

Loyalmace Limited

# Larchfield Manor

## Inspection report

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Date of inspection visit:  
18 January 2017

Date of publication:  
05 April 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Larchfield Manor provides personal care and accommodation for older people, some of whom are living with dementia. The service is registered to accommodate up to 47 people. On the day of our inspection there were 39 people using the service. The service is split into two parts. The main house is for people with greater independence, whilst the smaller Coach House accommodates people living with advanced dementia.

We last inspected the service in October 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

The home was clean and suitable for the people who used the service. Appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Larchfield Manor.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The registered provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

Staff felt supported by the management team and had opportunities to contribute their views. People who used the service, relatives and professionals were consulted about the quality of care at Larchfield Manor.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Larchfield Manor

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection to provide a new rating for the service.

The inspection took place on 18 January 2017 and was unannounced. It was carried out by one adult social care inspector and a specialist advisor.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

We looked at the care records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

During our inspection we spoke with seven people who used the service and four family members. We also spoke with the registered manager and eight members of staff. We also sought the views of North Yorkshire County Council quality monitoring team prior to the inspection.

# Is the service safe?

## Our findings

People told us they felt safe. One person commented, "I feel safe. You've got nothing to worry about here". One relative told us they had no concerns and added, "I always come unannounced. Whenever I hear staff talking to [Name] it seems so nice. I think [Name] is safe here".

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. Accidents and incidents were recorded and there was a clear record of the action taken. These records were reviewed each month. The registered manager monitored falls and made a referral to the 'falls team' if there were any concerns. Records showed that falls had reduced over the last two years.

Risk assessments were in place to protect people from harm. These had been identified through the assessment and support planning process. Risk assessments had been completed for a range of areas such as moving and handling and nutrition. This showed that steps were taken to minimise risks to help keep people safe.

The building was well maintained and there were systems in place to identify environmental risks and keep them to a minimum. Checks and tests were carried out on the electrical installations and the gas, water and fire alarm systems, to make sure the building was safe. Equipment such as call bells and wheelchairs, was checked regularly to make sure it operated correctly.

There was a safe system in place for the management of medicines. Medicines were stored securely and safely in a lockable room. Medicines administration records were completed accurately with no unexplained gaps in recording. Medicines were administered safely and in line with the registered provider's medicine procedures.

There were sufficient numbers of staff to support people and provide safe care. We observed that staff carried out their duties in a calm unhurried manner and had time to socialise with people. Care staff had time to support people at an appropriate pace. We looked at the records for staff recruitment. These were thorough and showed that checks were carried out to confirm applicants were suitable to work with older people.

# Is the service effective?

## Our findings

People and their relatives told us that staff were effective and met people's needs. Comments included, "Staff are great", "Staff are compassionate, understanding and superb" and "Staff are fine. There have been lots of changes but they always seem happy".

Staff informed us that they felt supported to carry out their roles and that there was sufficient training available. One member of staff said, "I feel supported. They have been good at developing my role", and another commented, "I am very much supported. I enjoy doing different training". Records showed that care staff had completed training in key topics related to the needs of people who lived at the service. The registered manager showed us confirmation of training booked for the next few months. This included training in dementia, mental capacity and care planning. Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS ).

The registered manager and staff were aware of the principles of the MCA and DoLS procedures. DoLS referrals and authorisations had been made as required where people were restricted in their movements.

Each person's care record held a mental capacity assessment regarding functions of daily living. This was a tick box form with details of the areas in which a person did not have capacity to decide, such as managing money and medicines. Although this form made reference to mental capacity, it was not decision specific as required by legislation. We spoke with the registered manager about this, who agreed to review the format and effectiveness of the form. We observed that care staff sought people's consent before carrying out any care or support.

People received a healthy and nutritious diet and received adequate amounts of fluids. The meals were attractively presented and looked appetising. Mealtimes were peaceful and sociable. Staff were observed to be attentive and polite when supporting people. Where people required particular support with eating or drinking, for example, due to swallowing difficulties there was clear information in the care plan which had been passed on to the kitchen.

People were supported maintain their health and had access to healthcare services. Records demonstrated that people were supported to see professionals such as doctors, specialist consultants and opticians as needed. Where people required particular support, such as with eating and drinking, referrals were made for specialist advice. One member of staff told us, "We work closely with nurses, physiotherapists and dieticians. The doctor comes to the service every week. We have contact with palliative care nurses if needed".

## Is the service caring?

### Our findings

People and relatives made positive comments about a caring service. Comments included, "The staff are lovely, very kind. It's good because you can socialise", "It's very, very caring. I am happy here and my family are happy. You can ask for anything and they do their best for you. It's relaxed" and "It's very nice. It's very good here. Staff come to you if you need anything". One relative told us, "I have recommended the place to others", and another commented "[Name] is very well looked after. You wouldn't get a better place than here".

Throughout our inspection we noted a warm and friendly atmosphere in the service. People were seen to be moving around freely and were smartly dressed.

The main part of the house had an open front door and people were free to come and go. In the Coach House there was a keypad on the door for safety. The environment in the Coach House was suitable for people living with dementia. It was bright and colourful, and reflected people's interests. There were hand painted murals on the walls of farmyard scenes, gardens and the seaside which gave points of interest for discussion.

Staff treated people with dignity and respect. They spoke with people in a respectful manner and showed a genuine interest in people's well-being. We noted that any personal care was carried out behind closed doors to protect people's privacy.

We saw one person who had become distressed being supported by a member of staff. They held the person's hand and walked slowly with them until they were ready to sit down. When the person became tearful, the member of staff comforted them and gave reassurance.

The registered manager described some of the ways in which the service cared for people. One person used to work in Africa and wanted to go back, but this was difficult because of their age. Staff supported them by setting up an account on Skype so they could stay in touch with a colleague through video link. Another person is writing a book, and to help with this the administrator sits and types up for them.

People and relatives told us that they were involved in decisions about people's care. This was evident in care records and correspondence. One relative told us, "The manager is very easy to talk to. They are very good here at letting family know". People had signed their care records, where able to do so, to indicate that they agreed with their plan of care.



## Is the service responsive?

### Our findings

Up to date care plans were in place which were reviewed regularly to make sure any changes in needs were identified. Care plans were person centred and described the support people required from care staff. People's preferences, likes and dislikes were included, so that support was given in the way people wanted. For example, one care plan stated, "She loves to look smart and well presented and likes to have her hair done and wear a little make up. Staff need to assist with this".

People were supported to take part in activities of their choosing. An activity coordinator was at the service from Monday to Friday each week. We observed that care staff had time to socialise and engage with people. In the Coach House we noted that shelves contained a range of items; jigsaws, a Bible, books on the countryside, gardening and Battle of Britain, and a box of knitting wools. These were the sort of items that most people might find in their home.

The registered manager told us that people were supported to get out into the community. The front door in the main house was left open in the daytime. They told us how they had supported one person to get outside; "When one person came here they wanted to be able to go out shopping. They wanted a mobility scooter as they couldn't drive anymore. We liaised with the doctor and DVLA and discussed it with relatives. We then arranged for [Name] to buy a scooter and provided a mobile phone for emergencies, with main important contacts".

A record of complaints and compliments was held in the office. This showed that one complaint and 12 compliments had been received over the last year. The complaint had been properly investigated and responded to with a nicely worded letter. A complaints procedure was in place which gave information about how complaints should be managed and timescales for response and investigation. As well as a formal complaints process, the registered manager supported people to raise any other concerns, and had placed a 'Grumble' book in reception for any 'niggles' that people and visitors wanted to raise.

## Is the service well-led?

### Our findings

There was a registered manager in place 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 had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the management team. One staff member told us, "The manager is great" and another said, "It is marvellous that the manager and deputy manager go out on the floor".

Staff were regularly consulted and kept up to date with information about the service and the registered provider. The registered manager explained, "I try and involve staff in decisions. It's very much an open door policy. Staff can come in anytime". Staff meetings took place regularly where the staff team had the opportunity to speak openly. One member of care staff confirmed that Larchfield Manor provided "A caring environment that listens to its staff".

We noted that the registered provider's philosophy of care was displayed in the reception area. This meant that it was visible to anyone who came to the service. The staff we spoke with were aware of this. One group of staff were clear that the main aims of the service were respect, choice and privacy.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The registered manager carried out a number of audits at the service. In addition an independent assessor came in every three months to review care practices and the registered provider visited every six weeks.

People who used the service and their relatives were invited to attend resident meetings. The record of the last meeting in November 2016 showed it was well attended and included discussions about activities, cleanliness and meals. At this meeting the attendees wanted it to be known that, "Staff have been wonderful and for many of the residents they are happy being at Larchfield".

An annual survey was sent out to people and their relatives, as well as visiting professionals. This helped the registered manager assess the quality of the service and identify areas for improvement. We looked at the most recent feedback, which was mostly positive. The registered manager had acted on any issues raised.