

Silver Healthcare Limited

Leahurst Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Leahyrst Care Home is registered to provide accommodation and personal care for up to 41 older people, some of whom are living with dementia. The home is situated in a residential area, close to local amenities and transport links. Accommodation is based on three floors, accessed by a passenger lift. All of the bedrooms are single and communal lounges and a dining room are provided. The home has a secure enclosed garden and car park.

There was a manager at the service who was registered with Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Our last inspection at Leahyrst took place on 20 May 2016. Whilst no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found, the service required improvement in some areas. At this inspection we found improvements had been made.

This inspection took place on 19 June 2017 and was unannounced. This meant the people who lived at Leahyrst and the staff who worked there did not know we were coming. On the day of our inspection there were 37 people living at Leahyrst.

People living at the home and their relatives spoke very positive about their experience of living at Leahyrst. They told us they, or their family member, felt safe, were happy and felt respected.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff recruitment procedures ensured people's safety was promoted.

Sufficient numbers of staff were provided to meet people's needs.

Staff were provided with relevant training so they had the skills they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to

express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

A programme of activities was in place so people were provided with a range of leisure opportunities.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

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 was safe.

Staff were aware of their responsibilities in keeping people safe. People told us they felt safe. Relatives told us they felt their family member was safe. People were content and happy to be with staff.

Medicines were stored securely. Appropriate arrangements were in place for the safe administration and disposal of medicines.

The staff recruitment procedures in place promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff were provided with a regular programme of training, supervision and appraisal for development and support.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

Is the service responsive?

Good 

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

People living at the home, or their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good 

The service was well led.

There was an experienced registered manager in post who was well liked and respected by people.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

Leahyrst Care Home

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.

This inspection took place on 19 June 2017 and was unannounced. The inspection team consisted of three adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR 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 also reviewed notifications of safeguarding and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted Sheffield local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During the visit we spoke with 14 people who used the service and five of their relatives to obtain their views of the home. We were not able to fully communicate with some people living at the home. 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 with us.

We spoke with two health professionals in person who were visiting the home on the day of our inspection. We spoke with a further health professional over the telephone during our inspection to obtain their views of Leahyrst.

We spoke with nine staff including the registered manager, the two deputy manager's, care staff, an activities worker, the cook, domestic assistants and the administrator. We also looked at three care plans, four staff files and records associated with the running and monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe living at Leahyrst and commented, "I feel very safe as I'm in bed whenever I want a rest, but I like that," "This is a very safe place. My family are happy that I'm being well looked after" and "I feel very safe. Staff are there when you need them, but they don't treat me as though I'm gormless. I don't need my hand holding all the time." Relatives of people living at Leahyrst told us they felt their family member was safe.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed small amounts of money for some people and people could access money from a petty cash float kept by the home. We saw financial records were kept. They showed all transactions and detailed any money paid into or out of the persons account. Receipts from purchases were retained to evidence the recorded transactions were accurate. Staff spoken with could describe the actions to take when handling people's money so safe procedures were adhered to and to help protect people from financial abuse. We saw records to verify team leaders audited all financial transaction records to make sure safe procedures had been followed.

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe. Comments included, "I would recommend this home" and "I would be happy for my family member to come here. It's a lovely environment. Residents are happy and well cared for."

We asked people living at the service about the help they got with their medicines and they told us they were happy with the support they received. Comments included, "They [staff] watch me while I take the tablets and bring me some water with them" and "They [staff] always bring me my tablets in the morning, at lunchtime and at bedtime. I don't worry about it." A relative told us, "That was one of our concerns before [name of family member] came here. They were all over the place with their tablets. Sometimes they were double dosing and other times they would forget to take them. Since they've been here, they are getting their tablets properly and on time. I've had a look at the records (Medicines Administration Record, MAR) so I

know that's right."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We checked five people's MAR charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. Medicines were stored securely. At the time of this inspection some people were prescribed Controlled Drugs (CD's) (medicines that require extra checks and special storage arrangements because of their potential for misuse). We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to. We found two people were prescribed medicine that was administered via patches attached to the skin. The MAR did not detail where the patch had been placed so that new patches were placed in a different area, in line with best practice. We discussed this with the manager who amended the records to ensure this important information was recorded to promote people's health.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the registered manager also regularly observed staff administering medicines to check their competency. We saw regular audits of people's MAR's were undertaken to look for gaps or errors and we saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to. We found the pharmacist had audited the medicines systems in March 2017. This showed people's safety was promoted.

We looked at staffing levels to check enough staff were provided to meet people's needs. We found six care staff, including two senior care staff were provided as a minimum each day. Ancillary staff such as domestic and kitchen staff were also provided each day. Staff spoken with confirmed these numbers were maintained. We looked at the staffing rota for the two weeks prior to this inspection and found these identified staffing levels had been maintained. We observed staff were visible around the home and responded to people's needs as required.

People living at the home, and their relatives spoken with said they thought there were enough staff to meet their (or their family members) needs. Comments included, "Mostly there's enough [staff] around to help," "I have had to wait for a drink sometimes when they're busy, but it doesn't happen often," "My relative has never complained about having to wait for help," "What we really like is that the manager has made real improvements here. We used to worry whether there are enough staff, but they have moved things around and now there is no concern at all" and "I think there must be enough staff as they [family member] get care when they need it. Everyone could do with another pair of hands."

We asked staff about the levels of staff provided. All of the staff spoken with thought enough staff were available. Comments included, "There are always enough staff" and "There is definitely enough staff. There's always six or seven care and managers are always around."

We looked at the procedures for recruiting staff. We checked four staff recruitment records. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to

employment. This showed recruitment procedures in the home helped to keep people safe.

We looked at three people's care plans in detail and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment, dated 28 March 2017, had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans for each person were kept together in a file for use in an emergency to support safe evacuation.

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon. Two domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed procedures were followed to control infection. We found the home was generally clean. We saw a treatment room contained a refuse bin with a swing lid. This meant people had to touch the lid to dispose of any refuse. We discussed this with the registered manager who ordered a pedal bin during our inspection so that infection control was improved. The day following our inspection the manager confirmed the pedal bin was in place in the treatment room. One relative told us, "It's really good here. Everything is very clean."

Is the service effective?

Our findings

People we spoke with told us they thought the care staff were well trained and performed their jobs well. Comments included, "They [staff] are very good. They are very careful if they help me to stand up" and "From what I've seen, the staff here are really good and visitors are made very welcome as well."

We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dementia awareness and tissue viability. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was "good."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The records showed care staff had been provided with regular supervision and an annual appraisal for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

We asked people living at the home and their relatives about support with healthcare. People living at the home said their health was looked after and they were provided with the support they needed. The relatives spoken with had no concerns regarding the health care support provided to their family member. One relative told us, "They [staff] noticed that [family member] was getting a red patch on their lower back and called the district nurse before it got any worse. They've been putting cream on it and it's fine now."

The three health professionals spoken with had no concerns about the home and said the staff communicated well with them to promote people's health. Comments included, "We don't have any worries at all. This is a really good home," "Staff communicate well with us. We are here a lot and the care is good" and "It is a well organised home. Staff are responsive to medical requests and know people (living at the home) well. Staff are very good with clients."

The care records checked showed people were provided with support from a range of health professionals

to maintain their health. These included district nurses, GPs, Speech and language therapy (SALT), and dentists. People's weights were regularly monitored so any weight and health issues were identified quickly. Food and fluid intake charts were kept for people identified as at risk to help in monitoring people's health.

We found a varied and nutritious diet was provided to support people's health and respect their preferences. Staff were aware of people's dietary needs and preferences so these could be respected. We saw people were regularly offered drinks and snacks. People always had a drink within reach and we also saw people enjoying snacks of various fresh fruit.

People told us the food was good and they enjoyed the meals. Comments on the food included, "I've no complaints about the food. They bring a menu so I can choose. There are usually two choices at lunchtime," "The meals are beautiful," "I am always up and about at around six in the morning. The staff know I'm an early riser so they bring me a cup of tea and then I can go for my breakfast when I feel like it" and "I like the food." People said they could always have an alternative to the menu if they preferred. We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes.

At our last inspection we found some people's mealtime experience required improvement so they were not left waiting for staff support to eat their meal. Following the last inspection the manager had introduced a 'protected mealtime' so that people could enjoy their food without interruption. The manager had also arranged staffing so that all staff, including domestic staff and the activity worker, helped at meal times to make sure enough staff were available to support people as needed. At this inspection we found the mid-day meal was a positive experience and people were supported as needed. We observed part of the mid-day meal in the dining room. The room was light and pleasant. The dining tables were neatly set out and looked welcoming. Tables were laid with table cloths, cutlery and glasses. Labelled condiments were available on each table. We saw staff took time to support people and were patient when serving meals. The food was well presented.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People told us they felt consulted and staff always asked for consent. Comments included, "Nobody does anything without asking first. When they come in to make my bed they ask first if its okay" and "They are very polite and never take things for granted."

We looked at three people's care plans and found care was provided to people with their consent. The care plans seen held people's signatures, where people had been able to sign, to evidence they had been consulted and had agreed to their plan. Where people had been unable to sign, the plans had been signed by the person's representative. Consent to medicines, information sharing and the service agreement were seen in the files checked. This showed important information had been shared with people and their advocates and they had been involved in making choices and decisions about their care.

We found the home was designed and adapted to meet the needs of people using the service. Accommodation was provided on three floors, each floor was provided with a key code entry door for security. People were able to wander freely in these areas and clear signage and pictures helped to identify the different areas. We found the environment provided welcoming and pleasant living spaces. However, we noticed the front door bell was very loud and strident. It could be heard throughout the building, which people could find disruptive. Whilst the home had a well maintained secure garden, access to this was through a door with a raised fitting on the floor. Whilst this was very small, it posed a potential tripping hazard. We discussed these issues with the manager who confirmed she would explore improving these.

Is the service caring?

Our findings

People who used the service and their relatives all made positive comments about the home. People told us they were happy and well cared for by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. Relatives said they were always welcomed in a caring and friendly manner. Their comments included, "I love living here. I knew this would be my last resting place. I am really settled here. You can't wish for better people. I love my staff, you can't say a wrong word about them," "The manager and the staff are marvellous and kind to me as well as my relative (living at the home)," "They [staff] are all lovely with us," "They [staff] are all so nice to us," "There are some staff [family member] likes better than others but that's human nature," "They [staff] can't do enough for you. They are really kind" and "They [staff] are all lovely people."

People told us that they were encouraged to be independent if they were able and to ask for help if required. Comments included, "I shave myself and can have a shower on my own as long as they [staff] are nearby. They remind me when my hair needs cutting because I forget" and "I can undress and get myself up when I'm ready."

Staff told us they enjoyed working at the home and said staff worked well together as a team.

During our inspection we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. We saw staff crouch down so that they were at eye level with people before speaking to them. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. People were invited to attend 'residents meetings', where any concerns could be raised, and suggestions were welcomed about how to improve the service. This also showed people were treated respectfully.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

Staff spoken with said end of life care was always discussed so they had the skills and knowledge to care for people when this support was needed.

Is the service responsive?

Our findings

People living at Leahyrst, and their relatives said staff responded to their [family member's] needs and knew them well. They told us they [or their family member] chose where and how to spend their time and how they wanted their care and support to be provided. People also told us they could talk to staff if they had any concerns or complaints. Their comments included, "It is just lovely here and we are a happy family," "I think I get everything I need. I can go to bed when I'm ready and get myself dressed so I choose my clothes," "[Name of family member] does get a bit confused, but they are not as bad as some people. When they first came, they were on the top floor which wasn't the right place for them and one or two other residents wandered into their room. I spoke with the manager and she moved them to the bottom floor as soon as she was able. They have made one or two good friends now. It's very reassuring," "No-one bothers me and I can do just what I want. They don't pamper and they look after me as though I'm an adult. Nobody treats me like a child," "I like to come in here (the lounge) because there's always somebody to chat to" and "I can speak up for myself and if anything wasn't right I'd soon tell them, but at the moment I'm quite happy."

All of the people spoken with, and their relatives, said they were happy with the activities provided and they [or their family member] were free to choose to join in or not, depending on their preference. Comments included, "It's great here. We do have a laugh and we have some good singers come in from time to time," "We do armchair exercises. I call it our PE lesson" and "[My relative] goes in the lounge if anything's on that she wants to join in."

At our last inspection we found an activities worker had been recruited, but was not in post. This meant some improvements were required to make sure people were provided with a range of leisure opportunities. We spoke with the registered manager and activity coordinator about activities in the home. The activities worker had started work since our last inspection so that a range of meaningful activities could be provided to people. The registered manager told us that care staff also had an activity plan and spend part of each day providing activities. Staff spoken with showed they were highly committed to the activities being enjoyable and beneficial. They displayed a full understanding of the physical and psychological benefits of activities on people's wellbeing. People told us and records showed a range of activities were provided. Records showed recent activities included chair exercises, crafts, gardening, and visiting entertainers. On the day of our inspection we saw care staff facilitating a game of skittles which people appeared to enjoy. In addition, a company external to the home held a chair exercise class which was well attended. These examples showed improvements had been made.

We were not able to fully communicate with some people living at the home. 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 with us. We spent 30 minutes observing care and interactions in the first floor lounge area. People appeared content and staff interacted and spoke with them in a patient and caring manner.

Throughout our inspection we saw staff were responsive to people's needs. For example, we saw a person becoming distressed and saying they were lost. Staff responded immediately and in a kind and patient

manner reassured and distracted the person. Another person said they felt uncomfortable and staff immediately brought them a cushion to help the person get comfortable. A further person told staff they were hot, staff provided them with ice for their drink.

Throughout our inspection we saw staff support people's choices. We heard staff asking people their choices and preferences, for example, asking people what they would like to drink, where they wanted to spend time and what they wanted to do.

Before accepting a placement for someone the registered manager carried out an assessment of the person's needs so they could be sure they could provide appropriate support. This assessment formed the basis of the initial care plan.

At our last inspection we found care plans were being updated and rewritten, following an agreed plan with Sheffield local authority. At this inspection the manager confirmed all care plans had been updated. We looked at three care plans. They were well set out and easy to read. They contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

The care plans seen had been signed by the person, where possible, or their relative to evidence their involvement and agreement. One person told us they were not interested in being consulted about their care plan. They told us, "I leave it to my family. I am well looked after and that is all that matters to me." Relatives asked said they had been involved and consulted in writing their family members care plan. Comments included, "We were involved in the care plan and we have had a few meetings with the manager to review it. She is very approachable" and "My sister lives a long way away, but she still comes every six weeks or so. I do most of the discussion, but they are very good about involving us both when she is here."

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant people were supported by staff that knew them well.

There was a clear complaints procedure in place. A copy of the complaints procedure was included in the Service User Guide which had been provided to each person living at the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw the complaints procedure was on display at the home so people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them.

Is the service well-led?

Our findings

The manager was registered with CQC. The registered manager was visible and fully accessible on the day of our inspection. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home, their relatives and staff freely approached the registered manager to speak with them.

People living at Leahyrst, their relatives and staff at the home spoke very positively about the registered manager and deputy managers. People told us they knew the registered manager and deputy manager's and found them approachable. People said they had confidence in the registered manager and deputy manager's and they were encouraged to voice their opinion. People commented, "We've no problems with the manager. She is totally dedicated. Her heart is in the right place," "She's easy to talk to. I find her absolutely fine" and "The manager is lovely and really good. All the staff who work here are lovely."

We found a welcoming, open and positive culture in the home that was encouraged and supported by the registered manager. People told us there was always a good atmosphere in the home. Their comments included, "I love it here. We are a big happy family" and "I think it's great." One relative told us, "People seem really happy and it's spotlessly clean everywhere. It's a pleasure to visit."

Staff told us the registered manager had an 'open door' and they could talk to them at any time. They told us the registered manager was always approachable and keen on staff working together. Their comments included, "We are a good team. There is good communication. Care has improved a hell of a lot (with the new manager)," "She is a good manager. Staff work as a team and there is always someone to ask," "The managers are brilliant, lovely people," "I am really happy working here. The staff gel and work well as a team. Everybody helps each other. I'd like to see myself here for a long time," "The manager gives good advice, she has built my confidence" and "The management is totally supportive. We get 110% from our manager."

We saw an inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff asked said they would be happy for a friend or family member to live at the home. Comments included, "Since the manager came staff work well together. Staff communicate more and it's a happy atmosphere. If you're happy the residents are happy" and "The manager has made staff come together. I am happy here."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the home. Records showed the registered manager undertook regular audits to make sure full procedures were followed. Those seen included care plan, finance and medication audits. We saw environment checks were regularly undertaken to audit the environment to make sure it was safe.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns so people's well-being and safety could be promoted.

We found questionnaires had been sent to people living at the home and their relatives to formally obtain and act on their views. The results of questionnaires were audited and a report compiled from these so people had access to this information. We saw the results of the last survey were on display in the reception area which meant people had access to this information. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this.

We found the registered manager had been involved in an initiative led by Bradford Hospital to improve safety. A survey exploring the culture of the home had been undertaken as part of this initiative and the manager told us the home had received a 100% positive result. We were provided with a copy of the culture survey to evidence this. In response to the safety initiative, a 'safety huddle' had been developed. Staff from each of the three floors in the home, including domestic staff, would meet to discuss any updates in relation to people's falls and skin care every day. The manager reported this had a positive impact and the number of falls had been reduced as a result.

Residents and relatives meetings took place every few months and the manager held 'drop in' surgeries during one evening every week so that people were provided with further opportunities to share their views.

Records seen showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.