Care Quality Commission

Highlands Care Home Limited

Highlands Borders Care Home

Inspection report

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Ratings

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

Overall summary

Highlands Borders Care Home is a care home which is registered to provide care for up to 17 people. The home specialises in the care of older people but does not provide nursing care . There is a manager who is responsible for the home. They had applied and were currently going through the process to apply for registration with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff

Summary of findings

interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff.

People were well cared for and were involved in planning and reviewing their care or their relative was involved if they were unable to. There were regular reviews of people's needs and staff responded promptly to changes in need. However, care records were being transferred to the new computer system which had meant that not all care records showed clear instructions to staff about how to meet people's needs fully. For example, some instructions to staff were recorded in the daily records rather than the care plan. This meant their was a risk staff may not know about ong-oing care if this was not mentioned verbally in the shift handover .

People said the home was a safe place for them to live. Most people were living with a degree of dementia meaning they were not always able to tell us directly about their experience at the home. People looked happy and comfortable chatting with staff. One relative said the care at the home made them feel more relaxed as it was reassuring to know their relative was cared for so well. Another relative said the home was "even better than a home from home" and they had made many friends.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One relative gave an example where they had spoken to the manager about a concern which had been dealt with quickly and had not occurred again. They felt confident any issues were addressed.

People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

Staff had good knowledge of people including their needs and preferences. Staff were well trained; there were good opportunities for on-going training and for obtaining additional qualifications. Comments about staff included "I congratulate the manager for running such a good establishment. The staff are excellent." And "I have nothing but admiration for the staff at Highland Borders".

People's privacy was respected. Staff ensured people kept in touch with family and friends. Where people had no close family staff ensured they spent time with that person and took them out regularly. Relatives confirmed they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private. One relative said "The staff make my relative feel at home. Nothing is too much trouble and they are so keen to help in any way they can".

People were provided with a variety of activities and trips. People could choose to take part if they wished. During the inspection people were enjoying a beanbag game, going out to town and chatting with staff about music and Valentines Day. Staff at the home had been able to build strong links with the local community including regular visits to the local church, pub, shops and memory café.

There was a management structure in the home which provided clear lines of responsibility and accountability. The manager showed great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. One staff member was moving further away but had wished continue to work at Highlands Borders "as it's so lovely here". The manager had taken into account travel time when organising their shifts to make this possible. Staff said they felt valued and always enjoyed coming to work.

There were effective quality assurance processes in place to monitor care and plan on-going improvements. There were systems in place to share information and seek people's views about the running of the home. People's views were acted upon where possible and practical. A comment from a relative in the 2014 quality assurance survey said "We cannot believe how lucky we were to find Highland Borders. Nothing is too much trouble for the staff who are caring and most of all give people time".

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?

Good

The service was safe. The provider had systems in place to make sure people were protected from abuse and avoidable harm. People told us they felt safe living at the home and with the staff who supported them.

Staff we spoke with were aware of how to recognise and report signs of abuse. They were confident that action would be taken to make sure people were safe if they reported any concerns.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective. People and/or their advocates were involved in their care and people were cared for in accordance with their preferences and choices.

Staff had a very good knowledge of each person and how to meet their needs. Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People saw health and social care professionals when they needed to. This made sure they received appropriate care and treatment.

The service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of people's legal rights and the correct processes had been followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their advocates were consulted, listened to and their views were acted upon.

Where people had specific wishes about the care they would like to receive at the end of their lives these were recorded in the care records. This ensured that all staff knew how the person wanted to be cared for at the end of their life.

Is the service responsive?

Requires improvement

The service was not always fully responsive. People and their advocates were involved in planning and reviewing their care. They received personalised care and support which was responsive to their changing needs. Care plans were currently being transferred from paper to a computer system. Care records did

Summary of findings

not always reflect instructions to staff about health issues clearly which could result in a risk that not all staff knew what to do or follow up. However, staff were knowledgeable about people needs and the manager was addressing the issue.

People made choices about all aspects of their day to day lives. People took part in social activities, trips out of the home and were supported to follow their personal interests.

People and their advocates shared their views on the care they received and on the home more generally. People's experiences, concerns or complaints were used to improve the service where possible and practical.

Is the service well-led?

Good

The service was well led. There was an honest and open culture within the staff team. They had developed strong links with the local community.

There were clear lines of accountability and responsibility within the management team. The manager or a senior carer led each shift to ensure the quality and consistency of care and people met with a named key worker regularly.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed and the service took account of good practice guidelines.

Highlands Borders Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 February 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. It was carried out by an inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the provider. This service had not been inspected since registering with CQC in 2013.

At the time of this inspection there were 16 people living at the home. During the day we spoke with 10 people who lived at the home, seven relatives who were visiting and one health care professional. We also spoke with eight members of staff, including the manager, head of care, the cook and a new care worker. We looked at a sample of records relating to the running of the home such as medication records, audits, three staff files and to the care of three individuals. As many people were living with some degree of dementia and were not always able to tell us directly about their experience we spent time observing care in the communal areas and during lunch.

Good

Is the service safe?

Our findings

People looked comfortable and relaxed with staff and were able to move about the home as they wished. The provider had systems in place to make sure people were protected from abuse and avoidable harm. One relative said the care at the home made them feel more relaxed as it was reassuring to know their relative was cared for so well. Another relative said the home was "even better than a home from home" and they and their relative had made many friends. Each relative said they would not hesitate to report any concerns if they had any; they felt they would be listened to and action would be taken to address any issues raised.

Staff had received training in safeguarding adults. The staff had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The manager had contacted us appropriately to discuss one incident which had been handled well, focussing on the safety and wellbeing of two people living at the home.

Staff encouraged and supported people to maintain their independence safely. There were risk assessments in place which identified risks and control measures in place to minimise risk. The balance between people's safety and their freedom was well managed. For example, staff took into account people's background and related it to their behaviour and then enabled people to carry out tasks around the home and visit the nearby high street safely. Staff said this approach had resulted in people displaying less distressing behaviour which could be challenging for staff. One care worker said "If people want to wash up then we help them, even if it's already been done". The manager said before any new people moved to the home a staff meeting discussed their needs and preferences. They said they found if care was person centred then risks relating to behaviour was minimised.. For example, staff recognised that some people liked being busy in the kitchen or they displayed behaviour that related to a past job such as caring for people. Some people living at the home liked to assist with tasks and staff managed this well ensuring safe and appropriate interactions between people living with dementia.

Staff focussed on the needs of the person when discussing risk. For example, when relatives were worried about risks or felt a preventative measure should automatically be in place "just in case" staff discussed issues with them. Relatives were reassured so enabling people to have an increased level of independence safely. The staff regularly assisted people to access local shops and there were personalised risk assessments relating to traffic awareness and falls. Some people were able to go out alone, others with minimal assistance and one person had a named care worker "shopper" to accompany them to their favourite shop.

Other risk assessments included manual handling, skin care and nutrition which were regularly reviewed. For example, we observed two staff using the hoist to move a very anxious lady from her wheelchair to an armchair. They took all the time necessary for her to feel safe and reassured, speaking in soothing tones and remaining relaxed with her until she was settled as stated in the care plan. Pressure relieving equipment was in use for people identified as being at risk of skin pressure damage.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. Staffing numbers were determined by using a dependency tool, although these remained flexible. Staffing could be changed if required, for example if people became particularly unwell or if a person was nearing the end of their life. There was the manager, a head of care and three care workers on duty during the day and two waking care workers at night. Staff recruitment records showed a robust system including interview notes, disclosure and barring criminal checks, two references and photo ID. We discussed the details of one negative reference. The manager was able to tell us in detail how this had been discussed and considered safe the person to recruit. There were subsequent one to one supervision sessions to monitor this person's competence but the discussion about the reference had not been recorded. The manager said they would do this immediately.

At all times there were sufficient numbers of staff to meet people's needs, including giving them individual attention and engaging in activities with them. Call bells were answered promptly and people received care and support in a timely manner. For example, lunch was served quickly and effectively. People didn't have to wait long and their food was hot and appetising when they received it. A comment from a relative in the 2014 quality assurance survey said "We cannot believe how lucky we were to find

Good

Is the service safe?

Highland Borders. Nothing is too much trouble for the staff who are caring and most of all give people time". There were enough staff to enable people to go out to the high street and on trips. The home was lively with staff readily available to assist and interpret people's body language if they were unable to communicate fully due to their dementia. Staff wrote their daily records using a computer tablet. They said this helped them spend more time with people as they didn't have to be in the office. One relative said "When we first came here I made a point of coming in unannounced at different times of the day and it's always consistently good…only once did I think there weren't enough staff…I contacted the manager and it's never happened again….she's always around so it's easy to see her."

All staff who gave medicines were trained and had their competency assessed before they were able to do so. We saw medication administration records and noted that medicines entering the home from the home's dispensing pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. Medicines were given to people at different times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

Good

Is the service effective?

Our findings

People using the service and their visitors all had confidence in the staff and their ability to do the job well. There was a stable staff team at the home who had good knowledge of people's needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People spoke highly of the staff who worked in the home. One relative said "The staff make my relative feel at home. Nothing is too much trouble and they are so keen to help in any way they can".

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. There was a clear induction process for new staff. One new care worker said "I am really well supported, you can rely on other staff to help you and we are all a good team, including the manager". A number of staff had attained a National Vocational Qualification (NVQ) in care or were working towards a qualification. The manager was developing a training matrix to make sure staff training was kept up to date. They knew who was due training and had booked staff on appropriate mandatory sessions. A refresher course was booked for that month. Mandatory sessions included infection control, manual handling, fire safety, dementia care, food hygiene and health and safety. Staff were able to ask for additional training in relevant topics such as continence care. This ensured staff had up to date knowledge of current good practice and felt they could request particular training .

Staff received regular one to one supervision sessions to give them opportunity to discuss and issues, training or needs. One supervision record showed how a training need had been identified and training had been booked with some supervised day shifts to check competence. New starters had monthly meetings to check on their progress. The new computer system "went live" on the day of our inspection and this will flag up training and supervision reminders in the future.

Staff had received training and were aware of the Mental Capacity Act 2005 (the MCA) and its implications for people. The manager was keen to invite external professionals to run additional training sessions for staff. One had been run on the MCA and the Deprivation Of Liberty Safeguards. Most people who lived in the home were not able to choose what care or treatment they received. The registered manager and staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Throughout the day staff demonstrated that they were familiar with people's likes and dislikes and provided support according to individual wishes.

Some people required some restrictions to be in place to keep them safe. There were mental capacity assessments in place and clear information in care plans about what people could make choices about and issues they may not understand due to their dementia. For example, whether people could make choices about their clothes, drinks or relating to what staff should do if people said they wanted to go home and this would not be in their best interest. Best interest decision making was clear in relation to the use of pressure mats, bed rails and other equipment which could be seen as a restriction. The manager had made appropriate applications to the local authority to deprive some people of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) set out in the MCA. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Discussions had taken place with appropriate professionals and the person's advocate taking into account personalised details of their behaviour and background. Staff were aware of the implications for this person's care and understood what the person's particular behaviour meant and were able to respond appropriately. The provider kept up to date with changes in legislation to protect people and acted in accordance with changes to make sure people's legal rights were promoted.

People were asked for their consent/what they would like to do before staff carried out a task such as moving and handling, going to their rooms or for the meal. Care plans also detailed how people liked things to be done such as "Gets frustrated as can't say what they want. Be patient and they will correct themselves". Staff were asking people what they would like and respecting people's choices throughout the day.

Good

Is the service effective?

People had access to health care professionals to meet their specific needs. During the inspection we looked at four people's care records. These showed people had access to appropriate professionals such as GPs, dentists, district nurses, chiropodists and speech and language therapists. People said staff made sure they saw the relevant professional if they were unwell. For example, one person had been identified as becoming more anxious. They had seen the community psychiatric nurse resulting in improved communication, triggers for anxiety had been identified and plans put in place to minimise that anxiety. Where advice following a hospital stay had been given, the home had ensured this was followed such as a personalised exercise programme. People also received regular annual health reviews. One relative described a night time call from the manager when their mother had gone to hospital. They appreciated the owner meeting them at the hospital and said "I come in at any time and the manager contacts me when there are any concerns. The communication is always good at every level". They said the staff were very attentive.

Each person had their nutritional needs assessed and met. The staff monitored people's weight in line with their nutritional assessment. There was good communication between the kitchen staff and care workers who knew what diet and dietary preferences people had, which agreed with care plans. For example, one person often showed signs they were looking for food in between meals and staff were aware and gave them food they liked. Dietary preferences were very detailed and included offering new foods to people who were at risk of losing weight. Appropriate professionals had been contacted to make sure the person received effective treatment. Those who need extra calories because of weight loss or reluctance to eat were given extra sugar in drinks and on cereals if appropriate, extra cream and butter. Another care plan detailed how a person liked their meals. It read "Do not try to feed me as I will get angry, be patient". They had a fluctuating attitude to eating and the care plan detailed ways in which staff could be more successful in encouraging adequate nutrition. The cook gave this person a small portion to encourage them during our inspection.

Everyone we spoke with was happy with the food and drinks provided in the home. We observed the lunchtime meal being served in the dining room. People sat at tables which were nicely laid and each had condiments for people to use. People did not choose meals in advance but were offered a choice of two meals on the day so they could remember what meal was about to be served to them. Vegetables were placed in a dish on each table so that people were able to serve themselves. Most people were able to eat without assistance with staff offering help discreetly. Four people needed support and encouragement to eat and were at the same table with two members of staff to support them. The staff were very patient and persistent. They gave them as much time as they needed and did not rush them at all. Another person ate in the lounge which they preferred. One relative said "The staff know her so well…she has special cutlery because of her arthritis….she won't eat and I didn't realise she's developed such a sweet tooth. One of the staff said ' I know what she'll eat' and gave her banana, sugar and cream as she needs building up."

Dessert was served from a trolley. This was very well-stocked with a wide choice of available for people. Most people had more than one kind of desert, mixing and matching. Thought had been given to people who had diabetics and they were able to enjoy a "diabetic-friendly" home-made cake. Throughout lunch people were treated with respect and dignity. They were not rushed. There was friendly banter between people. This helped to make lunchtime a pleasant, sociable event.

The home was well maintained and provided a pleasant and homely environment for people. Some planned re-decoration was in progress when we inspected.

People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. There was a lift to assist people with all levels of mobility to access all areas of the home and people had individual walking aids, hoists, stand-aids, wheelchairs or individual adapted seating to support their mobility.

The home was clean and comfortable with no unpleasant smells either in the public spaces or in people's individual rooms. There was visual signage to indicate someone's room as well as a name and both activities and menus were displayed in print and with helpful pictures. Corridors were wide and had plain flooring and pastel shades on the walls which helped people living with dementia to interpret sensory information more easily.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. They had a lovely, quiet manner with people and spoke warmly and affectionately to them, knowing them well and having a positive relationship with them. Staff talked about individuals in the home. They had an excellent knowledge of each person and spoke about people in a compassionate, caring way. People living at the home said they were more than happy with how they were cared for. Different people living at the home said "I thoroughly enjoy it", "Everybody here's so nice.", "The staff here are very nice and friendly so I've no problems." And "We have good food, there's not much I don't like". One person said "It's wonderful here! The girls are excellent, I can choose what I do. They do all my laundry but I wash myself and it's all worked out fine with no problems at all."

Throughout the day staff interacting with people who lived at the home in a caring and professional way. One staff member said "I enjoy coming to work. The residents here have become friends and I would miss them if I changed jobs. That's why I stay. It's a lovely place". There was a good rapport between people; they chatted happily between themselves and with staff. Staff were very calm and relaxed with people who were more anxious, reassuring them and taking them by the hand. Staff explained how they managed tea-time when people could become more unsettled, getting their coats and talking of going home. Staff explained how they knew what topics to talk to people about to change the subject or guide people to help with tasks such as napkins and laying tables. One care worker spent some time with a relative who was upset, reassuring them and chatting about things their relative could still do in a positive way.

Relatives felt the home was very caring. One relative said "I wanted to be sure we chose the right place. We came here unannounced and decided there and then this was the place. We were made welcome and shown around by the manager. It felt like a home, not institutional, there are no smells, it's bright and airy with lovely rooms. I just had that good feeling". Another relative said "I liked this home and Mum came for a day's assessment. I did the "This is Me" profile and gave lots of information. Mum came, went straight into the lounge and she has slept well both nights".

People privacy and dignity were maintained. People looked well cared for. The hairdresser was visiting during our inspection and some ladies who wished had been assisted to wear make-up and polish their nails. Some people used communal areas of the home and others chose to spend time in their own rooms. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. People could leave their doors open or locked. Staff had helped some people keep their rooms keys safe when out of their rooms which made them feel more secure. People had a call bell to alert staff if they required any assistance. Staff always knocked on bedroom doors and waited for a response before entering. Staff supported people who needed assistance to the bathroom in a sensitive and discreet way. If staff saw people sitting alone they went over to chat and check they were ok.

Care plans detailed people's choices and preferences. Staff had obtained relatives input for people living at the home with dementia. Therefore, they had a good "This is Me" profile to enable them to provide personalised care. For example, morning, afternoon and night-time routines, hobbies, likes and dislikes and past careers. One person, for example, was less anxious if staff gave them a cup of tea in bed before assisting with personal care. Another care plan said "If I get anxious I like you to sing with me" and another "I don't like a night check, please don't disturb me." We saw staff involving people with all aspects of the day, allowing choice and giving explanations.

Care records contained information about the way people would like to be cared for at the end of their lives. There was information which showed the provider had discussed with people and/or their advocates if they wished to be resuscitated. Appropriate health care professionals and family representatives had been involved in these discussions. For example, the manager had spoken to the GP in advance and prepared a box with appropriate medication to ensure one person's pain control would be managed well should they require it. A relative said "We have a medical kit here now and palliative care so she can stay here and avoid going into hospital again".

People who lived in the home were involved as much as they could be in decision making and their care. For example, people had chosen their own colour schemes and furnishings. One person told us that they had helped choose the new carpet in one of the lounges. Care plans focussed on what people could do for themselves and staff

Good

Is the service caring?

actively encouraged independence. For example, one person was going to the shops to choose their own special toiletries and snacks. Staff said they encouraged this person to exercise daily to keep their movement going.

Requires improvement

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. Staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them.

Care records were in the process of being transferred onto a "live" computer system. This had meant that some care records did not contain clear instructions for staff about some health issues. For example, a urinary tract infection and increased confusion had been identified for one person but no clear recorded instructions about how this was being addressed or monitored. Other information about a heart medication had been recorded under the daily notes so was a risk of being missed by staff. For example, "Only call 999 when you have tried her medication first". Information about dental care and dentures was not always up to date. One person had made a complaint about how one staff member had assisted them to bed. This had been followed up well and involved supervision with the named care worker. However, the detailed information about this person's night time routine was not included in the care plan. Another care plan had risk assessed someone as at high risk of skin damage but did not show what action to take, however, no-one at the home had any pressure sores.

However it was clear staff they were aware of all these issues. They said there was good handover and communication verbally. The manager assured us that all aspects discussed would be included in the care files on the computer. The home had recently introduced the use of a computer tablet to record care and the new member of staff demonstrated how there was a red flag by a person's name if there was any change to the care plan or update. The tablet was also used to take pictures of any bruising or sores people might have. These were then used to monitor progress and share with visiting health professionals. Care plans were reviewed each month and discussed with relatives and/or the person. For example, records noted how well someone was eating now and monitored weight loss.

Most care plans were detailed and personalised. For example, information about how people living with dementia communicated was detailed . We saw staff practicing these tips when talking with people. One person always said "no'' when asked about needing the bathroom but experience had shown staff how to know when this was not the case and avoid loss of dignity for that person. Other discreet checks were documented such as checking continence equipment before going out and regular prompting. One person preferred a male care worker to assist them and this was happening.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Relatives said they had been involved in these assessments. Staff considered the needs of other people who lived at the home before offering a place to someone. The manager described an "ice-breaker" game which had helped one person get to know people when they moved in and now they had made good friends and were settled. The staff particularly helped people do things which made them feel valued and helpful. People were involved in discussing their needs and wishes. One person said "I can't drive anymore but the girls still help me get out to the shops".

Complaints were dealt with well. The form format ensured there were dates and details of the complaint and included actions taken and timescales. For example, one complaint from someone living at the home was that they wanted only particular staff to assist them. The home had also risk assessed that this person often made unfounded complaints and now two staff assisted them with personal care. This was to protect the person and the staff. One relative gave an example of an issue they had raised with the manager and how quickly this had been dealt with. No-one had any concerns about raising any issues with the manager or staff. The manager said they had an open door policy and we saw people popping in and out of their office. There was a suggestion box for anonymous ideas for improvement. For example, one person had not liked the way they had been assisted with a bath. The manager had discussed how this should have been done with the care worker and checked that the person was now happy.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome. People continued to be involved in the local community. The home was not far from Heavitree High Street and during the inspection various staff were accompanying people to the shops, for a walk round the block or in the garden. Churches were within walking distance and people visited

Requires improvement

Is the service responsive?

them as they wished. A reverend also visited the home at six-weekly intervals. One person had visitors who collected their friend each Sunday to go to services elsewhere and most people had regular outings with family and friends. Meals could be saved or kept back for their return from trips. Another person was assisted to visit their friend regularly.

The home employed an activities co-ordinator for 30 hours per week. During our inspection, the activities co-ordinator was not on duty so the staff engaged in games in the lounge with people. The TV was turned off most of the time and there was music. Staff chatted to people about which CD to choose and some people were humming along. Later one person chose to put a film on. A TV was available in a small TV room and there was another lounge upstairs with books.

There was a good level of engagement of individuals with care workers who had the time and interest to speak with people. One care worker sat chatting to someone in the quiet lounge and one person enjoyed chatting to the cook. People also visited the local memory café regularly. During the last trip, only three people had not gone. The manager said they all enjoyed getting out and staff often came in during their own time just to participate not as extra staff. Staff told us many examples of activities and engagement such as cooking with people, chores around the home which some of the ladies enjoyed, quizzes, gardening and shopping.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. A manager was in post who had overall responsibility for the home supported by a head of care and the provider who also owned another local care home. The manager had applied and was currently going through the process of registering with CQC.

The manager had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with them. The manager and staff said the manager had worked night shifts to support night staff and often came in early to spend time with people living at the home and see how staff were doing without making them nervous. Staff said there was always a more senior person available for advice and support and relatives also said the alternate on-call system between the manager and the provider worked well.

People living at the home and relatives described the management of the home as open and approachable. The manager showed great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way that they cared for people. One staff member said "It's lovely isn't it. The manager is great, very supportive". Staff said they had a great team and this showed in how they interacted together with respect and open communication. A new care worker had worked in a previous home and said of this one, "I love it here…it's just like a family. I feel supported and confident in the manager. It makes the job very enjoyable and I can grow as a person." One relative said "The manager is very approachable and excellent at her job. The atmosphere is always happy and visitors are made welcome".

People were satisfied with the way the home was run and their involvement in giving feedback. There had been resident's meetings in 2014. The last one had been in August 2014. The manager had meetings planned for the future. Relatives had also been invited. Issues had been noted and recorded such as ideas for menus and activities. For example, there had been a new bingo game and a library room made upstairs resulting from these meetings. People and relatives were involved in regular reviews but most people said they weren't really necessary as they were always updated all the time.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. An annual quality assurance survey was completed. The last one in November 2014 included comments such as "We cannot believe how lucky we were to find Highlands Borders. All the ups and downs are dealt with in a professional way. Absolutely nothing is too much trouble for staff who are all caring, taking our relative out for walks and lovely baths."

Staff had regular meetings together once a month. For example, the cook met monthly with the manager and they had changed the ordering system and the menu. The head of care also met with the manager monthly. They were happy with their role and had achieved Level 5 National Vocational Qualification (NVQ). The head of care had lead roles in ensuring mandatory training for staff when they arrived and dementia training.

The manager and head of care were aware of some problems with the changeover from paper to computer records and this was the priority at present.

There were audits and checks in place to monitor safety and quality of care. For example, the local pharmacy completed annual audits, the last one showed minimal improvements were needed. The manager completed monthly medication audits. For example, topical cream charts had not been completed fully and these were now kept in people's rooms to resolve the issue. Environmental audits of people's rooms had been carried out. For example, wardrobes had been secured to the walls for safety. The last two monthly care plan audits had been completed by the administrator and did not show enough details or identify the issues, but the manager was aware of this and was ensuring these were fully completed on the new computer system. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided. The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities showing an open culture.