

Brighton and Hove City Council

Brighton & Hove City Council - Ireland Lodge

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Brighton and Hove City Council – Ireland Lodge is a residential care home providing personal care to up to 34 people. The service provides short term and respite support, transitional care and longer term care for people who experience dementia and mental health needs. This includes to prevent hospital admission and to support people after hospital discharge before returning home. At the time of our inspection there were 19 people using the service.

People's experience of using this service and what we found

We found some governance systems required a more robust approach to ensure training and policies were up to date.

People experienced safe care from kind and respectful staff who understood their needs and preferences. Staff felt valued in their role and valued the people they supported.

Assessments and care plans were created with people and their relatives to ensure support was individualised. People's risks and needs were reviewed with them to promote improvements and monitor any concerns.

Staff showed genuine care and kindness to people. Relatives and professionals gave consistent feedback that the experience of care was positive and well regarded.

People's care was coordinated with their relatives and other professionals to ensure their move in and out of the service was as smooth as possible.

There was a positive culture of respect, led by the registered manager, and staff worked together as a team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (24 April 2020).

At the last inspection we recognised the provider had failed to provide CQC with statutory notifications. This was a breach of regulations and we issued fixed penalty notice. The provider accepted a fixed penalty and

paid this in full. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At the last inspection we also found improvements were required for how people's food and fluid charts were managed. At this inspection we found improvements had been made in this area.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements to governance systems. Please see the well led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brighton and Hove City Council – Ireland Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brighton & Hove City Council - Ireland Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

Brighton and Hove City Council – Ireland Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brighton and Hove City Council – Ireland Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 17 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and seven relatives about their experience of the care provided. We spoke with the registered manager and seven staff including the chef, care staff and a trainee social worker.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management and running of the service, including incidents and accidents, audits, building maintenance and fire safety.

After the inspection

We continued to seek clarification from senior management to validate evidence found. We looked at training data, policies and procedures, an external medicine audit and the registered manager's action plans. This information was emailed to the inspector during and after the inspection. We received feedback from two external health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective processes and systems to identify and respond to concerns of abuse or neglect. The service had been notifying the local authority and CQC of any concerns raised about potential abuse or neglect.
- Staff understood the various forms of abuse and how to recognise these and raise concerns to protect people from harm. One member of staff told us, "We work as a team and talk about people's wellbeing all the time because most people are here as a step to somewhere else. I think we are very sensitive to looking out for anything which is upsetting people and we would all raise safeguarding concerns when needed."
- People told us they felt very safe. One person told us, "I haven't been here long, but the staff have been checking that I'm OK. They're easy to talk to if I had any problems." We saw friendly and relaxed interactions between people and staff throughout our visits. People's relatives had no concerns about their safety and were confident staff were protecting them from harm and abuse.

Assessing risk, safety monitoring and management

- People's risks had been assessed and were being monitored with them, their representatives and relatives where appropriate. We saw that risks, plans and mitigations were regularly reviewed and updated by managers.
- People's relatives had confidence in the assessment processes carried out to meet people's needs and support them to settle into their stay. Relatives gave us positive examples of how they were involved in contributing information about people's risks, comforts and reducing their stress of moving in. One relative told us, "They have involved me in all areas of my [relative's] needs.", another relative said, "I was very much involved."
- Staff knew people well and shared updates about people's support needs at shift handovers. These indicated when care staff needed to revisit care and risk plans following changes in needs, risks or due to new health advice. Key risk factors such as diabetes management, food and fluid monitoring and observations were recorded.
- Building safety and environmental checks and services schedules were up to date. There were systems in place to monitor and book building safety checks when required.

Staffing and recruitment

- There were a sufficient number of staff on duty to meet people's needs. One person told us, "There are plenty of staff to help at mealtimes, they seem to be team." We observed people being supported through the day in an unrushed and attentive way. Relatives we spoke with felt people received the care they needed, when they needed it.
- Safe recruitment processes were being followed. Appropriate checks were made including references

being sought and Disclosure and Barring Service (DBS) checks carried out. These checks provide details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff who administered medicine were trained and assessed for competency to do so. We observed a medicine administration round which was safely carried out.
- During our visit the service had an external medicine audit which made suggestions for improvement. These were immediately acted on by the registered manager. A new fridge was ordered, and there was a new lockable cupboard for controlled medicines.
- We saw people being supported respectfully with 'as required', (PRN) medicines to ensure these were meeting their health needs before being administered. Staff checked if people had symptoms before offering these medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following current government guidelines for people visiting the home. Visitors were supported to follow safe infection prevention and control practices at reception when welcomed into the home.

Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed to understand how events happened and how they could be prevented.
- Learning from incidents was shared with the staff team in group or individual meetings. Changes and improvements to processes was communicated with staff when necessary. Staff told us they were updated about changes at shift handover and via the staff noticeboard.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. This was because improvements were still required to how people's food and fluid needs were being monitored and recorded. At this inspection improvements had been embedded and the rating has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- At the last inspection, monitoring of people's food and fluid charts was not consistent and required improvement. At this inspection we found this had improved. Where people required their food or fluid intake to be monitored and supported by staff, their care plans clearly recorded this. Handover records were used to ensure staff coming on shift were reminded who required food and fluid monitoring and if there were any changes or concerns to monitor.
- People who had diabetes had clear care plans to support dietary requirements. Specific risks were identified for people according to how their diabetes should be managed with them.
- Where people required support from district nurses, their advice about safe management of nutrition and medicine was clearly recorded for staff to refer to.
- Mealtimes were calm and sociable with staff offering individual direct support when people needed this. We observed choices for food and drink being offered to people before and during mealtimes.
- There was effective communication in place for people's dietary and nutritional needs. People's preferences and dietary needs were known by care staff and staff preparing food and drinks.
- People told us they enjoyed the meals offered and said they had choices of food and drinks throughout the day. One person told us, "They come round, staff or the cook, and we talk about what's on offer. I do have a choice and they ask what I like but to be honest I've liked all of their meals. I'm offered something to drink through the day, I'm very well looked after in that way."
- People's relatives told us meals and drinks were well managed with people. One relative told us, "I know they are given a choice of food and that my [relative] selects what she wants. She does not need to be assisted with eating but because of her tendency to get infections the staff do keep an eye on the amount that she is drinking. They record all of her fluid intake." Another relative told us, "I don't think [my relative] has the ability to make any decisions about his meals. However, he looks so much better compared to when he first went in, now that he is getting good nourishment and fluids."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and risks were assessed prior to admission to ensure care plans were in place and accurate information was known to support people. Assessments considered people's strengths as well as their physical and emotional support needs. Monitoring equipment, such as sensor mats, were reviewed and only used when required.
- The registered manager and staff all spoke with pride about being person centred, focussing on what was important to people during their stay and reviewing changing needs. A member of care staff told us, "The

whole team is focussed on seeing people as individuals. We respect that people have their own personalities and ways of doing things. We like to identify that as much as possible before and during their stay with us so that they feel comfortable with us supporting their care needs."

- The registered manager and staff worked closely with other health and social care professionals to work towards people's goals and promote health and wellbeing improvements.
- Relatives told us they were involved with people's assessments and care planning when this was important to them. A relative told us, "I have been involved in care reviews over the phone they always go through it with me and they send me a copy. If her needs change, they do let me know." Another relative said, "I have actually written [a] care plan with the assistance of the person from the mental health unit. The person from the unit will now go in with this plan to discuss it with Ireland Lodge."

Staff support: induction, training, skills and experience

- Some staff were overdue online refresher training due to lack of access to laptops. The registered manager was addressing this by increasing the availability of equipment and ring-fencing time for staff to undertake training. Staff told us there was a culture of learning within the team and senior staff and managers provided regular updates and feedback about good practice in care provision.
- Staff felt well supported and valued within the team. Staff we spoke with all told us team members shared their knowledge and skills with each other and they felt able to approach senior staff and managers for support when needed.
- There was an induction program for new staff. We spoke with a new staff member who had accessed relevant training and development opportunities and shadowed experienced staff to learn about the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were monitored with them and access to healthcare was enabled when required. We saw records that district nurses and GPs visited when required and people's care plans reflected their advice and guidance. A relative told us, "[My relative] does definitely get the support she needs and they organise things like the chiropodist. She fortunately has not had any need so far for a GP, but I am confident that they would arrange this if needed to see a doctor." Another relative told us, "We have had input from [my relative's] consultant urologist and dermatologist in the past which advice is definitely being followed by the home."
- People's relatives felt reassured that the registered manager and staff involved them and other relevant professionals with health and care decisions when required. We were given many examples where relatives had met or talked with health and social care professionals carrying out assessments or reviews of people's needs at the home.
- The service worked closely with the local GP practice and when facilitating hospital discharge arrangements. Staff valued working in partnership with community professionals and being part of a system of support for people. One external professional told us, "I can always rely on Ireland Lodge to keep me informed about how people are. I know when people's needs increase, but I also know when they have made improvements during their stay."

Adapting service, design, decoration to meet people's needs

- The building was decorated to provide visual cues and signs for people to find their way around. Different colour walls were used to distinguish between different parts of the building to help people identify where they were.
- There were different places for people to spend time as they wished. Communal areas were decorated with pictures and photographs with many places for people to sit, socialise or spend time alone or quietly if

they wished.

- Several enclosed gardens provided different types of outdoor spaces. Staff felt the gardens were a good feature of the home and told us they had volunteered to provide gardening maintenance support.
- People's relatives thought staff were good at making a homely environment. One relative told us, "Her room is lovely and the dining area is nice all the furniture in her room is as it should be and easy for access for people with dementia it is all on one level and is great in terms of her being able to get around." Another relative told us, "They encourage residents to feel as much at home as possible."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We checked whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Applications had been made appropriately to the local authority when people had been assessed as requiring the DoLS process. Records were kept of DoLS authorisations, any conditions in place were recorded and monitored.
- Mental capacity assessments were carried out with people when appropriate and relatives or representatives were involved when possible.
- People were encouraged and supported to make choices and express their wishes. We saw people who needed decisions made on their behalf were supported with patience and respect throughout our visit.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported with kindness and respect. We saw people being treated with respect and dignity through conversations, prompts and direct support. People told us they felt very well looked after by caring staff.
- People's relatives had nothing but praise for the care people received and told us staff understood people's mental health needs. One relative told us, "The staff are just incredibly genuinely caring. [My relative] doesn't understand where she is, but they make things as comfortable as they possibly can for her, given the circumstances." Another relative said, "[My relative] has not had a bad word to say about anyone there and can't praise them enough. They are very friendly and always stop to say 'Hello' when we go in to visit. The staff communicate very well with her and treat her very much as an individual rather than just a patient."
- Staff supported each other and worked as a team to ensure people's needs were met. We observed positive communication between staff who took collective responsibility to complete tasks, monitor people's needs and ensure people were comfortable and happy.

Supporting people to express their views and be involved in making decisions about their care

- Staff were focussed on what individual people wanted and needed, they worked in a person-centred way. Staff believed it was important to spend time with people in order to get to know them and build trusting relationships. We observed good rapport between people and staff, conversations and 'small talk' happened continually and staff actively listened to people. One relative told us, "I think that the staff are very good, and very warm with [my relative]. They will also approach her in the right way, and she is always happy to go along with them. She certainly does not appear to be unhappy there."
- People were asked their views and preferences and supported to make decisions as much as possible. Staff reminded people of their usual preferences and were patient with people when making decisions. We observed staff monitoring people's behaviour and offering alternative food and drink if they seemed unhappy.
- People's relatives told us they were included and updated about people's care and support. One relative told us, "I have been incredibly impressed from the discussions I have had with the staff about their knowledge of [my relative's] needs. Everybody has been very friendly and supportive. For example, due to the dementia [he] can no longer answer his mobile phone and they have often rung me back and put [him] on their phone to me."

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's dignity and privacy. We observed conversations about meals, medicine and personal care were held privately and discretely.
- People's relatives shared examples of how staff ensured people's dignity and identity was maintained. One relative told us, "Without doubt [my relative] is treated with dignity and respect there. It is just the way that they talk to [him], as he is not the easiest to communicate with." Another relative told us, "[My relative] certainly can get privacy if she needs or wants it. The staff have told her that if she wants time on her own to just shut her bedroom door, and they will check on her from time to time."
- People's goals to improve or maintain independence were recorded in their support plans. These included use of mobility aids, support for exercise plans and prompts to maintain social contact.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff built supportive relationships with people and got to know them and what was important to them. Relatives felt involved in planning care and told us this was personalised. One relative said, "Yes [my relative] is very much regarded as an individual. The staff do all that they can to support her, as far as she wants them to with things that are of interest or importance to her."
- Staff told us how important it was for them to be responsive to people's individual needs as people stayed for differing amounts of time. One staff member told us, "Some people are here for longer stays than others and other people will return periodically for respite. It's really important that we understand what each person's stay will feel like for them and find the best way to support them."
- Care plans were individualised, person centred records. It was clear when some people and their relatives had written parts of their care plan and shared their preferences directly. Records showed important personal information such as relationships, religious beliefs, personal and work history and health needs. A relative told us, "We provided information about what [my relative] liked for her food, her family, background, hobbies, birthdays and her grandchildren. They put all of this in her file. They also suggested we put together a photograph album for her with family photos in. I was very impressed with all of this."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where people were recognised to have a sensory impairment or a requirement for specific communication style, this was recorded.
- Staff knew who liked to spend time chatting and who preferred to have gestures, prompts and facial expressions to guide them. We saw staff adapting how they spoke with people, for example, moving their position when talking so their faces could be seen more clearly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had space and encouragement to spend time how they wanted to. We saw people following individual interests such as painting, spending time in the garden and walking as well as being offered organised activities.

- Relatives were valued and welcomed to the home. One relative told us, "I very much feel welcome when I visit. In fact, the staff are not just supportive of [my relative], but are also with me. At different times they have told me that they are there to support me as well, which I have found very touching." Another relative said, "Yes, I definitely feel welcome. I can certainly see my wife privately in her room and am also able to take her out."

Improving care quality in response to complaints or concerns

- There were systems in place to gather feedback and receive comments from people, visitors and relatives. Staff told us they gathered verbal feedback and shared this with the registered manager and colleagues when appropriate. There was a suggestion box in the reception area with cards for people to complete.
- There was a formal complaints process which followed the complaint policy in place. Relatives told us they had not needed to make a complaint, but all felt confident that if they raised a concern it would be dealt with effectively by staff or managers.
- A log was kept with compliments and complaints from people and relatives. This helped the registered manager and staff understand how the service was experienced by people, what improvements should be made and what was working well.

End of life care and support

- At the time of inspection, the service was not supporting people experiencing end of life care. Where people had preferences for end of life arrangements or there were decisions about resuscitation, this was recorded.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. This was due to a failure to submit statutory notifications to CQC. The provider is no longer in breach of this regulation, however, we found improvements were required in the governance of some systems. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to meet the requirement to make statutory notifications to CQC of safeguarding concerns and deprivation of liberty applications. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, we found improvements were required to ensure processes were followed robustly and consistently.

- Statutory notifications had been made to CQC as required. We saw records of DoLS applications and outcomes and CQC had been notified of these. We reviewed records of safeguarding concerns, incidents and accidents and found notifications were made to CQC when required.
- The new registered manager had systems in place to monitor notifiable events to CQC and ensure these were followed up.
- We found some staff and managers had missed refresher training deadlines and found it difficult to access laptops to complete these. We found no evidence this had impacted the quality of care as staff actively learned from each other. However, systems had not been robust enough to ensure managers and staff were working with up to date knowledge. The registered manager responded immediately to put in place additional resources for staff to access equipment and have time to complete training.
- We found some of the provider's policies and processes had not been reviewed for several years. The provider had recognised the need to ensure all their policies were up to date and fit for purpose and had recently recruited a manager to take responsibility for this. The review process had not yet started.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The new registered manager was well regarded by staff who described them as approachable, open to feedback, responsive and focussed on providing personalised care to people. Staff told us leadership was

positive and solution focussed.

- Staff told us they were proud of the way the service supported people with individuality and care. Staff felt part of an effective team with strong and fair management.
- We had consistent feedback from relatives, staff and external professionals that the service worked towards improved health and wellbeing for people. People's assessed goals were diverse, depending on the reason for their stay. We saw and received feedback that people experienced improved wellbeing during their stay.
- We received consistent feedback from professionals and relatives that the service had a positive and supportive approach to supporting people with dementia. This was based on recognising and valuing people's uniqueness and tailoring support to their strengths and needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The registered manager understood their duty of candour and ensured any incidents and accidents were shared with people, their relatives and representatives.
- The registered manager was passionate about providing a safe, supportive and positive experience to people using the service. They spoke with us about the importance of working in partnership with people and local support services to ensure people's move in and out of the service was smooth. There were plans to improve links with the Dementia Inreach Team through training sessions.
- The registered manager told us about ideas and actions in place for improvements and developments and they worked with the staff team to identify areas for growth and improvement. Examples included improvements to medicine storage and processes, providing placements to trainees and bringing staff volunteers together to improve the gardens.
- The service worked closely with health and mental health services to accommodate a wide range of admissions from hospital discharge arrangements to crisis responses. External professionals gave positive feedback about how flexible the registered manager and staff were. One professional told us, "Due to their well led care, their [long term placements] are highly sought after. As an example, I had one [person] wait a year for a bed to become free to ensure [their relative] accessed a bed at Ireland Lodge. She had been having respite there for ten years and he valued their well led dementia care expertise, compassion and professionalism."