Highlands Borders 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Highlands Borders is a residential care home providing personal and nursing care to 27 people at the time of the inspection. The service can support up to 28 people in an adapted building with a purpose-built extension.

There was an experienced registered manager who was responsible for the home. 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 provider, Highlands Care Home Limited, also has two other care homes in Exeter.

At this inspection we found the service was meeting all regulatory requirements and we did not identify any concerns with the care provided to people living at the home.

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

People were positive about their experience of living at the home. For example, people said the home was "friendly", "well-organised" and the staff "make you feel at home." People said they felt safe; they received their medicines on time. People were protected from abuse because staff understood their safeguarding responsibilities. The registered manager took this role seriously and liaised with other health and social care professionals to ensure people's legal rights were protected.

Staffing levels delivered responsive support to people. However, we made a recommendation linked to staffing levels and end of life care.

Our discussions with the registered manager demonstrated their empathy towards the people using the service; they recognised people's emotional needs. Staff were attentive, whatever their role in the home, this was because they worked as a team to promote people's well-being. Positive, meaningful relationships had been developed between staff, people and their families. The service respected and recognised the value of people's life experience and their values, so people were supported to participate in events important to them. A number of people valued their independence and were pleased staff recognised this was important to them. This meant people still felt in control, which was important to their well-being.

There was a stable and attentive staff group; people described staff as "wonderful" People were supported by staff who respected their privacy and dignity and understood the need for a personal approach to reflect people's individuality. Staff relationships with the people they assisted were caring and reassuring.

Care staff were kept up to date with changes in people's health and spoke respectfully about the people they supported. They understood how they contributed to both people's physical health and mental wellbeing. Staff received training at the start and throughout their employment to ensure they had the skills

to provide effective care. Staff said they were well supported by the registered manager. However, the registered manager said due to some key staff leaving they were finding it difficult to ensure training and supervisions were up to date, which was reflected in staff records. Since the inspection, a full-time deputy manager now works at the home to assist with the running of the home.

Care staff were recruited to suit the caring values of the service and recognised the importance of team work to provide consistent and safe care. The home was well maintained, clean, and staff understood the importance of good infection control.

The registered manager and care staff worked well with community health professionals to ensure people received effective care. Referrals were appropriately made to health care services when people's needs changed. People's care needs were regularly reviewed. Risk assessments identified when people could be at risk. They covered people's physical and mental health needs and the environment they lived in. People's nutritional needs were met, and people socialised as they ate their meal in an unrushed atmosphere.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Information was in place to ensure people's legal rights were protected. There were systems in place which enabled the registered manager and the providers to monitor the quality of care. For example, through regular reviews, surveys, meetings and observations of staff practice. Feedback from people using the service and quality assurance records showed this approach had been effective.

Rating at last inspection: The last rating for this service was Good (published July 2017). At this inspection, the rating remained the same.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 exceptionally caring.
Details are in our caring findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-led findings below.

Highlands Borders Care Home

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 completed the inspection.

Service and service type
Highlands Borders 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 the Care Quality Commission. 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 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

During the inspection, we spoke with 12 people living at the home, three visitors, five staff members and the registered manager. Most people using the service were living with dementia or illnesses that limited their ability to communicate and tell us about their experience of living there. 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 speak with us and share their experience fully. We reviewed people's care records, including assessments, staff files, rotas, timesheets, records of accidents, incidents and complaints, audits and quality assurance reports. We reviewed the administration of medicines and checked storage arrangements, procedures, medicines audits and records.

We contacted health and social care professionals and reviewed a report by the local authority's quality assurance and improvement team.

Good

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.

Staffing and recruitment

● Recruitment procedures ensured necessary checks were made before new staff commenced employment. The registered manager ensured relevant references for new staff, for example from previous employers in care, were requested. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable.

● People benefited from a conscientious staff team who knew them well and could meet their current care needs. Staff recognised the importance of team work to provide consistent and safe care. This was evident by their practice and how they responded to people's emotional and physical needs.

● Staffing levels were only maintained because of the registered manager working additional hours, for example, to keep people company at the end of their life to free up other staff. In the week before our inspection, the registered manager had worked 58 hours.

Systems and processes to safeguard people from the risk of abuse

● Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse. Actions by the registered manager highlighted they knew when to raise safeguarding concerns. They had shown a strong commitment to protecting people in their care and worked closely with external agencies, such as the Court of Protection, the older people's mental health team and the police.

● People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. People said they felt safe, for example, because they could lock their bedroom door if they chose to and because staff "make you feel at home."

Using medicines safely

● People received their medicines safely, and in the way prescribed for them. For example, there were systems in place to guide staff when to use 'as required' medicines.

● Staff were trained before they administered medicines and regular audits were carried out to ensure staff practice was safe. We saw staff undertaking medicine competency checks before they administered medicines on their own.

● Medicines were held securely, including medicines requiring extra security and there were audits in place to show they were managed correctly.

● People said their medicines were given on time. Staff took time to explain what their medicine was for if people seemed uncertain about whether they needed it. Staff were calm and unrushed, so people were relaxed as they took their medicine.

Preventing and controlling infection

● Good infection control practice was in place. This helped maintain a clean and odour free environment. Visitors and people living at the home commented on the cleanliness of the home.
● Minutes from meetings showed staff were reminded to maintain good hygiene standards to help prevent cross infection. There were plentiful supplies of protective clothing, such as gloves and aprons, which staff routinely used.
● Action was taken during the inspection to improve the laundry layout so soiled and clean laundry was kept in separate areas. A hand washing basin was also installed to help prevent the potential risk of cross infection.

Assessing risk, safety monitoring and management
● Assessments identified when people could be at risk of harm and the action to be taken by care workers to minimise this occurring. Individual risk assessments in the care records covered people's physical and mental health needs. Recognised national assessment tools were used to monitor people's health risks, for example malnutrition. People's weights were regularly monitored.
● Staff could explain potential risks to people's well-being and knew what action was needed to reduce the risk. For example, sitting with a person while they ate their dinner to encourage them to eat and also monitor their risk of choking.

Learning lessons when things go wrong
● Accidents and incidents were reported, investigated and monitored for themes and patterns.
● Strategies to manage further accidents and incidents were used to update people's care plans and risk assessments. Staff completed mental health charts to record some people's behaviour so they could analyse what might have triggered incidents to reduce the risk of them occurring again.

Good

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.

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

- The home was well maintained, particularly the communal areas which were bright and spacious. Since our last inspection, changes had been made to the layout, after considering how people living at the home responded to the space. This was under continual review, for example the layout was changed during a heat wave to help keep people cool. Staff commented the current layout created a corridor through the lounge as staff had to walk through to answer the front door; they said this was intrusive when people were watching television or involved in social events. Staff had made suggestions to the provider as to how this could be resolved but at the time of the inspection this issue was still on-going.
- There were two lifts in the home, but one required regular repair and was sometimes not available for people to use. The registered manager said this has been highlighted to the providers as this can impact on the distance that people are required to walk to access a working lift.
- In the provider information return, there was information linked to improvements to the garden's security following two falls linked to people trying to leave. Information indicated the providers were sometimes reactive to problems rather than being proactive to prevent the incidents in the first place. For example, considering the height of walls and planting to help maintain people's safety.

Staff support: induction, training, skills and experience

- People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care. Staff said they would recommend working at the service. Visitors commented on the professionalism of staff.
- People looked relaxed and at ease with staff. Staff spoke confidently about how they supported people and understood how they contributed to people's health and wellbeing.
- Training was provided in different formats to suit different styles of learning. The registered manager explained how she had supported overseas staff to complete written training by building their confidence through encouragement and additional time.
- General training topics included safeguarding, infection control, medicine awareness and food hygiene. Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications. However, the registered manager said due to some key staff leaving they were finding it difficult to ensure training and supervisions were up to date, which was reflected in staff records. Since the inspection, a full-time deputy manager now assisted with the running of the home.
- New staff were paired with an experienced staff member; most staff came from a care or nursing background. There was a planned induction process, and the registered manager was aware of the purpose of the Care Certificate, if staff had not worked in care before.

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

● People's nutritional needs were met. Care plans held information about their dietary needs, including likes and dislikes. For example, staff had explained to us how one person could be reluctant to eat and told us the person's preferences; we saw these alternatives being offered to the person, which they accepted. Staff served the main meal in the dining room, which enabled them to gain feedback as people ate the meal and made the meal more personalised as they responded to people's requests.

● The menu was clearly displayed, with choices, and included photographs too. People said if they did not like the main course they could request an alternative. Staff ensured people knew what dish was being served to them.

● Staff recognised when people's physical health needs changed and impacted on their swallowing. They requested speech and language health professionals to assess how people should be supported to eat and drink safely. We saw staff subtly monitoring people who were assessed as being at risk of choking.

● People ate in a leisurely manner without being rushed, choosing how they preferred to eat their meal, for example using a spoon.

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

● Staff were quick to recognise changes in people's health and request an external assessment or review. Care records and our own observations during the inspection showed staff at the home worked closely with health professionals, following their advice and ensuring appropriate equipment was in place.

● Records of routine medical, dental, eye checks and other important appointments showed staff worked with a range of community professionals to maintain and promote people's health. Oral health care assessments were completed to ensure staff knew what level of assistance people needed and this was reflected in people's care records.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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.

● The registered manager checked if relatives had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people's legal rights were protected. Staff asked for people's consent before they received care or support. They also worked closely with the Court of Protection and IMCAs, whose role was to support and represent a person in a decision-making process. Essentially, they made sure that the Mental Capacity Act 2005 was being followed. Contact with these professionals took place during our inspection.

● An electronic care planning system was used. The registered manager explained the process of how people were involved in the content of their care plan. Relatives confirmed that assessments and reviews took place and people living at the home wishes were at the forefront of decision making. The registered manager was in the process of requesting a format for people to sign to show they agreed with the content of the care plan from the electronic care plan. People said they had been involved in the process of assessing their care needs.

Good

Is the service caring?

Our findings

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.

Supporting people to express their views and be involved in making decisions about their care;
● Our discussions with the registered manager demonstrated their empathy towards the people using the service. They went the 'extra mile' in recognition of people's emotional needs. They were determined and creative in overcoming obstacles in achieving this. For example, liaising with the social worker of person's relative to support their application to move to Exeter. We saw how the registered manager and staff made the relative welcome and provided a nurturing environment, so they felt safe, welcomed and could rebuild their relationship with the person living at the home. We saw how the person and their relative thrived in each other's company.
● The registered manager and staff were highly motivated and inspired to offer care that was kind and compassionate. Staff treated each person as an individual and throughout the inspection showed through their acts of kindness and attention to detail to ensure people felt cared for and had attention when they needed it. For example, one person interpreted their surroundings based on their previous profession, which gave them a strong sense of identity and purpose. They sat with the registered manager to create lesson plans, which relaxed them. Staff took time to talk with them about their past life and ensured the person had access to books with photographs of areas of interest, which we saw them looking at with pleasure.
● Following a safeguarding concern in the community, the registered manager worked with the police and mental health team to enable two people to live at the home together. However, when one began to withdraw and become depressed, steps were taken with their involvement to establish a safe place for them, so they did not become overwhelmed by the demands of the second person. This included making their room into a private area where they could retreat when necessary with items that made them feel at home and at ease. The second person was introduced to others with similar interests, so they became less reliant, and we saw how they had made friends and reveled in the social aspect of the communal activities, such as singing and exercise. We sat and chatted with them and a close friend who were both in good spirits. This equilibrium was maintained by the skillful monitoring of staff who knew the person's dementia could sometimes mean they did not recognise the demands they placed on others.
● The service was caring. Positive, meaningful relationships had been developed between staff, people and their families. The service respected and recognised the value of people's life experience and their values, so people were supported to participate in events important to them. This sometimes took skills and gentle encouragement. A relative said in written feedback "It may take a bit of encouragement to 'bring her out' but I noticed how happy she was listening to the tunes of the big bands and crooners of the 1930's and 1940's so it won't take long!"
● Staff were extremely attentive, whatever their role in the home, this was because they worked as a team to

promote people's well-being. We saw all staff members recognised it as their individual responsibility to constantly be sensitive to people's emotions, responding to people's distress and offering reassurance in a meaningful way. People relaxed into a hug given by staff or responded positively to staff who gave eye contact and spoke gently. For example, when a helping person to move using equipment, they said," We are protecting you, slowly…well done…very good." The person smiled at staff and relaxed.

● The registered manager and staff demonstrated a positive commitment to people and their family to ensure they felt valued and supported, including those people who could otherwise be on the periphery of social events. For example, one person was highly anxious and needed constant reassurance. The approach and understanding of the registered manager and staff provided a role model to others living at the home. This created an inclusive atmosphere and other people living at the home showed tolerance towards the person and chatted with them. A visitor praised the registered manager for their role in advocating for their relative with social care professionals to ensure their voice was heard when their previous care home closed down and they became highly anxious.

● In their feedback, staff highlighted their sense of pride in their job; staff relationships with people using the service were caring and supportive. A number of people valued their independence and were pleased staff recognised this was important to them. This meant people still felt in control. For example, a person said the atmosphere was "free and easy" at the home, they valued their privacy and showed us the key to their bedroom and invited us in to visit. Their confidence talking with the staff group showed they felt at ease and were treated as an equal. They chatted away with the chef who knew them well, making suggestions, and joking with them. They turned to us and said laughingly, "He's a menace! No, he's not, he's very good!" They went on to tell us about the wide choice of food and the chef's conversation with them showed their preferences and dietary requirements were well known to them.

● Relatives said they valued the emotional support provided by the staff who recognised they were often struggling to come to terms with their spouse or relative moving into a care home. One relative told us they could become overcome and tearful and was incredibly grateful to the time the registered manager and staff gave to them. Visitors and people living at the home particularly praised the registered manager for her helpfulness and her kindness. We saw people felt able to come and sit with the registered manager in the office for a chat or for reassurance. People living at the home knew who she was and said, "She is so easy to talk to and friendly." Written and verbal feedback from people and their relatives throughout our inspection showed they unreservedly praised the kindness and compassion shown by staff. For example, "You have all been so great to mum over the years that she's been a resident here. We will always be grateful to you for making her time here so happy."

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

● The service continued to have a strong, visible, person centred culture to help people to express their views. We saw this approach adopted by staff throughout our inspection. Staff had a good awareness of individuals' needs and they were knowledgeable about people's lives before they moved to Highlands Borders. Care plans clearly evidenced how people had been empowered to tell staff what they liked and how they wished to be supported. For example, one person became low in their mood, time was taken to establish the causes and make local connections for them, so they could still practice their faith. When they are well enough they visited their place of worship. When this was not possible they linked with their local group via an electronic tablet so they could still worship as part of their religious community.

● Staff were flexible and skilled in their approach; recognising how for some people living with dementia care had to be offered 'in the moment'. This was when people were ready to accept care. This included assistance with personal care, such as a shower, at a time acceptable to the individual. Some people found it difficult to understand they now needed assistance with washing and so staff took time to gain people's confidence working to build trust with individuals.

● Assessments showed some people who had moved to the home had neglected their personal care in their

own homes. However, people looked very well cared for, which showed people had learnt to trust staff to support them with personal grooming. Staff knowledge meant details that were important to them prior to moving in to the home were sustained. This included their preferred style of clothes, manicures, hairstyles, and wearing jewellery. The staff member who worked in the laundry took a pride in their role in helping people maintain their dignity.

Good

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 remained good. This meant people's needs were met through good organisation and delivery.

End of life care and support

● At the time of the inspection, there were three people who needed end of life care. We saw staff were attentive and regularly checked on each person. They kept health professionals and families up to date with changes in people's conditions. The registered manager said they were providing additional support without extra staff on the shift, which was putting pressure on staff. Staff told us they were tired and would like to have more time to spend with people at the end of their life. Their concerns had been highlighted to the provider.

We recommend the provider consider current guidance on end of life care and take action to update their practice and staffing levels accordingly.

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 continued to benefit from a good range of leisure and social activities that were adapted to be inclusive for people living with dementia. Most people chose to spend most of the day in the communal areas. They interacted with attentive staff who recognised which people liked to participate and others who liked to observe and comment on what was going on around them.

● People's care plans included a section on individuals' preferences and interests, and we saw people participating in these during our inspection, such as exercise sessions. Other interests included trips out to local shops, art sessions and gardening. Relatives told us events such as pantomimes coming to the home worked well and were popular, as well as trips to local beaches and going out for coffee.

● Care plans contained details of what social activities people liked and who was important to them. For example, staff knew if people regularly had visitors and about family dynamics and knew those people who needed additional attention because of a lack of friends and family. An 'alert' could be put on the computer system, for example one person was getting ready to go to a specialist health appointment. This was managed well; we saw people being asked about what they wanted to take with them and what they would like to eat when they returned.

● There was an activity programme with morning and afternoon activities, overseen by the full-time activity coordinator. They worked flexibly depending on what was planned, for example working at the weekends for events involving relatives and friends. Photographs showed these were well attended; people told us how much they enjoyed the social life of the home, this positive feedback also came from relatives and visitors.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People received care and support that was responsive to their personal care needs because staff had good knowledge of the people who lived at the home. Staff shared detailed information about how people

liked to be supported and what was important to them.
● People who wished to move to the home had their needs assessed to ensure the service was able to meet their needs and expectations. They were encouraged to come and stay for the day. The registered manager considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes if they were able and people's relatives also contributed.
● The staff team worked closely together; we saw how they discreetly shared information with each other and were quick to respond if a colleague needed additional support. Staff consulted with each other and the registered manager but also took responsibility for decision-making where appropriate, so people were not kept waiting.
● Staff communication was good and handover records showed updates about how people's day had gone and what staff were to look out for. For example, if someone was not eating well or were feeling low in their mood. Staff said good record keeping enabled them to catch up on how people had been if they had been off work.
● Staff responded quickly to people's changing needs. Staff were knowledgeable about people's current emotional and physical care needs. Equal attention was paid to ensuring people received support for their mental health. Staff demonstrated a good understanding on the impact of living with dementia on each person, for example how they interpreted the world around them based on previous life experiences.
● Records showed external health professionals were contacted appropriately, which was confirmed by a health professional.

Improving care quality in response to complaints or concerns
● People and their representatives said they would not hesitate in speaking with staff if they had any concerns. People and their representatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally.
● Formal complaints had been well managed in a timely way with comprehensive investigation, communication and appropriate actions taken. Issues were taken seriously and responded to in line with the provider's policy.

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.
● Care records contained communication plans explaining how each person communicated to ensure staff gave people time to respond. They checked people understood them.

Good

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were at the heart of the service. The registered manager led by example to create a culture which was caring and supportive to people and staff. She recorded in a staff meeting minutes in October 2019, "The home still has a brilliant reputation and that is all up to you, the staff, your kindness and the brilliant care that you give. You make this a home for the residents and that is how it should be." People who lived at the home regularly stopped at the registered manager's office for a chat; one person said, "Fiona is so easy to talk to and friendly." Relatives also praised the registered manager's approachability, as well as the "welcoming and friendly atmosphere" created by the whole staff team.
- In our conversations with staff, they talked about the support the registered manager provided to them. The staff group came across as motivated and positive about their role to support people to feel part of a large family where they were understood and were included. They reflected on the impact of a diagnosis of dementia for people and recognised how this was different for each person. This recognition was shown through their interactions with people throughout our inspection. When people were distressed or needing reassurance, they sat with them, whatever their job at the home, and took time to listen to them and respond skilfully to their emotions.
- However, staff expressed how they did not always feel valued by the provider as they took decisions without consultation, some of which had left them feeling undervalued. For example, making detrimental changes to the staff room. During our inspection, the provider reviewed some of their decisions so that the room became a more pleasant to spend time. Staff said the provider did not take time to get to know them, despite many working for them for a number of years, and one described how they felt "like a number" to the provider. Delays in payment for training in their own time had also left staff feeling unappreciated; this was addressed by the provider during the inspection.
- During our two-day inspection, there was consistent positive feedback from people, relatives and a health professional about the quality of care. The service was praised for the caring nature and dedication of the staff and registered manager, and the high quality of support people received. For example, a relative describing staff as "lovely amazing and very special people."
- There were regular meetings and events to share information and ideas with people working, visiting and living at the home. These were well recorded in informative minutes.

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

● There were robust procedures in place for reporting and acting and learning from when things went wrong. The registered manager followed the duty of candour, being open and honest.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● The quality assurance process was effective. It reduced the risk of harm to people and promoted reflective and person centred practice. The service was well-led.

● The registered manager worked long hours to incorporate a number of roles as at the time of the inspection, they did not have a full-time deputy manager or any office support. Since the inspection, the deputy manager is now full-time.

● Complaints were well managed. Visitors said they were well informed and praised the standard of communication about changes to the health of their relatives. For example, one visitor knew their relative's mental health needs were escalating and was fully involved in decision making around their care and the health reviews that were taking place.

● There was a calm and welcoming atmosphere throughout the home with good relationships amongst people, staff and visitors. Staff worked alongside people and people were not rushed.

● The role of the registered manager and the staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the care and well-being of people. The registered manager did regular 'walkarounds' to ensure they kept in touch with staff and people living at the home.

● The registered manager had extended their skills, for example, completing the Train the Trainer course so they could train new staff as part of their induction to move people safely.

Working in partnership with others

● Records showed, and our observations showed the registered manager had created a good network of support from health and social care professionals. The conversations which took place demonstrated their professionalism and their commitment to maintaining people's rights and dignity. For example, working with council officials to ensure a person had a dignified funeral.