

# Loyalmace Limited

# Larchfield Manor

## 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	

### Overall summary

We visited this service on 9 October 2014; the inspection was unannounced. At the last full inspection of this service on 10 May 2013 the provider was asked to make improvements in two outcome areas; cleanliness and infection control and management of medicines. A follow up inspection on 19 September 2013 confirmed the necessary improvements had been made to these outcome areas and compliance had been achieved.

Larchfield Manor provides accommodation for up to 47 people. They can accommodate people who require

personal care and support, those with mental health conditions, physical disabilities, sensory impairment or a dementia related condition. At the time of our inspection 36 people were using the service. The home consisted of the main house and a separate dementia unit called The Coach House.

People living at the home told us they were happy with the service they received. We observed that staff treated people kindly and with compassion. They were seen to be aware of people's likes, interests, preferences and care

# Summary of findings

needs. We spoke with a relative who told us that staff kept them informed of their loved ones progress and of any changes in their health care needs. Another relative we spoke with said “Staff really care and they know my relative very well.” Another said “I am aware that the new manager is looking at care plans, we have received a letter from the manager asking about our involvement and do not resuscitate forms.” This helped all parties feel informed. Ten people who used the service told us that they felt safe living at the home. Staff we spoke with were knowledgeable in recognising the signs of potential abuse and said any concerns would be reported to the management team and would be acted upon to help protect people. We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards.

Risk assessments and care plans were in place. This helped staff to deliver the care and support people needed to receive. There were effective systems in place in relation to medication administration and storage. We saw that people at the home were offered appropriate food and fluids to maintain their nutrition. People said they had good meals and we saw people were offered second helpings of food at mealtimes.

A range of activities were provided throughout the home, which people could take part in if they wished. One person who lived at the home who we spoke with said “We do lots of activities and we are asked what we would like to do. We have knitting groups, quizzes and special event nights.” People told us they were entertained and felt looked after.

At the time of our inspection the manager had been in post for four weeks and had submitted their application to the Care Quality Commission to become the registered

manager. This application was being processed. 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 responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with told us that the manager was approachable, supportive and organised which helped to reassure the staff and gave them confidence.

Staffing levels appeared to be provided at a level to ensure people’s needs could be met, although some staff said they would always like to have more staff available. A person that lived at the home said “I think there are enough staff around when I need help” Staff received regular supervisions and appraisals and training which meant that staff were supported to develop and maintain their skills. People who used the service and their relatives told us they were satisfied with the service they received. A person who lived at the home said “It’s lovely here, the staff are very kind.” Another said “I feel safe. I have nothing to complain about the staff are super.” One person talked with us was adamant that we placed their views in the report. They said “Larchfield Manor is home from home, you could not get a better place to live.”

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service, and none were raised.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff were knowledgeable in recognising signs of potential abuse. Risk assessments were undertaken to establish any risks present for people who used the service.

There were sufficient numbers of staff employed to ensure that people had their needs met in a timely way.

The provider had appropriate arrangements in place for the recording, safe administration, safe keeping, using and disposal of medicines. However, people who had been assessed as being safe to hold their own medication may benefit from having the records of the balance of their medicine held in their rooms checked on a weekly basis.

Good



### Is the service effective?

The service was effective. Assessments were undertaken to identify people's needs. Changes in people's health and care needs were monitored and were acted upon.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager and staff were knowledgeable about DoLS which helped to protect people's rights.

People were provided with a choice of food and drink at mealtimes and throughout the day. People at risk of weight loss had their condition monitored to protect their wellbeing.

Staff received training, supervision and had a yearly appraisal. We observed that staff were skilled and experienced in delivering care to people to effectively support them.

Good



### Is the service caring?

We found the staff to be caring. We observed staff interacting with people who used the service and they treated them with dignity, respect and kindness. Staff appeared to be knowledgeable of people's needs and their likes, interests and preferences.

Staff provided people with support and encouraged them to be as independent as possible. People who needed their nutritional needs monitored were kept under observation by the staff to ensure people's nutritional needs were met.

We observed throughout the home that people were listened to and there were systems in place to obtain people's views about their care and the way the service was being run.

Good



### Is the service responsive?

We found the service to be responsive to people's needs. People made day to day decisions for themselves, such as what food they wished to eat and what they wished to wear.

The service provided a wide range of activities for people residing in the main house. In The Coach House staff were responsive to people's needs and undertook activities with people on a spontaneous basis which helped people to feel engaged.

Good



# Summary of findings

People we spoke with told us they felt able to raise concerns and could make complaints if they were dissatisfied with any aspect of their care. However, they said they had no complaints to make. Issues raised were dealt with to ensure that people remained happy with the service they received.

## Is the service well-led?

The service was well-led. The manager promoted high standards of care and support. They had begun to make positive changes to some aspects of the service to improve things, for example, undertaking care file reviews. The manager became registered just after our inspection of this service.

Staff we spoke with told us they felt supported by the manager who was approachable and listened to their views. The ethos of the home was positive; there was an open and transparent culture. We found there was a friendly welcoming feel to the home.

Staff we spoke with understood the management structure in the home. Regular meetings were held to find out people's views. Staff meetings were held regularly and staff were aware of their roles and responsibilities.

**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 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.

We visited Larchfield Manor on 9 October 2014 this inspection was unannounced. The team consisted of a lead inspector and a second inspector. Prior to the inspection the provider was asked to complete a Provider Information Return (PIR). We looked at the notifications we had received for this service and reviewed all the intelligence CQC had received. We looked at the risk level for this service. We reviewed all of this information to help us make a judgement about this care home.

During our inspection we looked at all areas of the building including individual bedrooms, with people's permission.

We observed a medication round and the lunchtime experience in the main house and on the dementia unit, The Coach House. We observed a handover between the morning and afternoon staff. We looked at records. This included four people's care records and records relating to the management of the service including; policies and procedures, maintenance, quality assurance documentation, staff rotas, three staff training supervision and appraisal records and the complaints file. We spoke with the manager, the duty manager, ten staff and the cook. We spoke with seven people living at the home, four visitors and a relative to gain their views.

# Is the service safe?

## Our findings

People appeared relaxed in the home environment. The front door of the home was secured before tea to prevent any unauthorised person gaining entry to the home. People we spoke told us they felt safe living at the home and had no issues to raise. We spoke with ten staff and they confirmed they had received training about safeguarding people from abuse. Staff could identify different types of abuse that might occur and confirmed they would report safeguarding concerns straight away to the senior management team. A member of staff said “I have had safeguarding of adults training. I would feel comfortable to raise any issues.” Staff said issues raised would be dealt with appropriately to help protect people from abuse. A safeguarding of adults policy and procedure was in place. This was available to staff so they could contact the Local Authority themselves to raise concerns. We looked at staff training records which confirmed safeguarding training updates were provided to help remind staff about the importance of protecting people from abuse.

The service had effective systems in place to identifying and manage risks to people’s health and wellbeing. For example, we viewed accident and incident records and monthly fall audits. These records were detailed and we saw the manager looked for any patterns if people fell before taking action to reduce the risk of similar accidents or incidents happening again. We saw advice was gained from relevant healthcare professionals to help to maintain people’s wellbeing.

During our visit we observed staff responding to people in a kind, professional and timely way. At The Coach House we saw staff understood people’s behaviours. We carried out a Short Observational Framework for Inspection (SOFI). We sat and observed people in the lounge and dining room to see how staff interacted with people. We saw that the staff responded to people’s needs and talked with them appropriately. We saw staff were skilled at diverting people’s attention to help calm them if they became agitated or unsettled. For example, we saw a person getting unsettled because someone had not drunk their coffee. Staff asked the person what their favourite biscuit was and they were then distracted into describing this which helped to calm them.

We looked at four people’s care records. We found that care plans and risk assessments were in place and were

reviewed regularly to ensure people received the care and support they needed. We found that if people had difficulties in maintaining their weight staff monitored their food and fluid intake and discussed any issues with the cook and relevant health care professionals. Care plans and risk assessments were in place for loss of weight and people were weighed regularly to help staff monitor their condition.

Safe systems were in place for receiving, storing and administering medication. We looked at medicines records, medicine supplies and storage arrangements for people living at the service. These records included Medication Administration Records (MAR), and we saw that known allergy to common medicines were recorded on the MAR chart to help keep people safe. We saw the MAR charts were completed correctly; medications received were counted in and signed for on the MAR as being received. Returned medications were collected by a representative of the pharmacy and were signed for to say they had been received. This helped to protect all parties. We observed how a member of staff administered medication to people. This was carried out in a professional and safe way. The manager told us in the Provider Information Return (PIR) that further medication training was being provided for staff and a new system was to be introduced to further audit the medication systems in place.

Two staff were responsible for ordering and disposing of medication which provided a robust system. We talked with both staff who could answer our questions. They were knowledgeable and they told us how the medication storage room temperature was checked daily and that a medication fridge was provided to ensure all medicines were stored within the correct temperature range to remain effective. We checked the controlled drugs (CD) cupboard and saw evidence that staff recorded CDs in a separate register. The balance of medication stock randomly checked was correct which showed robust systems were in place.

People who were assessed as being safe were allowed to keep and taken their own medication. We spoke with a person who looked after their medication. They were happy to remain independent with this. We looked at the balance of the person’s medication. We found that one item of medication had been received the day after the monthly medication had been received, yet this was not clear on the MAR chart and may have caused confusion.

## Is the service safe?

Although a monthly check of people's medication balances was undertaken it was agreed that weekly checks of medication balances for people who were self-medicating might be more effective.

During our inspection we undertook a tour of the main building and The Coach House. We noted five bedroom doors were wedged open. We discussed this with the Manager; the wedges were removed and the manager confirmed that noise activated door closures had been ordered or fitted to doors to ensure in a fire people's safety would be protected.

At The Coach House in two bedrooms we saw steredent in the bathroom cabinets. Staff spoke with people and gained their consent for this to be stored securely to prevent this from being a risk to people's health and safety. We also saw

in two bedrooms electric flexes were plugged into over sink electric razor sockets. These flexes were long enough to drop into the sink. The flexes were removed as we walked around the dementia unit. We discussed these issues with the manager and staff. This information was handed over to staff to ensure these risks were not permitted to occur again to protect people's safety.

Staffing levels and skill mix were monitored by the manager to ensure throughout the home there were the right levels of staff available when needed to look after people. The manager worked some shifts so that they understood the care and support people needed to receive. This helped them to understand the staffing levels that were required at the home. People told us they felt there were enough staff to look after them.

# Is the service effective?

## Our findings

A relative of a person told us that their loved one on admission had received a warm welcome to the home. Staff had given the person a brief introduction to the service and the care staff who were looking after them on a daily basis had introduced themselves to ensure they had some information to support them in their first few days at the home.

We looked at four people's care records and we found that people's needs were assessed before they were offered a place at the home. This ensured that staff were aware of people's needs and that their needs they could be met. Once people had been admitted to the home we saw, where possible they had been involved in planning their care with the staff. Some care review documents were signed by the person and the care staff. We saw evidence, for example when someone's weight changed that people's care plans and risk assessments were updated so that staff were kept informed about the care that needed to be provided. We saw that people's needs were reviewed daily and staff recorded on each shift the care and support they had given which had effectively met people's needs.

We spoke with two health care professionals. Both were positive about the service and said that the staff took on board their suggestions, help and advice about how best to support people and maintain their wellbeing. They also said that staff contacted them in a timely manner if they had any queries or questions, or to report any new issues which ensured people received effective care.

We saw from looking at people's care records that speech and language therapists, dieticians, general practitioners, dentist, opticians and chiropodists visited people at the home. We saw evidence from appointment letters that people attended hospital appointments escorted by family or staff. This ensured that people's health was being effectively monitored to help to maintain people's wellbeing.

Every person living at the home had their nutritional needs assessed. Information about people's preferred foods and drinks, food allergies, likes and dislikes were recorded. This helped the cook and care staff provide meals and refreshments that people liked. People were weighed on admission, if their weight was too high or low they were monitored closely and a referral made to the dietician.

People's weights were recorded in their care and support plans. If any other needs were identified with eating or drinking people were referred to the appropriate professional. We saw a nutritional audit dated September 2014 was in place for people in the main house and an The Coach House. A member of staff told us how they ensured all care staff received on-going training about nutrition. This meant that staff assisted and monitored people's nutritional needs to help maintain their wellbeing.

During our inspection we observed lunchtime at The Coach House and in the main house. People could choose where they wanted to eat, either in their rooms, lounge or dining rooms. In the main house people sat at small tables that were laid with cloths cutlery and condiments. Flowers were on each table. It was observed that people socialised whilst eating their meal. Lunch was unhurried and consisted of a three course meal. At tea time there was hot and cold food available for people to choose from. In The Coach House people sat round one larger table and ate with the staff so that there was a real family feel to lunch. One person ate in the lounge and was accompanied by a member of staff having their lunch so that conversation could occur. We saw that the lunch was home cooked and it looked appetising. Staff were seen to offer people more to eat and drink. Staff were seen to be attentive, patient and kind when encouraging or supporting people to eat and drink. People we spoke with told us the food was good and there was plenty of it. We observed mid-morning and afternoon drinks and snacks were provided. Supper was also available. This ensured that people had access to a good variety of food and drinks.

People were asked by staff for their meal choices for that day. The cook told us that if people changed their mind other meals were offered to ensure no one ever went hungry. The menus were being changed to reflect the season and this had occurred with input from people who had made suggestions at the residents meeting. This ensured people's views were being listened to.

We observed throughout the home that people were encouraged to maintain their independence even if there were risks attached to this. We saw staff encouraging people to walk with aids and to go out with relatives into the local community. Throughout the home we observed there was equipment supplied for staff to use if this had been assessed as being necessary to assist people. This included wheelchairs, hoists and pressure relieving



## Is the service effective?

mattresses for beds or easy chairs. However, during our visit we did see a carer wheeling a person along a corridor on their walking aid which had a table top on it. We discussed this with the manager. No harm had come to the person and the incident had occurred because the person had needed to sit down where there was no chair. Staff were reminded about the assessed methods of transfer to maintain people's safety.

People had a 'hospital passport' in place. This held key information about people and could be taken to hospital with people to help inform the hospital staff about the person's needs in an emergency.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We saw that everyone at the home had their mental capacity assessed. We concluded that the provider was meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had been submitted, appropriate policies and procedures were in place for staff to refer to. Staff received training to understand when an application should be made, and in how to submit one. The manager was clear about what action they must take

to ensure safeguards would be put in place to help to protect people. The manager told us that if people's mental capacity changed they would be and assessment to ensure they were not being deprived of their liberty. This assessment would be carried out by an Independent Mental Capacity Assessor to ensure people's rights were protected.

Each person had their own room and all had en suite facilities to aid people's privacy. Furniture could be placed where people preferred it to aid their mobility and provide space for staff to use any equipment that was necessary. A passenger lift and stair lifts were provided to help people gain access to all parts of the building. There were gardens as well as a secure garden for The Coach House with level access so that people could walk outside if they wished.

In The Coach House there was signage provided to help to remind people where the toilets and bathrooms were situated. Some people had their name or items on their bedroom doors to help them find their room. Staff had undertaken dementia training so they were skilled at supporting people. Staff were seen to speak with people and gain their consent before delivering care and support.

# Is the service caring?

## Our findings

All the people we spoke with were positive about the service. One person said about the care and support they received. "It's lovely here, the staff are very kind." Another said "I feel safe. I think there are enough staff around when I need help."

Everyone had individual care plans and risk assessments in place. These were created by staff with the help of the person, where possible, or family members to ensure that people's preferences for care and support could be provided.

During our visit we observed the staff handover period between shifts in the main house. We saw that people's wellbeing, care and support needs were discussed as well as people's psychological or emotional needs. Changes in people's needs or condition were passed on verbally to staff as well as being recorded in people's care records to ensure staff were informed so people's needs could be met.

We observed that people were listened to and their views were acted upon for example when people asked staff for assistance to go to the bathroom this was done immediately. A member of staff working in The Coach House said "I try and explain information in different ways to ensure people with dementia understand what question I am asking and gain their consent" We saw that the provider had a confidentiality policy in place which advised staff how to protect people's privacy.

There was a homely atmosphere throughout the home. Staff had friendly and polite banter with people which seemed to be enjoyed. Staff were seen to greet relatives and visitors in the same manner which appeared to place people at their ease. Staff we spoke with told us that it was not like coming to work but that it was like being part of a big family who all cared about each other. We discussed how staff gained people's consent to receive care and support.

Staff knew people's needs well, for example in The Coach House we observed staff knew that a person liked quizzes

so they had a mid-morning quiz. We saw staff spent quality time with people, both relaxing and conversing. We saw staff holding people's hands and bending down to talk with them so that they could gain eye contact. People were addressed by their preferred names. Staff told us that before they entered people's rooms they knocked on the bedroom door and waited for people to respond and invite them in. This helped to maintain people's privacy and dignity.

Visitors were encouraged at any time apart from visiting people on the dementia unit at lunchtime. There was a polite notice at the entrance of the dementia unit to request visitors not to interrupt people's lunch because people ate better when they were able to concentrate on their meal. The PIR told us that some people went out independently to attend social events and go out for meals. It also said that staff gave support where necessary and helped to make the arrangements for a safe and organised journey there and back to the home so people could relax and enjoy their outing.

The manager told us that people who required end of life care were looked after at the home. Staff told us how this was their last act of kindness for people and that they took pride in supporting the person and their relatives through this event. The PIR informed us that extra staff were brought in when a resident was requiring end of life care and that excellent support was given from the multidisciplinary team of health care professionals for the service. A member of staff confirmed this; they said "We get one to one time when we are looking after someone at the end of their life." Specialist equipment was provided and symptom management and pain management was reviewed very regularly to accommodate often rapid changes in people's care needs. We spoke with a Specialist Macmillan Nurse who told us about the end of life care they had witnessed. They said "The palliative care given was very good. This is a residential home not a nursing home. The service user was kept very comfortable. Staff were supportive and kind. The staff worked well with the GP and with us to ensure the person received all the care they required."

# Is the service responsive?

## Our findings

The information we received in the PIR told us that people's care plans were completed within forty eight hours of their admission and were person centred with people being involved in care planning at all stages. It stated: "The care, treatment and support is different for each person, putting them at the forefront of being able to make their needs, choices and preferences known." We saw people had signed their care records to say they agreed with them, where possible. The manager told us how people and their representatives were to be encouraged to take part in future reviews of care. Staff we spoke with said that if a person had dementia they were still involved in planning their care with their chosen representative present. This helped people to feel involved and in control over the care and support they received. We saw evidence that staff reviewed people's care each month to review the effectiveness of the care provided. Changes to care plans and risk assessments were made if necessary to ensure people received the help they needed. A relative we spoke with told us staff kept them informed about any changes in their loved ones care needs. One relative we spoke with said "Staff really care and they know my relative very well."

We observed that the manager made herself available to see how care was being delivered throughout the home. We saw they were able to prioritise care needs, for example by ensuring a member of staff was available to escort someone to an appointment when this was required.

People living at the home told us that they enjoyed the activities that were arranged. We saw there were activities provided to accommodate people's preferences. For example on the day of our visit there was a cowboy movie being screened which the gentlemen residing at the home preferred. In the main house a full programme of activities was provided throughout the week and this information was made available to everyone so that they could plan to attend events if they wished. One person we spoke with told us that they had Holy Communion provided at the home on a regular basis which was appreciated. We saw people making poppies and discussing their memories of

needle craft and war time memories. A person said "We have had a great time making poppies and chatting about our memories." The PIR informed us that family and friends were encouraged to attend social events and take part in these as much as possible. Friends or relatives could stay for a meal. There had been a special themed dinner held recently at the home which people said they had enjoyed; we saw photographs of the event on display in the home.

The manager discussed end of life care with us. They said that currently people's wishes regarding their end of life care was being reviewed and decisions about resuscitation were being updated. Where people were unable to make a decision about this appropriate people were involved, for example relatives and GP's. Do Not Attempt Resuscitation (DNAR) forms were being reviewed to ensure people's current wishes were known in the event of an emergency.

We saw that information was provided to people about the provider's complaints procedure. This was provided to people on their admission to the home. People we spoke with said they could make a complaint if they wished but had not needed to do so. One person said "This is home from home. I have no reason to complain." Another person said "I have no complaints at all." Staff we spoke with told us that if someone wished to make a complaint they would report the issue straight away to the person in charge or manager to allow issues to be dealt with in a timely way. A member of staff said "If a service user wanted to make a complaint I would talk with the supervisor and put the information onto a complaints form. This goes to someone higher so it can be dealt with." The day after our inspection we received a complaint about the service, we asked the manager to investigate the issue and respond to us and to the complainant. This was done within a set time frame to ensure that any learning from the issues raised could be implemented. The complainant was satisfied with the response from the manager into the issues raised

The PIR informed us that since the manager had been in post people had been given the opportunity to have eye and hearing tests after a company had been found who would provide this service this enhanced the health care services provided at the home.

# Is the service well-led?

## Our findings

We viewed Resident and Relatives Satisfaction Surveys dated June 2014. Eighteen had been returned and we saw the results of these were positive. The surveys included the following comments: “The staff always listen to any comments or suggestion.” “All the staff are exceptional’ and Larchfield provides an excellent devoted service. I cannot speak to highly of the staff.” We saw some suggestions for improvements had been made: “I would like a better selection of vegetables at lunch.” and “Staff to use serving tongs to serve cakes.” The manager and cook confirmed these suggestions had been acted upon.

Resident meetings were scheduled to take place at the home. The last one took place on 22 September 2014. Issues discussed included the trays being replaced and bringing in name badges for staff. People were also told about planned improvements to be made in some areas of the home. The manager confirmed the staff name badges had been ordered. This showed that people’s views were sought and were acted upon.

We saw that accidents and incidents were monitored each month by the manager. They said they looked for any patterns and then looked at what action might be taken to prevent any re-occurrence. We saw from a staff file a member of staff had been involved in an incident with a person; this issue was looked at during their next supervision so that they could learn from this. The senior staff at the home carried out quality audits every month and these were checked by the manager. Where any failures were identified action was taken to address the issue, for example, nurse call systems needed new batteries, the changing of the batteries were now recorded to help to maintain people’s health and safety.

The manager told us that they had a rolling rota for staff to follow in place which worked well. There were separate night staff and a small of ‘bank’ of staff who were able to cover shifts when staff were absent or on holiday. The manager told us that the staff worked well together as a team to ensure continuity of care was provided for people. The rota had been produced for staff up to December 2014. This allowed staff to pick up any shifts that needed to be covered in plenty of time. The manager reviewed this rota to ensure staff on duty had the correct qualifications and skills to meet people’s needs. We were told that staffing levels were flexible so that people could be supported for

hospital appointments and outings. This ensured people could maintain the lifestyle they were used to. Meetings between care staff, catering staff, housekeeping staff and senior staff were arranged regularly and gave staff the opportunity to discuss any issues about service delivery. A member of staff said “The meetings are very helpful and we can talk about anything.” We saw minutes of these meetings and observed that a variety of subjects were discussed. Overall, staff told us that morale at the home was good and our observation was that staff worked well together as a team throughout the home.

We saw evidence that staff worked with healthcare professionals in order to reach positive outcomes for the people who used the service. For example a person had been losing weight and a dietician and GP had been involved in giving help and advice to help to maintain the person’s wellbeing. The manger kept this person’s wellbeing under review with the member of staff who was knowledgeable about nutrition.

The manager had been in post for four weeks. In that time they had undertaken a review of all areas of the service and they were able to tell us the priorities they were working on. Areas they had identified for improvements included increasing the security on an evening by ensuring the front door of the home was secured at four o’clock. Other areas included that a full review of everyone’s care files to ensure they included a ‘This is me’ document would be undertaken. This is a document to help inform staff about people’s life history. A ‘Dignity Champion’ was being put in place to help promote this area within the home. A ‘Dementia Champion’ had already been put in place to help advise and support staff in this area. A computerised training record for all staff was about to be created to help the manager plan training updates in a timely way.

There was a clear management structure in place which staff were aware of. The manager told us that they had worked shifts throughout the home so that they understood people’s needs and any challenges that might be present for staff so that relevant help and advice could be given. All the staff we spoke with told us they felt supported by the manager and senior staff. They said they enjoyed their work. One staff member said, “I love coming to work.” Another staff member said, “We have an excellent manager who is approachable and easy to talk to.” The ethos in the home was to create an open and positive culture which supported people, relatives, visitors and staff.

## Is the service well-led?

There were emergency contingency plans in place for issues that may occur such as lift breakdowns. Fire safety checks were undertaken regularly; this included a weekly fire alarm check. Staff were aware of what to do in an emergency and senior staff were available to phone at any time for help and advice. The service had two Infection Control Champions in place who were attending a training

course with the Health Authority to help to maintain people's health and promote infection control at the home. On-going maintenance was undertaken and the PIR informed us that there was an on-going programme of redecoration and improvement in place to ensure the home was pleasant for people to live in.