

## Galahill House Care Home Service

Barr Road  
Galashiels  
TD1 3HX

Telephone: 01896 753 264

**Type of inspection:**

Unannounced

**Completed on:**

23 May 2019

**Service provided by:**

Mansfield Care Limited

**Service provider number:**

SP2005007720

**Service no:**

CS2009195945

## About the service

This service has been registered since April 2009.

Galahill House is a care home registered to provide a care service to a maximum of 24 older people. A maximum of two places can be used for emergency respite. At the time of this inspection there were 20 residents living in the service.

Galahill House is owned and operated by Mansfield Care Limited.

Galahill House is a detached period building with an extension on the ground floor to the side of the original house. The bedrooms are single occupancy and most have en-suite showers and toilets. There is a large sitting room and dining room to the front of the house as well as a communal sitting area within the extension.

First floor bedrooms are accessed via the stairs or a stair lift. The home has its own car park and there are extensive well maintained gardens and grounds surrounding the property.

The provider's stated philosophy of care is:

To provide safe, comfortable surroundings where all our residents can feel at home.

Our homes are run to meet the needs of our residents, and their wishes come first.

We offer holistic care and support of the highest professional standards, personalised to meet each individual's needs, wishes and choices.

Our staff are trained to support residents with their own self-care, and help them to be as independent as possible.

We believe that the time our residents spend with us is special, and insist that all care is provided in a respectful manner, ensuring that your loved one's dignity is maintained and their right to privacy and confidentiality observed at all times.

We monitor all our services, and take active steps to maintain exceptional quality of care by carrying out regular internal reviews and external audits.

Above all, all our staff strive to create a warm, friendly atmosphere where comfort, safety and security are paramount, and where each resident can be the person he or she has always been.

## What people told us

Prior to the inspection visit we sent out care standards questionnaires for residents and relatives/carers to complete. We received back one completed resident questionnaire and four relatives'/carers' questionnaires. All indicated that overall they were satisfied with the quality of care that the service provided.

Three people thought that the home had been short of care staff and housekeeping staff at times. Staffing levels have improved recently. We have reported on this further in the main body of the report.

At the time of our inspection there were 20 people residing living in the home. During the inspection we met most of them and spoke individually with 12. We also spoke with four relatives. They told us that they were happy with the standard of care being provided, that staff worked hard and their or their relatives' bedrooms were kept clean.

Some residents were less able to tell us what they thought about the service or the care they received. We spent time observing how these residents interacted with staff and how they spent their time. We saw some very positive interactions which demonstrated that residents were offered comfort and treated with respect.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	not assessed
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**4 - Good**

Overall, we evaluated the support for people's wellbeing that Galahill House provided as good.

People experienced a good level of compassion, dignity and respect. People's views and preferences were sought when planning and delivering care and support.

Residents and relatives told us that they were satisfied with the standard of care and support the service provided.

The mealtimes we observed were well organised. Residents told us that they enjoyed their meals. Snacks and drinks were made available outside mealtimes. The chef was very aware of the benefits of a food first approach in providing good nutritional care.

The service demonstrated that they understood how purposeful and enjoyable activity benefited people's wellbeing. There was improved facilitation of physical activities which took into account individual ability and preference. Connections with the local community continued to be developed.

Care and support is provided in an organised way. Recent improvements in staffing at the end and start of the day have meant that staff are more able to support residents and are less rushed at these busy times of day.

People's health benefited from their care and support. Staff were aware of residents' care and support needs and were good at recognising changes and seeking additional healthcare support when needed.

There was good organisation of personal planning documentation which showed that individuals' needs were assessed and evaluated on a regular basis. This and the good handover system used meant that people could be confident that they would receive the right support and that their care would be adapted as their needs and choices changed.

Medication administration records were generally well completed. Identification photographs were currently been updated. There was improved completion of records when "as required" medication was administered. Staff were to be reminded to promptly complete a written protocol for any newly prescribed "as required" medication so there is clear guidance on when it should be given.

Staff were aware of which creams and/or ointments residents currently needed to use. We suggested that more regular checks were completed on the Medication Administration Records (MARs) and the Topical Medication Administration Records (TMARs) to ensure that both reflected residents' current creams and/or ointments.

The provider has very comprehensive audit tools. Where these checks include sampling, for example a selection of MARs or bedrooms, we suggested that a note is made of which are sampled so that in time all are checked on a regular basis. Staff will need sufficient time to ensure these are fully completed in order that any areas for improvement can be promptly identified and the necessary action taken.

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

**4 - Good**

We evaluated the quality indicator staffing levels are right and staff work well together as good.

Staffing levels, skill mix and deployment of staff now meets residents' needs with staff working well together.

Monthly assessments of dependency using a recognised dependency tool were completed. However the tool did not take into account the time that care staff spent completing cleaning and laundry duties. As the service had recently been short on the provision of domestic hours this resulted in an increase in the amount of time care staff had to spend on domestic duties.

In addition, the tool did not recognise variations in workload during the day. The additional dependency information on times residents preferred to go to bed and rise in the morning and the level of support they needed indicated that the staff hours provided on night duty were not sufficient. This was discussed with the management team who introduced additional temporary domestic staff to cover present vacant hours whilst recruitment for permanent cover progressed. Additional care staff cover was provided at the start and end of the night shift to ensure residents' needs were fully met.

The management team were reminded that the overall assessment of the staffing levels and staff deployment should be available to visitors or people using the service.

Workload was organised with staff clear of their responsibilities. Staff were to be reminded to sign to confirm that they had completed their allocated duties on the daily allocation sheet.

A previous area for improvement to ensure that staff register at the correct level, according to their role in the service, with the Scottish Social Services Council (SSSC) within the required timeframe was not fully met and remains (**see area for improvement 1**).

Staff are supported through training, formal supervision and regular staff meetings. To ensure action points at meetings are followed up we suggested that previous staff meeting minutes are reviewed at the following meeting.

The manager has a good overview of staff training and therefore is able to ensure that staff complete the required mandatory training within the required timeframe.

### Areas for improvement

1. The provider should check that staff register at the correct level, according to their role in the service, with the Scottish Social Services Council (SSSC) within the required time frame.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 3.14) which states:

I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

### How good is our setting?

4 - Good

We have evaluated the quality indicator people benefit from high quality facilities as good.

Galahill House is an attractive looking property set in landscaped gardens which provides pleasant views from bedrooms and communal areas. There is an outdoor sitting area which we saw used.

Bedrooms were personalised and appropriately furnished. There was evidence of continued refurbishment to ensure the home maintained a good appearance. There was a good range of private and communal areas.

Residents' bedrooms were clean and tidy. However at the start of our inspection some of the staff only areas and the hairdressing room were in need of more regular attention. These were addressed when the management team introduced additional temporary domestic staff to cover present vacant hours and the cleaning schedules were updated to include the areas that were getting missed.

Two areas for improvement made at the last inspection had not been fully actioned and remain (**see areas for improvement 1 and 2**). The service should consider the need for signage and visual prompts to assist residents to find their way around the home. The service should review its risk assessment for potential hot surfaces in resident areas to ensure potential hazards are minimised.

Staff were to be reminded to ensure that the sluice and laundry rooms were kept locked when not in use.

We received feedback that items of clothing got mixed up at time. We saw that there were good supplies of name labels for clothing but there were many items unlabelled. Staff shortages would have resulted in little time to label clothing. With the recent increase in the provision of domestic and care staff we would expect to see an improvement in this area.

Staff were to be reminded about the storage of continence aids in bedrooms to ensure that these items were discretely stored.

We will look at progress of these areas at our next inspection.

## Areas for improvement

1. To assist residents to find their way around the home the service should consider the need for signage and visual prompts.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS 5.11) which states:

I can independently access the parts of the premises I use and the environment has been designed to promote this.

Also see: the good practice tool "The King's Fund Enhancing the Healing Environment Care Home Assessment tool" which helps service's to develop a more supportive environment for people with dementia.

2. To ensure the service is safe the service should review its risk assessment for potential hot surfaces in resident areas including uncovered radiators to ensure potential hazards are minimised.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS 5.17) which states:

My environment is secure and safe.

In actioning this we directed the management team to the Health and Safety Executive's guidance "Health and Safety in Care Homes".

## How well is our care and support planned?

**4 - Good**

We evaluated how assessment and care planning reflects people's needs and wishes as good.

Support plans were written following completion of comprehensive assessments. They were regularly reviewed, evaluated, updated and took account of best practice and residents' own individual preferences and wishes.

Overall, support plans contained a good level of detail to direct staff about residents' needs and how they liked them to be met. Staff were aware of residents' care and support needs. This meant that people could be confident that they would receive the right support and that care would be adapted as their needs and choices changed.

Regular audits of support plans took place which ensured prompt completion of document on admission and continuing compliance with good standards of record keeping.

We suggested that it would be useful to have an index at the front of each personal file to help identify the different sections of the file so that staff could access required information quickly.

Six monthly reviews took place with records of this indicating that residents and their relatives/carers, where appropriate, were involved in the care planning process. Staff completing these reviews were to be reminded to ensure review meetings were signed by those attending.

Regular checks need to be completed on the Medication Administration Records and the Topical Medication Administration Records to ensure that both reflected residents' current creams and/or ointments.

Staff were to be reminded to complete oral care charts and/or detail when oral care has been refused.

The provider is currently piloting the completion of anticipatory (advanced) care plans in one of its other services. This will then be rolled out to its other services. We will review progress of this at future inspections.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

Service users must have staff present in sufficient numbers to meet their care and support needs at all times. In order to achieve this provider must ensure that;

- a) Service users care and support needs are accurately assessed and recorded each month in relation to physical, social, psychological and recreational needs and preferences in their care.
- b) In respect of the delivery of the service, the provider must keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four week period. The assessment must take into account the aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.
- c) That reductions in staffing arising from reduced occupancy are in keeping with the recorded assessment that identifies the minimum staffing levels and deployment of staff as described above.
- d) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

This is in order to comply with: SSI 2011/210 regulation 15(a) – requirement about staffing.

Timescale: To be in place by **31 July 2018**.

**This requirement was made on 5 June 2018.**

## Action taken on previous requirement

There was sufficient evidence that the service was now meeting this requirement.

## Met - outwith timescales

## What the service has done to meet any areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

The service should ensure that residents identified as at risk of skin damage have an appropriate skin damage prevention plan of care in place to meet their individual needs and level of risk. The content of the plans should include:

- Level of risk and skin integrity status
- Type of mattress in use
- Type of chair cushion in use
- Frequency of skin checks
- Frequency of positional changes and whether turning chart in use
- Any prescribed lotions or creams with details of where and how often applied
- Any other relevant individual care interventions.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS 4.27) which states that:

I experience high quality care and support because people have the necessary information and resources.

**This area for improvement was made on 6 July 2018.**

### Action taken since then

**This area for improvement was met.**

There was improved recording in residents' personal plans. Residents who were assessed as at risk of developing skin damage had an appropriate skin damage prevention plan in place to meet their individual needs. These were seen followed.

### Previous area for improvement 2

To assist residents to find their way around the home the service should consider the need for signage and visual prompts.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS 5.11) which states:

I can independently access the parts of the premises I use and the environment has been designed to promote this.



Also see: the good practice tool "The King's Fund Enhancing the Healing Environment Care Home Assessment tool" which helps service's to develop a more supportive environment for people with dementia.

**This area for improvement was made on 6 July 2018.**

## Action taken since then

This area for improvement was not fully met and therefore remains (**see area for improvement 1 under How good is our setting**).

## Previous area for improvement 3

The service should review the call system to ensure that the noise is not overly obtrusive.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS 5.18) which states:

My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

**This area for improvement was made on 6 July 2018.**

## Action taken since then

**This area for improvement was met.**

Senior carers regularly check the volume of the call system to ensure that the volume is not becoming overly obtrusive. These checks were scheduled on the senior carers' daily checklist which the senior carer signed when completed.

## Previous area for improvement 4

To ensure the service is safe the service should review its risk assessment for potential hot surfaces in resident areas including uncovered radiators to ensure potential hazards are minimised.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS 5.17) which states:

My environment is secure and safe.

In actioning this we directed the management team to the Health and Safety Executive's guidance "Health and Safety in Care Homes".

**This area for improvement was made on 6 July 2018.**

## Action taken since then

This area for improvement was not fully met and therefore remains (**see area for improvement 2 under How good is our setting?**).

## Previous area for improvement 5

Where decisions about staff suitability have been made during the recruitment process this information should be clearly documented. This will provide a clear audit trail and evidence decisions made.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 4.24) which states:

I am confident that people who support and care for me have been appropriately and safely recruited.

Also see: SSSC Codes of Practice for Social Service Workers and Employers.

**This area for improvement was made on 6 July 2018.**

## Action taken since then

This area for improvement was met.

Where decisions about staff suitability have been made during the recruitment process this information was documented. This provided a clear audit trail.

## Previous area for improvement 6

The provider should check that staff register at the correct level, according to their role in the service, with the Scottish Social Services Council (SSSC) within the required timeframe.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 3.14) which states:

I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

**This area for improvement was made on 6 July 2018.**

## Action taken since then

This area for improvement was not fully met and therefore remains (**see area for improvement 1 under How good is our staff team?**).

## Previous area for improvement 7

The service should ensure that staff who take charge of the home are reminded of the Care Inspectorate's document 'Guidance on notification reporting'. This is to ensure that all required notifications are reported within the required timescale and contain detailed information on how the incident has been dealt with.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS 4.14) which states that:

I use a service and organisation that are well led and managed.

**This area for improvement was made on 6 July 2018.**

## Action taken since then

This area for improvement was met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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