower or have a bath so I don't leave people exposed." We observed staff knocked on doors and waited before entering. Staff also spoke with people discreetly about their personal care needs.

Staff understood that they had to be aware of people's individual values and attitudes around privacy and dignity when providing care. One relative told us, "I know she is well looked after, they are caring and they do maintain mum's privacy and dignity." A staff member explained, "One person prefers to be covered from head to foot with a towel or blanket during personal care so we make sure they are completely covered while washing and dressing. This keeps [person] calm and relaxed."

The service had a strong commitment to supporting people and their relatives before and after death and was accredited under the Gold Standards Framework (GSF). The GSF is a national framework of tools and tasks that aims to deliver a 'gold standard of care' for all people nearing the end of their lives. We saw people had advanced care plans which stated how they wanted to be supported during the end stages of their life. The advanced care plans were used to direct end of life care which avoided hospital admissions and provided dignified and pain free care at the home until they died. The registered manager and staff team were very proud that in accordance with people's wishes, every person who had died in the previous 12 months had remained at home at Galanos House.

The registered manager informed us that they had recently introduced a "friend to the end" for people who were at end of life care. This was a member of staff who took the lead on promoting positive care for people nearing the end of their life. They also provided support to the family during this period. Relatives could stay at the home to be with



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their loved ones at the end stages of the person's life. One relative told us," [Person] was really poorly at Christmas. We were worried she wouldn't get better. I stayed all night and the care to us both was superb."

We were told how staff had introduced a "Dignity Box" to allow people upon their death to be managed in a dignified way. People were covered with a special quilt from the box and flowers were put in their rooms. We were told, "They [staff] feel quite privileged that they have been involved in that person's end of life care. They want to look after them until the very last minute they leave the building."

Each year there was a service at the home where they remembered everyone who had passed away in the previous twelve months. There was a small chapel of remembrance near the entrance to the home where the names of those who had passed away were engraved. People's families were encouraged to continue to visit the home and maintain their links with the community their loved one had been a part of.



Is the service responsive?

Our findings

People spoke positively about the care they received at Galanos House and told us it was responsive to their individual needs. One relative told us, “[Person] has really settled well and always looks clean and well-presented whenever I visit. The food is good and lots of choice, there is always something going on even though he doesn’t join in he really enjoys watching. The staff are wonderful so patient and kind.” One member of staff told us, “You have to look at the person and what they need.” Another person told us the home was very responsive to their social needs stating, “There is a full activity programme, even bowls at the leisure centre. I do everything, computer course, art, crafts as well as the entertainment.”

Before people moved to Galanos House, the management team carried out an assessment to make sure their needs could be met. During the admission process, information was gathered so staff knew as much as possible about the person and their previous life to ensure a smooth transition into the home. This included background information about people’s lives. We looked at eight care plans and found they included information about people’s preferences and choices as well as their likes and dislikes. One person’s care plan stated that they preferred brown bread and we saw they had been given this at breakfast.

Staff we spoke with had an excellent understanding of people’s needs and preferences and how they liked to spend their day. We were told how one person did not like to be woken up in the morning or to change their clothes as this made them agitated and angry. Staff told us how they left the person to wake up themselves and explained how they assisted the person to maintain their personal care and appearance in a way that supported the person to remain calm.

We observed a staff handover between shifts. On the nursing unit this included handover from the nurses, and also the occupational therapist and the member of staff responsible for assisting with nutrition and hydration. The handovers were clear and detailed and all the staff showed a good knowledge of people and their needs. Every person was discussed in a personalised and sensitive way. For example, “[Person] has been to the hairdresser this morning and she is wearing a very pretty top today, she looks very nice.”

A “resident of the week” initiative meant that three people every week were involved in a full review of their care. This included their health needs as well as social and environmental needs. This meant staff could be sure the care they provided remained responsive to people’s needs and preferences.

People had access to call bells in their bedrooms and there were call points in all public rooms. Pendants were also available for people to use both inside and outside the home. People told us staff were responsive to their requests for assistance.

People at Galanos House had fulfilling lives because they were engaged in activities that were meaningful to them. People with skills or hobbies were encouraged to share their interests with others. For example, one person who was skilled at dancing held regular classes for others in the home. Another person had artistic skills and ran craft classes with examples of their work displayed in communal areas. There was a home choir which practiced regularly. A small group of people had written a poetry book which had been printed and was sold to raise funds for the home.

People were supported and enabled to participate in activities of daily living such as gardening. One person told us how they were going to rotivate the home’s allotment later in the day. A new kitchen area enabled people to carry on cooking and preparing food. The week of our visit was “hydration and nutrition week” and people had been preparing fruit salads together. Some people enjoyed looking after two goats who lived in an area at the back of the home.

A member of staff told us, “We talk with people and their families to find out what they like doing and what their past hobbies and interests were. We can then see if they still like doing this. We try to make everything an activity – something small like helping to get dressed to larger organised things.” One person had expressed a long held ambition to ride on the back of a motorbike and this had been arranged.

We found the care environment stimulating with no prolonged periods of inactivity. People were not sleeping because there was always something to interest them. In particular, the unit for people living with dementia had lots of objects for people to look at or pick up that might engage their attention. We also saw pictures on the walls to



Is the service responsive?

remind people of events from yesteryear. Pictures and wall mountings provided tactile and visual stimulation. A hot tub in a covered area in the garden provided a place for relaxation.

The day of our visit was St Patricks Day. The dining room had been decorated and staff wore green tops to celebrate the event. During the morning a group played and staff and volunteers encouraged people to dance. During the afternoon there was an exercise class which was full of fun and laughter. A small group were baking cakes and others were involved in individual activities. People who were not involved took pleasure in watching what was happening. Their eyes were following people's movements and they were smiling in response.

We saw a lot of thought had gone into considering people's individual needs and how habits and routines could be maintained. For example, as this was a British Legion home and many people had previously been in the armed forces, a shoe shine box had been introduced and people enjoyed sitting and cleaning their shoes together. Some staff had recognised that there were many activities particularly suitable for women such as manicures and hand massages. In order to provide further stimulation and activity for men, a "man shed" had been built where they could gather and participate in activities that specifically interested them.

People were supported to pursue interests in the local community such as swimming and bowling. There were regular fund raising events in the home which were advertised locally and money raised in this way was used to provide trips and holidays. There was a bar open several times a week where people could socialise and entertain

their visitors. One person was busy designing and building a Galanos House float, to participate in the local carnival. Some people submitted craft and baking entries into a local agricultural show.

People were encouraged to learn new skills. For example, a person from the local college came to the home to teach people basic computer skills so they could communicate with friends and family who did not live locally.

Where people had chosen to spend time in their rooms they told us that this was their choice. We spoke with one person who remained in bed. They told us, "I like staying in bed, the staff worry but it's my choice. They encourage me to go to the dining room but I don't bother."

Every person had been provided with a leaflet entitled "How to Make a Complaint". We saw copies of the leaflet in individual rooms and there were also copies available in the entrance hall. The leaflet informed people how to make a complaint and the timescale for investigating a complaint once it had been received. It also provided information about where people could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with.

The registered manager explained that each department had a "grumbles log so we can try and nip the grumbles in the bud". People we spoke with confirmed that if they had any concerns, they would feel happy about talking to some, this included managers and staff. Staff told us that if they were unable to help someone with a grumble they would refer it to a more senior member of staff.

We looked at the complaints log and found one complaint had been received in the last twelve months. This had been investigated and responded to in line with the provider's complaints policy.

Is the service well-led?

Our findings

Comments we received from people demonstrated a high level of satisfaction with how the service was managed. Comments included: “Absolutely yes, the head people are excellent.” “Very well run, excellent actually.” “It is so well led.”

There was a very stable management team in place. The registered manager had managed the home for 14 years and the deputy manager had been working there for 13 years. Although it was a large home, there was a consistent staff team with some staff members having worked there for many years.

The registered manager was focused on building a community within the home of which every person, visitor and staff member played their part. They had developed a service where people were enabled to carry on living their lives, pursuing their interests and maintaining their relationships. They explained, “It is about people living their lives. It is about enriching people’s lives and we care for them.” From our observations and talking to staff we found they shared these values and enjoyed working for the organisation. One staff member told us, “I strive for perfection personally and at work. I wouldn’t stay if I didn’t think people were well looked after. It’s a very good service.” Another staff member said, “I really enjoy it here, it’s hard work but really fulfilling.” Another said, “I love my job and I feel privileged to work here.”

Staff told us the management team were available and supportive. One staff member told us, “We are very well supported by all the senior staff. The managers are always available. There is an open door policy, you just knock on the door.” Both the registered manager and deputy manager were registered nurses and covered shifts when necessary, including night shifts. They explained that this allowed them to observe practice in the home, assess and monitor the service and also provided them with an understanding of the challenges faced by staff.

The management team offered a 24 hour on call service between them. This showed there was leadership advice 24 hours a day to manage and address any concerns raised. One staff member told us, “Advice and support is always available.”

The registered manager understood their responsibilities and the requirements of their registration. For example

they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

Staff told us they were clear about their role in the home and understood what was expected of them. One staff member told us, “I know everything that is expected and who to call if I need to.” Clinical and care tasks were delegated to senior members of staff who led in their specialised areas such as infection control, nutrition and dignity. Senior staff we spoke with demonstrated an understanding of their responsibilities and other staff spoke positively of the support they received from them. One staff member told us, “It is nice to have seniors take responsibility. The senior is my first port of call if I have got any problems.” We asked the manager how they encouraged staff to take on more responsibility and they responded, “I think by role modelling and also by enabling them.”

The registered manager told us they had regular staff meetings and said, “They [staff] set the agenda. The meetings are very much theirs.” They also explained how staff were empowered to make suggestions saying, “If they have problems we ask how can we solve them. They take it back and work it out between themselves.” We were told it was a result of staff suggestions that a member of staff had been put on the rota on the nursing unit to specifically monitor and support people’s food and fluid intake. One staff member confirmed, “Suggestions are considered and acted on if beneficial to people.”

People were provided with a copy of the service user guide when they moved to Galanos House so they were clear about the service provided. An easy read version was also available so it was accessible to everyone.

People were encouraged to contribute to the planning and delivery of care within the home. Residents meeting were held every three months which relatives were invited to attend. We looked at the minutes of the last meeting. We saw that people had asked for the timings of the late night drinks trolley to be brought forward and this had been done. There were also several ‘residents groups’. For example, there was a ‘resident catering group’ which met regularly to look at the whole dining experience in the home including menu planning. The manager explained, “It is about their [people’s] strong voice.”

Is the service well-led?

People were involved in the recruitment and interview process to ensure staff had the right personal qualities and values to work in the home.

Each year people, their relatives and health and social care professionals who attended the home were invited to complete a questionnaire about the home. The questionnaire provided an opportunity for people to comment on their experience of living in or visiting the home. The results of the questionnaire were analysed and helped to inform an action plan for the following year. Results from the last questionnaire were positive about the quality of service received. Where people had given negative responses, they were followed up on an individual basis if the person had shared their identity or in resident meetings.

The provider was a member of several good practice initiatives including the Warwickshire Association of Care Homes, National Care Forum (an organisation to improve social care provision and enhance the quality of life, choice, control and wellbeing of people who use services) and National Activity Providers Association (a registered charity and membership organisation for those interested in increasing activity opportunities for older people in care settings). The manager was working with the council to offer managers from other homes the opportunity to tour Galanos House to support the provision of quality dementia care within the locality.

It was clear the service had used relevant guidance and research to provide an environment that was safe and accessible, particularly for those people with a diagnosis of dementia. For example, signs and colours were used to identify important rooms such as toilets and bedrooms.

Galanos House is an accredited Butterfly Service Care Home following an unannounced audit from Dementia Care Matters (an organisation promoting excellence in dementia care). This scheme provides a holistic approach to providing care for people living with dementia. The service has to be regularly assessed to ensure it continues to meet the standards of accreditation so people continue to have a good quality of life full of occupation. The management team were enthusiastic to share the ethos of the Butterfly Scheme and good dementia care outside the organisation through talks and presentations to local

organisations. Prior to our visit the home had contributed to a television documentary about how people could be supported to live well with dementia within a care environment.

The provider had also participated in some innovative work with the local council using handheld computers to interact with people with dementia. The outcome of this piece of work had been delivered at several conferences locally. They were also working with Healthwatch to train volunteers to feedback under external quality checks of healthcare services.

Apart from the volunteers, there were many opportunities for the local community to visit and support the home. This was through regular events to raise funds such as rummage sales and quizzes. The manager explained, "A lot of local support is fundraising." There were also plans to open a dementia café so they could support people and their families who were living with dementia in the local community.

There were systems to review the quality of service provided which included a variety of audits and checks. These then fed into a monthly clinical governance report to identify any issues so action plans could be put in place to ensure improvements were made. However, audits around medication were not robust enough to identify all the issues we found in the management of medicines. Where issues such as missing signatures on medicine administration records had been identified in audits, it was not clear what action was to be taken to ensure medicines were managed safely and consistently within the home.

All accidents including falls were reported to the provider's health and safety department who ensured any actions required to minimise any further risks were carried out.

We asked the registered manager what they were most proud of about the service provided at Galanos House. They responded, "I'm proud of the staff. They work really, really hard. When I'm walking around I get the sense they like to be here and they are proud to be here. I'm proud the people who come here can continue to live and have a life." A thank you card sent by a person's relation called the staff "A Band of Galanos Angels".