Anchor Trust

Borrage House

Inspection report

8 Borrage Lane
Ripon
North Yorkshire
HG4 2PZ

Tel: 01765690919
Website: www.anchor.org.uk

Date of inspection visit:
25 May 2016

Date of publication:
04 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook this inspection on 25 May 2016. At the previous inspection, which took place on 25 September 2014, the provider met all of the regulations that we assessed.

Borrage House provides accommodation and care for up to 40 people, with the user bands of 'older people' and 'dementia'. Nursing care is not provided. At the time of this inspection the service was providing care for 36 people. Borrage House is close to the centre of Ripon and is owned by Anchor Trust.

There was a new manager who had been in post for two months. They were not yet registered with the Commission, but had submitted an application to register and were going through the registration process. 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 2008 and associated Regulations about how the service is run.

The service had experienced a period of time when it lacked consistent leadership and management. However, during this inspection people were positive about the new manager and their impact so far.

Governance systems were in place to monitor service safety and quality. However, some areas needing improvement had not effectively been recognised or addressed. The new manager showed us that an action plan was now in place, with evidence that the they had identified the home's priorities and was making progress.

The service had not effectively implemented the Deprivation of Liberty Safeguards (DoLS). This meant that some people had been deprived of their liberty without the required authorisations being in place. The new manager had recognised this and was in the process of taking action to put things right.

Although most people spoke well of individual staff and told us that staff usually treated people well, we observed two occasions when people's privacy and dignity was not maintained during manual handling procedures.

Processes were in place to assess the staffing levels that were needed, based on people's dependency and the lay out of the building. However, people told us that there had been occasions when they had to wait for staff assistance and our observations showed that the deployment of staff was not always effective.

The service recruited staff in a safe way making sure all necessary background checks had been carried out. Records showed staff received the training they needed to keep people safe and the new manager had taken action to ensure that any additional training and support staff needed had been planned.

The service was generally well maintained, clean and comfortable. However, there were some on-going

issues with the fire alarm panel and door closures that the provider was working to rectify. Temporary safety measures had been put in place while this was done.

People told us they felt safe. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures to support them in their role. Risk assessments were in place to identify risks due to people's health or mobility and to make sure these were minimised.

Medicines of people living at the service were managed safely. Staff had received the appropriate training and checks took place to make sure medicines were given safely. However, more written guidance information about medicines prescribed 'as required' would help to ensure that these were managed consistently.

People had their care needs assessed and planned, and reviews took place to make sure people received the right care and support. However, the information in people's care plans was not as person centred and detailed as it should be.

We received positive feedback from healthcare professionals who worked with people who lived at the home.

People told us the food was good, but could vary sometimes depending on which cook was on duty. We saw people had access to regular drinks, snacks and a varied and nutritious diet. If people were at risk of losing weight we saw plans in place to manage this. People had good access to health care services and the service was committed to working in partnership with both healthcare and social care professionals.

Activities took place regularly and people were supported to attend the activities they wanted to be involved in. Visitors could come and go as they wished.

A complaints procedure was in place and records were available to show how complaints and concerns had been responded to. People who used the service and their supporters were encouraged to give feedback, through surveys, meetings, reviews and comment books. There was evidence that feedback had been listened to, with improvements made or planned as a result.

We identified breaches of regulation and you can see the action we took in the full version of this inspection report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe, but improvements were needed.

Staff had been recruited safely. Staff deployment and availability was not always effective, meaning that people sometimes had to wait for staff assistance.

People's medicines were managed safely and administered as prescribed. Some more detailed information about 'as required' medicines would be beneficial.

Staff knew how to protect people from harm and report safeguarding concerns.

The service had detailed risk assessments and risk management plans in place to ensure people were supported safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The service had not effectively implemented the Deprivation of Liberty Safeguards (DoLS).

Staff had the skills and expertise to support people because they received on-going training and support.

External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

Is the service caring?

Requires Improvement

The service was caring, but improvements are needed.

People privacy and dignity was not always maintained during manual handling tasks.

People living at the service and their relatives told us that the majority of staff were caring. Throughout the inspection people were treated with kindness, patience and respect.

Heath care professionals were positive about the 'end of life' care the service provided.

Is the service responsive?

Good

The service was responsive.

People had their care needs met and their needs were regularly reviewed to make sure they received the right care and support.

People were involved in activities they liked and they were supported to continue attending various activities.

A complaints procedure was in place. The service encouraged feedback from people living at the service and their relatives. Feedback was taken seriously and acted on.

Is the service well-led?

Requires Improvement

The service was well led, but improvements were needed.

The service had lacked consistent, strong leadership and management. A new manager was in place and people were positive about their impact so far. The manager was not yet registered, but had applied to register with us.

Systems were in place to monitor service safety and quality, but some issues [such as DoLS], had not effectively been recognised or addressed until recently. An action plan was in place, with evidence that the new manager had identified the home's priorities and was making progress.

People who used the service and their supporters were encouraged to give feedback, through surveys, meetings, reviews and comment books. There was evidence that feedback had been listened to, with improvements made or planned as a result.

Borrage House

Detailed findings

Background to this inspection

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

This inspection took place on 25 May 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the registered provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our visit to the service we spoke with 11 people who lived at the service and four relatives. We also spoke with a visiting doctor. We talked with the deputy manager who was in charge on the day of our visit. We also spoke with three team leaders, five care staff, the chef manager and maintenance staff. After our visit we also telephoned and spoke with two other doctors and district nurses who visit the service.

We spent time observing the care and support people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection visit we looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a care service. This included four recruitment records and the care staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints

procedure.

We consulted North Yorkshire County Council to see if they had any feedback about the service. We also contacted the local fire authority and checked the current food hygiene rating for the home.

Requires Improvement

Is the service safe?

Our findings

The home used an assessment tool to calculate the staffing levels that were needed. This took account of people's dependency levels and the lay out of the building. Staff we spoke with said it was difficult to recruit care staff with recruitment on going all of the time. There was a stable core staff team who had worked at the home for a long time, and who covered shifts themselves rather than using agency staff. The deputy manager described current staffing levels as five care staff and two team leaders in the morning, four care staff and one team leader in the afternoon/early evening, and two care staff and one team leader over-night. The manager and deputy manager provided management cover seven days a week. Rotas we looked at showed that these staffing levels had been maintained.

People we talked with spoke well of individual staff, but we were also told that staff could be very busy and not always available when people needed them. One person we spoke with told us, "The girls are very kind, although very busy. We could do with some more staff." Another person told us, "They (staff) say they haven't got time, are doing the dinners or something, and that annoys me knowing I'm sitting here and can't help myself." A relative described how staff did not always respond quickly when the call bell was rung. They told us, "Can be ages before they come," and, "I don't think there is enough staff here." Staff told us that they felt people were safe, but that every day varied, with some days working well and others being very busy. One staff member commented, "Ideally you want to get to people as soon as you can [when they needed help], but it's not always possible."

We saw there were times when staff were not organised in an effective way, which enabled them to respond promptly to people's needs. For example, on some occasions people were left unattended in communal areas. At lunch time one staff member was left alone trying to provide the support 25 people needed with their meal. This included serving meals, clearing plates, supporting one person to eat and responding to requests for assistance to the toilet. This resulted in some people waited long periods between courses, including one person who eventually got up and left the room before their dessert was served. A person who needed help to eat was disturbed during their meal, because other people needed assistance from the one staff member who was available in the dining room. We also saw that before the tea time meal all the staff downstairs were congregated in the dining room, rather than some staff remaining in the communal areas with people who used the service.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, Staffing.

We looked at the written guidance information that was available for medicines prescribed on a 'when required' basis. This information helps staff to ensure that people receive their 'when required' medicines in a safe and consistent way. Staff could describe how people used their 'when required' medicines, but we found that detailed written guidance information was not available for some people's medicines. For example, one person was prescribed a complex mixture of pain relief, some of which was given regularly and some 'when required,' but there was no detailed guidance information in place to help staff manage this safely, consistently and in a way that reflected the person's individual needs and preferences.

We recommend that the registered provider reviews the use of guidance information for 'as required' medicines, taking into account the National Institute for Health and Care Excellence (NICE) guidelines 'Managing medicines in care homes.'

People we spoke with were happy with the support they received with their medicines. One person told us, "Senior care staff make sure I have my medicines, although if you are going out for the day they always give you your medicines to take with you." Staff we spoke with confirmed they had received training on the administration and management of medicines. Staff were also able to describe how individual's medicines were managed, what to look out for to ensure safety and how to respond to any errors or omissions they became aware of.

We looked at the arrangements for the storage and administration of medicines. Medicines were stored safely in a clean and tidy clinic room, with secure storage for controlled drugs [medicines that require special management because of the risk they can be misused]. Fridge and room temperature monitoring took place to ensure medicines were stored within safe temperature ranges. Perishable items, such as creams and eye drops, had been labelled with the date they were opened so that staff knew they were safe to use. We looked at three people's medicine administration records (MARs), the controlled drugs register and medicine stock. The MARs had been completed to show people had received their medicines as prescribed. The controlled drugs register was correct and had been signed by two staff. The medicine stock we checked matched the records. Arrangements were in place to ensure that complex medicines, such as warfarin, were administered safely and in accordance with the person's healthcare needs. We could see that people received their medicines safely and as prescribed.

People who we spoke with told us they felt safe. One person said, "Yes I do feel safe whilst I am here." Another person when asked if they felt safe said, "Yes I think so" and another said, "Yes I feel safe." Relatives we spoke with told us their relative was looked after well at the service and that they were safe. One relative told us, "Mum is safe here I have no concerns. They always seem to be well staffed."

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place and provided guidance and information to care staff. Care staff knew how to recognise the signs and symptoms of abuse and how to report concerns about people's welfare or safety as they had all received training on safeguarding adults. We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by care staff. Whistleblowing policies and procedures were in place. Staff told us they would always share any concerns with the new manager or team leaders. This meant that people were protected from avoidable harm.

We looked at the arrangements that were in place to ensure that care staff were recruited safely and people were protected from unsuitable staff. A thorough recruitment policy and procedure was in place. We looked at the recruitment records for four care staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and minimises the risk people who are unsuitable working with children and vulnerable adults.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. Risk assessments were in place to help identify individual risk factors, such as safe manual handling, falls, nutrition, and maintaining skin integrity. These

had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage risks and provide people's care safely.

We toured the premises during this visit. The service had a homely feel and was clean and hygienic. We saw there were systems in place to ensure the service was clean and well maintained. We spoke with the maintenance staff during our visit. They were able to describe the regular safety checks they carried out and show us the records of these. A maintenance contractor was used and the maintenance staff reported that issues were usually dealt with promptly. Servicing and maintenance certificates were in place. For example, we saw certificates for manual handling equipment, gas appliances, legionella testing, weigh scale calibration and fire safety equipment. A business continuity plan was in place, along with an easily accessible file containing key information and guidance that staff might need in an emergency.

There had recently been some issues with the fire alarm panel and some automatic door closures. Maintenance engineers had been, made sure the fire alarm was working safely and identified the work needed to rectify the problem. Staff had been made aware of the issues and asked to be extra vigilant, with increased checks being carried out to ensure safety. We contacted Anchor Trust's Senior Health and Safety Officer for information and were assured that the required work was being completed as soon as possible. We discussed our findings with the local fire authority.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had in place a policy outlining the principles of the MCA and how people should be supported with decision making. We observed staff routinely sought consent and offered people explanations before support was provided. Training on the MCA had been provided to staff, although when we spoke to staff regarding the MCA and DoLS their confidence varied and some felt that more training would be beneficial. There were no DoLS authorisations in place at the time of our visit. We questioned staff about this and found that they were only just carrying out assessments to identify people who may be deprived of their liberty so that authorisations could be requested. Although the manager informed us that they were taking action to address this shortfall, with all necessary authorisations requests to be submitted by the end of June 2016, the delay implementing the requirements of the DoLS meant that people had been deprived of their liberty without the legally required authorisations being in place.

This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, Safeguarding service users from abuse and improper treatment.

People told us staff had the skills and experience to support them well. One person said, "The care staff are very good they look after you and put you right. I can get up and go to bed when I want and I am well cared for."

We spoke to two care staff who were relatively new. They told us about their induction training and confirmed that they had received the training and support they needed. This had included shadowing more experienced staff for as long as they needed before they felt comfortable to work alone. The training records showed that staff were provided with a range of training, with refresher training provided. The majority of staff were up to date with their training, although there were some who needed to complete relevant refresher training. We spoke with the manager about this after our inspection. Training that was needed had been scheduled to take place to during July and August.

All the staff we spoke with told us that they received the support they needed to carry out their roles effectively. One staff member said, "We get good support from the new manager. We have a supportive staff team." Another told us, "We have very supportive staff. I love working here. I have never been treated as well as I have here by staff and customers. Staff also told us they received regular supervision where they could

discuss any issues in a confidential meeting with their line manager. The manager confirmed that they had been working to ensure that staff received supervision and that arrangements were in place to ensure that staff received regular supervision going forwards.

People we spoke with said that overall the meals at the service were good. One person said, "The food is very good, very tasty. There are choices available and the menu is on the board." Someone else told us, "The food is quite delicious." One person spoke with us about the breakfast they had that morning. They said, "I have had porridge and egg on toast, but you can have cereals, porridge, bacon and egg – whatever you like." However, some people told us that the quality of the food could vary depending on which cook was on duty. We observed breakfast and lunch and also saw people were supported to have drinks and snacks throughout the day. The food we saw was appetising and people told us they enjoyed it. Staff offered people choices, including showing people the different foods on offer, which helped people make an informed decision.

We spoke with the chef manager. They were working with the kitchen staff to improve the consistency and quality of the food provided. They confirmed that menus were on a four weekly cycle and were changed according to the season. We looked at menus at the service and saw that people were offered a varied and nutritious diet. The chef manager told us that they spoke with people daily to ensure they were getting the food they wanted and regularly checked the 'food comments book' to see what people thought of the food provided. The chef manager was able to tell us the special diets they catered for and described how people were referred to other health care professionals such as the Speech and Language Therapy Team (SALT) where there was concern about their nutritional wellbeing. They were able to give us examples of the different foods they made to encourage people to eat well and meet people's individual needs. For example, they made sure one person always got a banana at night as this helped them to sleep. They also blended honey and/or cream in porridge for those people who were at risk of losing weight.

The care records we looked at included nutritional risk assessments, weight and body mass index monitoring (BMI). Where concerns about people's nutritional wellbeing had been identified we saw that input had been sought from other professionals, such as SALT. This helped to ensure people's nutritional wellbeing was maintained.

People we spoke with told us that they could see their doctor or other health professionals if needed. One person said, "I always see my own doctor as they hold a surgery here every two weeks, on a Tuesday." They went on to say, "If you needed a visit from a GP or district nurse they [care staff] would always get them for you." A relative we spoke with told us that if staff had any concerns about a person's health that they would let them know. They said, "Staff contact us if there are any health issues with mum." The care records we looked at included evidence of input from healthcare professionals when this had been needed.

We spoke with health care professionals during our visit and afterwards by telephone. These professionals were positive about the care people received at Borrage House and did not have any concerns. Comments made to us included: "Borrage House staff work well with us. Staff are very caring and approachable. They know people well and follow our advice." "I have no concerns at all about Borrage House. We are called out for visits appropriately. Staff know residents well. Borrage House is one of the care homes I would recommend to people." "Excellent service. I am very impressed with the service. They [staff] know people well. They [staff] go over and beyond and are concerned and respectful of people. I have no concerns about the service."

Requires Improvement

Is the service caring?

Our findings

We received some comments about the approach of a particular member of staff, who people did not want to name. For example, one person told us, "Usually nice [the staff], but there is the odd one can be a bit rough, not awful, but could be a bit better." Another person agreed, saying, "One who is a bit less nice than others, but you know their ways and just ignore it." We also observed two occasions when staff did not adequately protect people's privacy and dignity when moving people using a hoist. For example, on one occasion a person's underclothes were exposed to a number of other people in the room. This was fed back to the deputy manager during our visit and to the manager by telephone, so that appropriate actions could be taken to ensure people always received care that was kind, supportive and maintained their privacy and dignity.

This was a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, dignity and respect.

However, the majority of the feedback we received about the care provided by the service was positive. One person who lived at the service told us, "The care staff are very good. I am well looked after here." Another said, "The staff are all kind and caring." One person said, "The staff are all kind and helpful and they do their best." Someone else told us, "The staff are very kind to me." Relatives we spoke with were also generally positive about the home and the care their relatives received. A visitor stated that their relative was, "Happy at Borrage House" and there were no issues and they were satisfied with everything. They went on to tell us, "All of the family are very happy with Borrage House. The staff are very welcoming and open. I find the staff to be great." A health care professional we spoke with told us, "Staff know people well. They go over and beyond and I would put a relative here."

During our visit we spent time in the lounge areas of the home. Throughout the day of inspection the interactions we observed between staff and people who used the service were friendly, respectful, supportive and encouraging. Staff were respectful when talking with people calling them by their preferred names. We saw examples of staff taking time to help people get comfortable and settled. For example, getting equipment and pillows people needed and helping people get into a comfortable position.

We observed staff routinely seeking consent and offering people explanations before support was provided. We saw that most of the time people were treated with dignity and their privacy was respected, with people's personal care needs dealt with behind closed doors. Staff were observed knocking on people's bedroom doors before entering, even if the doors were already open.

We saw where bedrooms were vacant they had been made ready for people to move in and showed care and attention to detail. We saw that a card saying "Welcome to your New Home" was placed on the chest of drawers and change of address cards were available for the new occupier to use if they wished. This meant that staff gave attention to detail, making rooms as welcoming as possible for people who were considering moving into the service or when new people arrived.

No-one at the home was receiving end of life care at the time of our visit. However, one of the health care professionals we spoke with told us, "The palliative [end of life] care for people is very good."

Good

Is the service responsive?

Our findings

People were positive about their care and felt they received a responsive service. One person told us, "I have no regrets in coming here as all the staff help me." Another person said, "I could not walk when I arrived but can walk now with a walker [zimmer frame]. I have no regrets coming to live here."

Throughout our inspection we saw that visitors could come and go as they pleased. One person told us, "No restrictions on visiting, they can come and have a meal with you if you want."

We saw that the service had regular activities taking place, which were displayed on the notice board and activities list were available around the home. The service employed an activities co-ordinator, who people told us was very good. We observed during the morning in the ground floor lounge there was a story reading and reminiscence taking place. This was well attended by people living at the service, with fourteen people participating. We observed that the story being read was about the winter of 1947 and people were engaged and participating in the discussions, with tales of their own experiences during this time. People made comments to us about the activities at the service, with one person saying, "There are a lot of activities going on here, such as scrabble etc." People also told us they could spend time in the garden when the weather allowed. One person said, "You can [go into the garden] if you ask, but we don't think to ask sometimes."

The last customer survey results [the provider undertook an annual satisfaction survey] had indicated that people would like more trips out and that people's individual hobbies and interests had not always been encouraged. As a result of this feedback the home was in the process of purchasing an accessible car which could be used to help people attend appointments and go on trips away from the home. Several people we spoke with told us about this and how they hoped it would make getting out easier.

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. Each person also had their own assessment record, care plan and care records. Records showed that the care plans reflected the information which was gathered during the pre-admission stage.

All care plans we looked at had consistent documentation. Care plans we saw covered all areas of daily living and the care people required. However, although care plans were written with the intention of being person-centred they were not reflective of this. For example care plans covered areas such as my needs, my medication, my daily records and my mobility plan, but were not always as detailed as they could be about people's individual needs and preferences. For example, there was a lack of details about how complex care needs such as constipation or pain relief were to be managed, to ensure people received consistent care. The care plans we looked at were not written in the first person and we did not see any life history information in people's care plans to give a real sense of the person. We could see health professionals had been consulted appropriately and their guidance had been included within people's care records. However, for one person we saw that this information had not been included in the person's support plan, which therefore did not provide a full and up to date picture of the person's needs.

After our visit we spoke with the manager by telephone. They confirmed that the content quality and content of care plans was one of the areas for improvement they had identified and that training for staff on person centred planning had been arranged to help achieve this. The home's action plan confirmed this.

The care plans we viewed had been reviewed on a monthly basis by care staff. Records were also available of three monthly reviews that included the person using the service and had been signed to show their agreement.

We looked at the arrangements in place to manage complaints and concerns that were brought to the service's attention. The last customer survey results had indicated that some people felt that complaints and concerns had not always been dealt with satisfactorily. In response to this feedback staff had been given refresher training on the process for handling complaints and concerns and a book had been placed in the dining room so that people could easily raise any issues they had with the dining experience. We saw the book and found that the comments were regularly reviewed by the chef and responded to. There had been five formal complaints over the last year. A record of these and the actions taken to resolve them was available. We looked at the most recent complaint and saw that it had been looked into and resolved appropriately. We also saw that people had been asked for feedback about the service, during recent relative and resident's meetings.

Requires Improvement

Is the service well-led?

Our findings

The home had not had a registered manager since December 2014. Staff we spoke with told us that a lack of consistent management had impacted on the overall leadership of the home and resulted in a lack of direction. For example, the lack of progress with meeting MCA and DoLS authorisation requirements and recognising other areas for improvement. Staff made comments such as, "Everybody has ups and downs and our problems have been with managers." Another member of staff said, "It has been a tough couple of years with managers not staying."

The home had recently employed a new manager who had worked at the service for two months, but was not at work on the day we visited. Although they were not yet registered with the Commission, they had submitted an application to register and were going through the registration process. People we spoke with during our visit were positive about the new manager's approach and impact so far. They hoped that the service would now be able achieve management stability and improved leadership.

We spoke with the manager after our inspection visit. They were clear on their priorities for the home's development and had received regular formal supervision and support from senior management to help them in their new role. An improvement plan had been developed and the new manager was making progress implementing this.

During our visit the atmosphere throughout the home was welcoming and people living at the service appeared relaxed and very much at home. People we spoke with told us they enjoyed visiting the service and described staff in positive words. Many staff had worked at Borrage House for a long time and were clearly committed to the home and the people living there. Two staff members told us that they would recommend the home to their own family and friends, with one commenting, "I would recommend Borrage House to my own mum."

The service had in place systems to monitor and improve the quality of the service provided. For example, a health and safety committee met monthly to discuss issues and any required actions and there was a named lead for health and safety at the service. We saw the records of these. A routine system of checks and audits were carried out to ensure the premises and equipment were safe and maintained in good order. There were monthly medicine management audits recorded. There had also been input from the service's pharmacy provider, who carried out annual audits. Falls monitoring and analysis was completed, to ensure that appropriate actions had been taken and identify any trends that may need attention. A quality monitoring tool and action plan was in place, highlighting areas for improvement and the actions taken and planned. There was also evidence of staff meetings, with discussion of practice issues and relevant areas for improvement.

We saw evidence of people being given opportunities to provide feedback about their care and support. For example, a 'Your care rating survey' had been carried out during 2015. Information about the surveys key findings and the actions taken in response had been displayed in the service, so that people knew the outcomes. For example, the service was looking at purchasing a vehicle to facilitate outings away from the

home. A comments book had been put in place to help people make comments about their dining experience, and this was regularly monitored by the chef manager. The timing of meetings was also being reviewed, to make it easier for people to attend. A meeting for residents and relatives had been held in May 2016. The records for this showed that people had been involved in discussions about the garden, activities and the proposed purchase of a vehicle, and feedback from people using the services about their food preferences.

The manager was aware of notification requirements and we had received notifications about appropriate events that occurred at the service. Notifications are incidents or events that the registered provider has a legal requirement to tell us about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Service users were not always treated with dignity and respect and their privacy was not always protected, because manual handling was not carried out in a way that adequately protected people's privacy and dignity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users may have been deprived of their liberty for the purposes of receiving care or treatment without lawful authority, because the Deprivation of Liberty Safeguards had not been implemented effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff deployment was not always effective, meaning that staff were not always available when people needed assistance.