

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 ●

# Summary of findings

## Overall summary

### About the service

Larchfield Manor is a residential care home providing accommodation and personal care for up to 47 people, including people living with dementia. At the time of the inspection there were 42 people using the service.

The service has communal space and bedroom accommodation over two floors. There are two wings to the service each of which has separate adapted facilities. One of the wings is called the Coach House and specialises in providing care to people living with dementia.

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

People told us they felt safe and well supported by staff. The provider followed robust recruitment checks, to employ suitable staff, and there were sufficient staff employed to ensure care and support was carried out in a timely way. People's medicines were managed safely.

Staff received appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and on how to protect people from the risk of harm. Staff received regular supervision to fulfil their roles effectively and had yearly appraisals to monitor their work performance.

People had choice and control of their lives and the staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a planned programme of activities which met people's needs and was tailored to their interests and abilities.

Staff knew about people's individual care needs and care plans were person-centred and up to date. People and relatives gave us positive feedback about the staff and described them as "Excellent, caring and friendly." Staff treated people who used the service with compassion, dignity and respect.

The service was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to improve the service.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published April 2017).

### Why we inspected

This was a planned inspection based on the previous rating. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Larchfield Manor

## 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 Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Larchfield Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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.

#### 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 sought feedback from the local authority who works with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with 14 people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior

care workers, care workers and the chef.

We reviewed a range of records. This included two people's care records and five medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received written feedback from five relatives who could not speak with us during the inspection but wanted the opportunity to give their opinions of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- People felt safe, confident and happy when being supported by staff. One relative said, "It was clear from the start that care staff were committed to their jobs and went over and above what was required. They have gone out of their way to make [Name] and our family feel secure and safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff identified and assessed risks; care plans contained guidance to support staff on how to safely meet people's needs. This included information on how to avoid restrictive practices and safely support people if they became anxious or upset.
- Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. The registered manager monitored these to reduce the risk of reoccurrence.
- The environment and equipment were safe and maintained. Emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment

- The provider operated safe recruitment processes.
- Enough staff were deployed to meet people's needs. A relative said, "Staff are always kind and quick to respond. They are consistent, and there is not a high turnover which leads us to believe staff are content in their jobs."
- Staff were available throughout the home and were patient and attentive when supporting people. A member of staff said, "The staffing levels are stable and manageable; we are always pretty busy, but we've got support from the registered manager if we need it."

Using medicines safely

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. One person said, "I get my medicines on time, including pain relief when needed."

Preventing and controlling infection

- The service was well-maintained, clean and tidy throughout. Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading. One person said, "The home is clean, safe and lovely and warm."

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was a holistic approach to assessing, planning and delivering care and support. Staff regularly reviewed the support they provided to make sure it met people's needs. A relative said, "The home has if anything exceeded our expectations. Perhaps the best example of this wonderful place, is when [Name's] care needs have fluctuated, the level of care that they receive is seamlessly adjusted accordingly, whilst at all times very much respecting [Name's] autonomy."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, the registered manager had recently introduced risk assessments and care plans for oral care, based on current guidance. A relative told us, "[Name's] health and wellbeing has greatly improved since they came here. They are doing so well due to the staffs' care and attention."
- Information on people's support needs was effectively shared between staff. The handover of information at the start of every shift was detailed.

Staff support: induction, training, skills and experience

- Staff had completed an induction and training programme. They had opportunity for supervision and appraisal. One staff said, "Training is very good. Staff are asked at appraisals if they want to progress their careers."
- Staff had the right skills to look after people. One relative said, "There have been two occasions when urgent action was needed for [Name]. The response was swift, and the incidents dealt with efficiently and calmly. I was informed soon after each incident. I have also been appropriately informed after other events, such as doctor visits."

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

- People had access to a varied and balanced diet. They told us, "The food is excellent" and "Food is very good, choice of two things or different options if you want something else."
- People received sufficient fluids. They had drinks available in their bedrooms and in the communal areas.
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns.

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

- People's healthcare needs were met in a timely way. Staff supported people to access a range of healthcare services and followed professional advice. A relative said, "I feel the Larchfield Team have



[Name's] best interests at heart. They noticed [Name] was losing weight so the dietician was called in for advice; when [Name] became less steady on their feet the falls team and the physiotherapy team were contacted. All of this happens without any fuss and I am kept fully informed of such events."

- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- Appropriate equipment was in place to assist staff when moving and handling or supporting people with their care. This included specialist beds, hoists and sensor mats; which helped staff provide safe and effective care. One person said, "Staff are excellent, kind and efficient."
- People were able to access outdoor space. There was a ramp access to a secure inner courtyard, which was furnished with tables and chairs. Flat walkways allowed people ease of movement and raised flower beds enabled them to enjoy the garden area.

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 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 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 positive about their experience of the service. Two people said, "The welcome at Larchfield has been amazing. We were able to bring in items that held special memories such as ornaments, photographs and furniture. This made us feel instantly at home."
- Staff were attentive and professional. Staff supported people in a calm and respectful manner, including during difficult situations. A relative said, "[Name] transferred from the main house into the Coach House due to deteriorating physical health and reduced mental capacity. The transition was dealt with very sensitively and [Name] is now very settled. Staff are always polite and kind and attentive to [Name's] needs."
- Staff treated people as equals. They showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. A relative said, "Staff are bright and cheerful, attentive and highly respectful of [Name] as an individual."

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

- People had support from their families or advocates if they needed help with making decisions. An advocate is an independent person who supports someone so that their views are heard, and their rights are upheld.
- People were encouraged to make decisions and choices about their care. A relative said, "Staff encourage [Name] to join in with daily activities but also respect their wishes to have some personal space. [Name] finds the constant presence of people – especially people they don't know – a bit tiring. Staff are respectful of this and often leave [Name] in their room for a bit of peace and quiet. [Name] is always free to choose what they want to do."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Relatives told us, "Our family are very grateful for the level of care that [Name] has received and continues to receive. Staff not only do their jobs in physical caring allowing [Name] to maintain their dignity but also relate to [Name] as a person, showing genuine affection and humour" and "[Name] is well looked after with kindness and dignity in a very professional environment."
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. A person said, "I do what I can for myself and staff encourage this. However, they are there when I need help and do this with great efficiency and kindness."
- Personal information was stored securely which helped to maintain people's privacy.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received person-centred care; staff had a detailed understanding of their needs and what was important to them. A person told us, "Staff listen to me and respect my wishes about my care."
- People and their representatives were involved in reviews of their care. This made sure care plans were current and reflected people's preferences as their needs changed. One person said, "We have regular meetings to discuss my care and my family are always invited to attend."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the need to make information for people available in formats they could understand. The registered manager said this was 'a work in progress'.
- People were supported to tell staff about their wishes and views; their care plans included information about how they communicated.

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 enjoyed the social activities arranged for them, other people's company and making friends. One person said, "There are lots of activities - the quantity and quality of these has improved and increased over the last year."
- Activities were based on what people wanted on the day, although there were also weekly planned activities. These included a cinema trip to watch a film, an art exhibition of paintings they had created and a MacMillan coffee morning. People said they enjoyed the music and movement sessions and a choir came into the service once a week.
- People enjoyed attending a monthly in-house church service and said their religious needs were met.

Improving care quality in response to complaints or concerns

- People were informed of their right to complain and processes were in place to support them.
- Complaints were investigated and addressed in line with the provider's policy and procedure. A relative said, "The management team are very approachable and, when we had an issue, did not hesitate in trying to sort the problem out."

#### End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- End of life care plans recorded people's wishes. They contained information which supported staff to provide care in line with their preferences.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it. One family told us, "Towards the end of [Name's] time at Larchfield, the end of life care they received from all the staff was exemplary. We could not have asked for more. In short, we cannot praise and thank all of these wonderful people enough for the care and love they gave."

## 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to providing good quality care to people. A relative said, "The Management Team is always approachable and is fully engaged with [Name's] care and provide fantastic support to our family. Procedures, policies and practice are clearly in place and followed to the letter. The management and leadership at Larchfield is to be commended."
- Staff morale was high. They felt listened to and told us the registered manager was approachable. They understood the provider's vision for the service and worked as a team to deliver high standards of care.
- The service was well run. It was welcoming and friendly; people were treated with respect and kindness.

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

- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- There was good communication with people and families. One relative said, "[Name] has had falls but there is total transparency with the service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Regular checks were completed by the staff and registered manager to make sure people were safe and happy with the service they received. All issues found had been used to improve the service.
- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.