Galahill House
Care Home Service

Barr Road
Galashiels
TD1 3HX

Telephone: 01896 753 264

Type of inspection: Unannounced
Inspection completed on: 22 May 2017

Service provided by:
Mansfield Care Limited

Service provider number:
SP2005007720

Care service number:
CS2009195945
About the service

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

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 the inspection there were 22 residents living in the service, all on a permanent basis.

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:

“All our care homes have the same philosophy”:

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 received completed care standards questions from one resident and nine relatives/carers. Seven indicated that overall they were satisfied with the quality of care that this service provided and two disagreed with this. Comments given included:

“The staff here do a wonderful job and are friendly and helpful”.

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“Food at weekends much better now”.

“All the carers are kind”.

“The carers seem very hardworking”.

“My mum gets very good attention”.

One resident thought the food could be variable and would like to see more fish on the menu and fresh fruit. One relative/carer also thought that the standard of meals varied. This feedback was discussed with the chef and management team. We were advised that the four weekly menu planner was in the process of being updated and that the current written menu did not reflect the additional variety of food that was provided.

The management team plan to continue to gather feedback about the quality of food. They had identified in their development plan that they would develop the systems they use to gather feedback and share information about actions they take in response to feedback. We will review progress on this at future inspections.

A high turnover of staff was reported by two relatives/carers. This can effect continuity of care and puts additional responsibility on more senior staff to support them.

One relative/carer felt that the keyworker system was not being implemented. Staff changes have resulted in changes to some keyworker groups. The manager agreed to promote the role and responsibilities of the keyworkers and to communicate this to residents and relatives/carers.

Five people thought that the laundry systems in the home needed to improve. Delays in clothing being returned and receiving clothes belonging to other residents were reported. We have asked the service to make improvements to their laundry service. (See recommendation 1), made under quality of environment.

Two relatives/carers reported that there was sometimes an odour problem in the part of the home known as memory lane. At our first two visits no odour was noted in this area. At our third visit there was an odour noticeable in the mid morning which a member of domestic staff quickly dealt with. From cleaning records and discussion with domestic staff we saw that this was an area that staff frequently checked and cleaned. New carpeting was planned for this area.

One relative/carer reported to us that there had been a problem with the supply of incontinence aids. Through discussion with care staff and review of communication records we could see that the service was trying to rectify this area, unfortunately the lengthy assessment process and response time to this meant that the issue was taking sometime to resolve. We asked that the manager ensure that residents and relatives/carers are kept informed of how the service is trying to address this problem.

Three relatives/carers thought the home had been short staffed at times. Due to the recent increase in the support that the residents required, the service had increased the number of staff on duty during the day to ensure that residents’ needs were promptly met. Our observations would support this decision.

During the inspection we met most of the residents and spoke individually with nine of them. We also spoke with three relatives/carers. We received lots of positive comments about the kindness of the staff and how they were satisfied with the service being provided. Comments given included:

“Staff are all very nice”.

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“Anything I ask for I get”.

“X (names a member of care staff) is top notch”.

“New girls seem very nice and keen to learn”.

“Excellent care”.

“Home much cleaner”.

“Excellent, expensive, but worth every penny”.

“Nothing could be better for her”.

“Provides an atmosphere of love”.

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 that residents responded positively to support from staff and enjoyed chatting with them.

Self assessment

All services, with the exception of childminders, have not been asked to provide a self assessment for the year 2017-18.

The service had produced a development plan which identified the areas it wanted to improve and how it planned to achieve this.

From this inspection we graded this service as:

- Quality of care and support: 4 - Good
- Quality of environment: 4 - Good
- Quality of staffing: 5 - Very Good
- Quality of management and leadership: 4 - Good

Quality of care and support

Findings from the inspection

The service has continued to perform to a good level in the areas covered by this quality theme. There were good standards of care and support being provided for the residents in this home.

The service involves residents, relatives, carers and staff in developing the service using a variety of methods to facilitate their involvement. This is an area that the service planned to develop through improved communication including more effective six monthly reviews of care.
Care and support was provided in an organised way. Staff were aware of their responsibilities and there was a good team approach to meeting the support needs of the residents. Recent improvements in staffing levels meant that staff were better equipped to support residents who displayed distressed behaviour.

Residents appeared clean, tidy and relaxed. Requests for assistance were promptly responded to and staff regularly checked on those less able to call for assistance and/or who preferred to spend their time in their bedroom.

There was improved provision of meaningful activities, which included both group and one to one activities. The activities coordinator and manager planned to review the recording of activities that residents took part in and to consider how this information would form part of reviews of care.

There was improved completion of residents’ personal plan, with checks made to ensure that new residents’ assessments and support plans were accurately and promptly completed. On going use of audits ensured that these improved standards of record keeping were maintained.

Some improvements to the completion of medication administration records and topical medication were noted. These had also been identified in a recent pharmacy audit. The manager advised us that they were currently working through an action plan to address these issues.

We will follow up progress of this at the next inspection. Issues reported to the manager relating to temperature recording within the medication storage area and recording of stock were promptly addressed.

We directed the service to the NHS training resource Caring for Smiles to support staff in assessing and providing good oral care. This would be particularly helpful for residents who are reluctant in being supported to maintain good oral health.

**Requirements**

**Number of requirements:** 0

**Recommendations**

**Number of recommendations:** 0

**Grade:** 4 - good

**Quality of environment**

**Findings from the inspection**

The service has continued to perform to a good level in the areas covered by this quality theme.

First impressions of the home are good. Galahill House is an attractive looking property set in pleasant gardens. The bedrooms are personalised and appropriately furnished. There are a variety of communal areas thereby offering a choice of sitting areas for residents.
The home was clean and we saw that any unpleasant odours were promptly attended to. There was improved completion of cleaning records.

Improvements needed to be made to the service’s laundry service to ensure that residents’ clothing is promptly returned to the correct resident after laundering. (See recommendation 1).

Staff were supported to maintain safe working practices and helped to maintain the safety of residents through training and monitoring of practice.

The provider’s maintenance checklists supported staff to carry out appropriate checks on the environment and on equipment used in the home. We saw that these were completed and any actions taken were recorded.

Service records confirmed that moving and handling equipment had been appropriately maintained, in keeping with Lifting Operations and Lifting Equipment Regulations (LOLER).

The service’s development plan included the refurbishment that the service intended to complete over the next year. This included bedroom and ensuite refurbishment, replacing carpets (including that in memory lane) and redecorating the dining room.

The service should consider the need for signage and other visual prompts to assist residents to find their way around the home. (See recommendation 2).

The service should review its call system. The volume in the entrance hall which is also heard in the lounge and dining areas was particularly loud and, although seen promptly responded to, was obtrusive to residents who spent time in these areas. (See recommendation 3).

There was clear recording by staff when dealing with residents’ finances.

The service should continue to use environmental audits and checks to ensure that high standards of tidiness and cleanliness are maintained.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. It is recommended that the service reviews its current systems for dealing with residents’ laundry to ensure that items of clothing are promptly returned to the correct resident after laundering.

This takes account of National Care Standards, Care homes for older people, Standard 16 Private life.

2. It is recommended that the service considers the need for signage and visual prompts to assist residents to find their way around the home.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.
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.

3. It is recommended that the service reviews its call system to ensure that the noise is not overly obtrusive.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

**Grade:** 4 - good

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**Quality of staffing**

**Findings from the inspection**

The service performs to a very good level in the areas covered by this quality theme.

The service had employed a number of new and motivated staff. They had been recruited and inducted in a safe and robust manner to protect residents and staff. Being new they will need further time and support to consolidate their skills. With the recent improved staffing levels we saw that this support was being provided.

At each of our visits we found staff to be polite, friendly and approachable. They were seen to be caring and supportive towards residents and their relatives/carers. Staff took time to care for and support residents at a pace which suited the individual. We saw that staff explained to and reassured residents where needed.

Staff were knowledgeable about residents’ needs. A good team approach was used to organise the care and support residents received. We concluded that residents were receiving care and support from staff who knew their needs.

The feedback from the residents and relatives/carers we spoke with was positive, with many staff named as being particularly good.

Staff were kept up to date with current best practice, with training planned and recorded in an organised way. This helped to identify and prioritise future training requirements. Staff were also supported through formal staff supervision and observation of practice.

The service’s policies and procedures were seen to be regularly reviewed and updated to reflect current good practice, with staff informed of any changes.

Staff had been reminded of their responsibilities to register and maintain their registration with the Scottish Social Services Council (SSSC). Systems were in place to ensure that regular checks were made with the SSSC to ensure that staff were appropriately registered.

The service used a dependency monitoring tool, along with observing practice and listening to feedback to assist with planning staffing. Due to the recent increase in dependency of the resident group the number of staff on day duty had been increased to ensure that residents’ needs were promptly met.

**Requirements**

**Number of requirements:** 0
Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of management and leadership

Findings from the inspection

The service performed to a good level in the areas covered by this quality theme.

The residents and relatives/carers we spoke with told us that they felt that they could speak to one of the seniors or to the manager, whom they named, if they had any concerns. They told us that they felt confident that any issues raised would be addressed.

Accident and incident records were maintained in the home. These included any actions taken as a result of the accident or incident. We had received notification of events that required to be reported to us.

There were regular checks by senior staff and the management team to ensure that the provider’s expected practices were complied with and that residents, relatives and carers were satisfied with the quality of service they were receiving.

Many of the areas for improvement that we noted during our inspection visits had been identified in the service’s checks and/or were on the service’s development plan.

Additional auditing of residents’ personal plans had resulted in improved record keeping and provided staff with a clearer understanding of when to record information in these files.

Staff communication records and staff supervision were seen used to follow up areas of improvement that audits and checks had identified. This meant staff were made aware of expected practices and standards.

The management team demonstrated they were motivated to improve the quality of the service by promptly responding to identified areas of improvement, including feedback that we gave at the end of each of our visits.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good
What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

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<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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