Highlands Care Home Limited

Highlands Borders Care Home

Inspection report

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Tel: 01392491261

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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

We carried out an unannounced inspection of Highlands Borders on 15 May 2017. Highlands Borders provides care and accommodation for up to 18 people who required accommodation and personal care. Nursing care can be provided through the local community nursing services if appropriate. At the time of the inspection 18 people were living at Highlands Borders.

There was a registered manager who was responsible for the home and had worked there for some time. The registered manager was on holiday at the time of the inspection so we were assisted by the deputy manager. 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 ran another care home in Exeter and were in the process of buying a third home close by.

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. One relative said, "It's a lovely place, I never have to worry. I come regularly and I can join in and dance and sing with people."

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were able to choose what they wanted to do and enjoyed spending time with the staff who were visible and attentive. There was a lot of staff interaction and engagement with people, most of whom were living with dementia and unable to tell us directly about their experiences. At the time of the inspection people were mostly relaxing, chatting and playing games in the large, airy conservatory or sitting at tables in the open plan dining area. They looked comfortable and happy to spend time in the large conservatory. People were encouraged and supported to maintain their independence. The majority of people living with dementia were independently mobile or required some assistance from one care worker. Staff engaged with them in ways which reflected people's individual needs and understanding, ensuring people mobilised safely from a discreet distance.

People were provided with good opportunities for activities, engagement and trips out. There was a sense of purpose as people engaged with staff, watched what was going on, played games and pottered around the home or spent time in their rooms. Some people were spontaneously going out with a care worker to the high street close by or for a walk. The activity co-ordinator knew people well and engaged people in activities and games which suited them. For some people with limited understanding staff used smaller items such as 'fiddle muffs' or sensory items to touch and interact with when there was not an organised activity planned. People could choose to take part if they wished and when some people preferred to stay in their rooms, staff checked them regularly spending one to one time with them. Most people preferred to spend time in the communal areas, including a smaller, quiet TV lounge.

People and relatives 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 and each other. Staff knew people's personalities and what they liked such as who liked to spend time with who. One person was able to tell us, "It's like a hotel, I can do what I like. All the staff are really nice and there is a lovely manager. If I had a problem I could talk to them or anybody."

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. Any safeguarding concerns had been managed well with provider involvement and the service worked with the local authority safeguarding team. For example, a recent safeguarding process had resulted in appropriate supervision and disciplinary process to ensure learning and improvement. The relative said they would speak with staff if they had any concerns and issues would be addressed. People seemed happy to go over to staff and indicate if they needed any assistance. There was a robust recruitment process, ensuring potential new staff were suitable to work with vulnerable people.

Staff were vigilant about protecting each person from possible negative interactions with other people living at the home, recognising frustrations and misunderstandings between people due to them living with dementia. They used chatting and distraction techniques as they knew people well, showing patience and understanding. For example, records showed clear documentation of any incidents such as a person raising their voice at another person. Staff showed how they discussed with one person how their behaviour may have frustrated another person. We saw staff discreetly monitoring where these people were so the incident would not re-occur.

People and relatives knew how to make a formal complaint if they needed to through the home's complaint policy but felt that issues would usually be resolved informally. The relative said they had never had any issues but were happy to talk to any staff. We looked a recent complaint which had been well managed in a sensitive way. Improvements had been made such as monitoring room temperatures and increasing the level of communication with one person's family. They were now able to access the computer care system with a pass code so they could feel assured their loved one was well cared for. There had been no other formal complaints.

People were well cared for and relatives were involved in planning and reviewing their care as most people were not able to be involved due to living with dementia. Care plans showed that people were enabled to make smaller day to day choices such as what drink they would like or what clothes to choose. Where people had short term memory loss staff were patient in repeating choices each time and explaining what was going on and listening to people's repeated stories. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs. One person's care plan described how the person had become more nervous of the chiropodist as their dementia progressed. Staff now stayed with the person reassuring them through their treatment.

There were regular reviews of people's health, and staff responded promptly to changes in need. For example, care records showed many examples of staff identifying changes in need and appropriate and timely referrals to health professionals. Staff monitored people's skin integrity for example. One record showed how staff had noticed a red area on one person's foot. They had applied appropriate cream and taken a photo to aid regular monitoring. No-one at the home had any pressure sores. Other people had had assessments by the speech and language team (SALT). Health professionals could input directly into the computerised care plan system. This information was then included in an updated care plan for staff to follow. Care plans and daily records were easy to follow showing progress. Staff said, "The care plan system

is fantastic. We use electronic tablets so we can record as we go. We now have more time to care and it's easy to share any new information or changes with the team as a pop up alert too."

Medicines were well managed and stored in line with national guidance. Records were completed with no gaps and there were regular audits of medication records and administration and to ensure the correct medication stock levels were in place.

Staff had good knowledge of people, including their needs and preferences. Care plans were individualised and comprehensive ensuring staff had up to date information in order to meet people's individual needs effectively. The home had recently completed a move from paper documents to the electronic computer care plan system. Care plans were person centred and comprehensively reflected people's needs when we spent time with them. There was a very stable staff team who knew people really well to be able to meet their needs. Handover and communication between staff shifts was good so there was consistent care. The service rarely used agency staff but were able to fill vacancies if they could not cover shifts within the staff team.

Staff were well trained and there were good opportunities for on-going training and obtaining additional qualifications. The staff team was very stable and many care staff had worked at the home for some years. They all enjoyed working at the home and we could see they all enjoyed working as a team and spending time with the people living at the home. They were attentive and visible. They felt well supported by management and valued. The deputy manager said, "We have a good staff team. It's so good to see where staff are going with their carers and prospects. We all believe in what we are doing and working for the people here."

People's privacy was respected. Staff ensured people kept in touch with family and friends, inviting friends and family to outings and events regularly. The deputy manager role included public relations and they were keen that family and friends were involved as much as they wished. The relative told us they were always made welcome and were able to visit at any time. They were enjoying tea and biscuits with their loved one and joining in with the activity. People were able to see their visitors in communal areas or in private. One person said they liked quiet. This reflected what the senior care worker had told us. They continued to encourage the person to join in or take meals in the dining room but respected their wish to spend the majority of their time in their room. The senior care worker went on to describe how the person liked routine and checked on them regularly to ensure they were ok as they were reluctant to use their call bell.

The staff team and deputy manager showed great enthusiasm in wanting to provide the best level of care possible. This showed in the way they cared for people in individualised ways. During the inspection staff were very attentive. They made sure people had what they wanted to eat and drink, and made sure people's clothes were kept clean and protected people's dignity. They praised people when they did well in an activity and helped people feel useful. For example, one person was folding napkins and another person was 'making notes for a stock take'. They had previously worked in an office. Staff knew what people had been doing or how they had been feeling and asked about how they were or how a trip went. The home and people's rooms were homely and very personalised.

Observations of meal time showed this to be a positive experience, with people being supported to eat a meal of their choice where they chose to eat it. For example, two people liked eating together in the quiet lounge. Staff engaged in conversation with people and encouraged them throughout the meal, noting who liked to sit with whom. For example, they were monitoring two people who appeared to bicker but seemed happy at one table. Nutritional assessments were in place and special dietary needs were catered for as well

as specialist crockery and cutlery and finger foods to aid independence for people living with dementia. The chef came up from the kitchen every lunch time to help serve up and chat to people. They left saying, "Lovely to see you all, see you tomorrow" and people waved him off. One person said, "We have a proper chef. If I don't like the food on offer I just tell him in the morning and I get something I fancy."

There were effective quality assurance processes in place to monitor care and plan on-going improvements. For example, monitoring any falls, risks weights and medication audits. One person was independently mobile but had had a couple of falls. Staff were working with them to encourage them to use their call bell and consider a commode in their room to minimise risk but respecting the person's choices.

There were systems in place to share information and seek people's views about the running of the home, including relatives and stakeholders. As the home was small, there had not been a resident's/relatives meeting for some time. One relative said they were kept well informed of everything and the registered manager had an open door policy so they did not feel meetings were needed. We could see people and relatives were able to access the manager's office at all times as it was close to the communal area. People's views were acted upon where possible and practical, and included those living with dementia. Their views were valued and they were able to have meaningful input into the running of the home, such as activities they would like to do (a quarterly activity plan had been devised with people's input), which mattered to them. An activity programme informed family and friends of organised events such as BBQs and trips out to the pub.

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.

People benefitted from support from enough skilled staff, who knew their needs well, who met their needs in a timely way.

People benefitted from well maintained and equipped accommodation in a homely environment.

People were protected from the risk of harm or abuse whilst independence was promoted in a balanced way.

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 representatives were involved in their care and people were cared for in accordance with their preferences and choices.

Staff had 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.

Staff ensured people's human and legal rights were protected.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect, promoting independence and maintaining people's privacy.

People and/or their representatives were consulted, listened to and their views were acted upon.

People and/or their representatives were confident their wishes related to end of life care would be followed.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their changing needs and met people's social and leisure needs.

People made choices about aspects of their day to day lives.

People and/or their representatives were involved in planning and reviewing their care.

People and/or their representatives 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 were effective quality assurance systems in place to make sure areas for improvement were identified and addressed in a timely way.

The service took account of good practice guidelines and sought timely advice from relevant health professionals and used various resources to improve care.

There was an honest and open culture within the very stable staff team who felt well supported by management and the provider.

People benefitted from a well organised home with clear lines of accountability and responsibility within the management team.

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

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 15 May 2017. This was an unannounced inspection and was carried out by one adult social care inspector. The provider had not completed a provider information return (PIR) as we had not requested one.

At the time of this inspection there were 18 people living at the home. As most people were living with dementia, during the day we spent time with all 18 people who lived at the home in the communal areas and one visiting relative. We spoke to four people who were able to tell us directly about their experiences. We also spoke with the deputy manager, a senior care worker and four care workers, the chef, a domestic and a laundry person and the activity co-ordinator. We looked at a sample of records relating to the running of the home, such as audits, quality assurance, medication records, recruitment and care files relating to the care of three individuals.

Good

Is the service safe?

Our findings

The service was safe. People and relatives 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 and each other. Staff knew people's personalities and what they liked such as who liked to spend time with who. For example, they were monitoring two people who seemed to bicker at the dining table but they seemed happy in this relationship. One person was able to tell us, "It's like a hotel, I can do what I like. All the staff are really nice and there is a lovely manager. If I had a problem I could talk to them or anybody." Another person said, "Yes, it's lovely here. All the staff and the manager are lovely. I don't worry about anything."

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. Any safeguarding concerns had been managed well with provider involvement and the service worked with the local authority safeguarding team. For example, a recent safeguarding process had resulted in appropriate supervision and disciplinary process to ensure learning and improvement. The relative said they would speak with staff if they had any concerns and issues would be addressed. People seemed happy to go over to staff and indicate if they needed any assistance.

Staff were vigilant about protecting each person from possible negative interactions with other people living at the home, recognising frustrations and misunderstandings between people due to them living with dementia. They used chatting and distraction techniques as they knew people well, showing patience and understanding. For example, records showed clear documentation of any incidents such as a person raising their voice at another person. Staff showed how they discussed with one person how their behaviour may have frustrated another person. We saw staff discreetly monitoring where these people were so the incident would not re-occur. Another person was becoming restless so staff helped them get their coat to go for a walk which the person was happy to do. Another person had come to the home following a period of self neglect involving alcohol. This person looked happy, chatting with people and, due to being in company rather than at home alone, had flourished and settled into a healthy routine.

Staff encouraged and supported people to maintain their independence in a safe and caring way. Care staff ensured they prompted people to dress themselves and assisted with ensuring people dressed in the correct order. People were wearing appropriate clothes for the weather. The balance between people's safety and their freedom/choice was well managed. Staff were visible around the home and quickly noticed if anyone was trying to mobilise on their own without waiting for help if they needed assistance. Where people looked anxious or looking for something to do staff asked them to help and one person enjoyed tidying the kitchenette with staff. Where people were at risk of recurrent urine infections which could affect their safety such as mobility, dementia and cognition, staff were vigilant in sending samples off for testing and ensuring the person had appropriate treatment to keep them safe. Records showed regular monitoring.

Care plan overall risk assessment results included falls, self neglect, manual handling and possibility of behaviour which could be challenging for staff. Each care plan section also included an assessment of

people's level of need such as continence, oral health and mental health. For example, one person fluctuated between 'high' and 'low' moods so staff knew how to respond depending on the person's mood. Staff noted that one person ate better with a more pureed meal and regular prompting and two other people ate better when in the quiet lounge together. Where people had been identified as being at risk of malnutrition there were food and fluid monitoring charts. These were monitored and totalled by the computer system inputted by senior care workers. Where people required pressure relieving equipment to maintain their skin integrity, staff ensured cushions, for example, were moved with the person when they moved and specialist mattresses were in place. Mattress settings were recorded and checked regularly. No-one at the home had any skin pressure damage. Three people used a hoist to mobilise and this was done safely, with staff reassuring and explaining what was happening and using appropriate equipment to move the person in bed. One person was often very sleepy in the day so staff enabled them to have a lie in on those days to help the person be less frail when in their chair. A foam wedge was used as stated in their risk assessment to prevent them falling out of bed.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. During our inspection there was the deputy manager, a senior care worker and three care workers, a chef, a domestic and a laundry person. We saw that people received care and support in a timely manner by attentive and visible staff. Staff were attentive to people's needs, knowing them well and interpreting body language. For example, one person became agitated in the lounge and staff discreetly assisted them, politely ensuring they were comfortable in another quieter area.

Staffing numbers were determined by using a dependency tool, which looked at people's level of need in areas such as mobility, nutrition and maintaining continence, 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. Each care plan included an overview of the person's needs over time and regular reviews. At present one person was receiving a funded period of one to one care in the afternoon to minimise any behaviour which could be challenging. This person was enjoying time with their allocated staff member at the time of the inspection. Most people at the time of the inspection required the assistance of one care worker. Two people required assistance to change their position at night and no-one was nursed in bed during the day.

The home was very clean and tidy. There were no offensive odours throughout the home and rooms were fresh, modern and homely. Staff used personal protection equipment (PPE) when delivering care and changed aprons and gloves between rooms or when dealing with food. Staff had received training in infection control. A maintenance person was available, shared with the provider's second home, who checked the maintenance book regularly ensuring the home was well maintained and homely. The laundry was well managed and orderly with folded ironing placed in individual's baskets showing that staff took care of people's belongings. There were clear areas for clean and soiled items and surfaces were easily washable. The laundry notice board showed staff photos of how to make a bed properly and people's beds were well made and displayed people's personal items.

People were protected from the risk of harm or abuse because safe recruitment procedures had been followed. We looked at the recruitment records of three staff who had been recruited since the last inspection. These showed that risks of abuse to people due to unsuitable staff were minimised because the provider carefully checked prospective new staff to make sure they were suitable to work at the home. These checks included seeking references from previous employers, photo identification and carrying out Disclosure and Barring Service (DBS) checks. These checks made sure the applicant had not been barred from working with vulnerable people, and they did not have a criminal record that indicated they were untrustworthy. For example, to monitor staff competency, the registered manager had monitored an issue

raised within one reference and included it within the person's probation period checks and subsequent supervision sessions.

All staff who gave medicines were trained by a national pharmacy and had their competency assessed before they were able to administer medication. Medication administration records detailed when the medicines were administered or refused. Medicines entering the home from the local dispensing pharmacy were recorded when received and prescriptions could be quickly faxed through from the GP and obtained from the local pharmacy. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We saw medicines being 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. The senior care worker stayed with people whilst they took their medication at their own pace. Care plans documented how people best took their medication and what assistance they required. Medicines were thoroughly audited by the registered manager. For example, where people had been taking an 'as required' medication more regularly this was reviewed and changed as needed with people's GPs. Care plans had individual medication profiles detailing what medication people were using and what it was for. This helped staff know when to give 'as required' medication, for example medication for re-occurring neck spasm. A medicine fridge was available for medicines which needed to be stored at a low temperature such as eye drops. No-one was using medication which required additional secure storage and recording systems but this was available and would be used in line with relevant legislation.

The provider had systems in place to manage emergency situations such as fire. Each person had a personal evacuation plan (PEEPS) to enable emergency services to know how to manage people. Accidents and incidents were recorded to show they were well managed and appropriate actions taken. The provider had purchased the adjoining premises and planned to join the two buildings to make a larger home in line with our registration processes. The lift at Highlands Borders required maintenance. The provider had sent us a clear risk assessment detailing how this would be done and the impact on people living at the home. A plan had been put together which would enable a link between the two premises so people could temporarily use the next door lift therefore minimising any impact of Highlands Borders lift being out of order. This showed the provider was keen to keep people independent but safe.

Good

Is the service effective?

Our findings

The service was effective. Most people who lived in the home were not able to choose what care or treatment they received due to living with dementia. The deputy manager and staff had a clear understanding of the Mental Capacity Act 2005 (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. Mental capacity assessments had been carried out to determine each person's individual ability to make decisions about their lives. Where restrictions were in place appropriate applications had been made to the local authority to deprive the person of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) set out in the Mental Capacity Act 2005. 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. Where people were restricted, for example by the use of bed rails or pressure alert mats, best interest decisions had been made in consultation with other people involved in their care, and the decisions had been recorded. 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.

Staff were aware of the implications for people's care and had also included discussions about flu vaccinations, for example. The registered manager 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. Throughout the day staff demonstrated they were familiar with people's likes and dislikes and provided support according to individual wishes. For example, some people liked to carry a key and lock their room carrying their key on a lanyard. If people indicated they would like to go out, staff spoke with them and arranged a care worker to support them go for a walk or to the local shops if they wanted to buy something. One person said, "We can go out even if it's raining, we go puddle jumping." People were given smaller choices throughout the inspection such as what they would like to eat, drink or what they would like to do or where they wished to spend the day. Some people did not have any family so staff acted as their advocates ensuring their choices were heard and they were supported. This ensured people's choice was taken into account.

Staff said they tried to promote people's independence as much as possible, ensuring people had easy access to mobility aids to keep active, drinks, visible staff to give assistance and easily accessible bathrooms. Staff noticed if anyone was trying to mobilise independently but required support from a care worker. They reassured the person in a kind way and encouraged them to use their mobility aid appropriately. People could find their rooms independently recognising personalised photos such as people's favourite pet and names on their doors. During meal times people were encouraged to help and be involved, laying the table or folding napkins.

There was a very stable staff team at the home who had a good knowledge of people's needs. Most staff had been employed at the home for a number of years. Staff and the deputy manager were able to tell us about how they cared for each individual to ensure they received effective care and support. For example, they knew who liked quiet during their meal, who liked a glass of wine, and reacted individually to how people

wanted to spend their day. For example, one person's records showed how they had wanted a quiet day. They were supported to watch TV lying on their bed and then enjoyed relaxing in their night wear in the lounge later as they wished. Staff knew how bipolar presented for this person and records showed staff regularly asked the person if they would like to go for a lie down when they saw them looking subdued. When the person was more communicative staff took the opportunity to encourage socialising and outings with success, for example recording how a trip to the person's church had lifted their mood, chatting to people in church. Staff also knew when a person may display signs of agitation caused by certain triggers such as noise or the time of day. They ensured they were visible to distract the person so minimising the likelihood of distress. One person was encouraged to the quiet room where they were later very happy watching TV with other people they liked spending time with.

The relative spoke positively of the staff who worked in the home. They said, "Staff are lovely. They know what mum likes and she is always included in conversations." The person was quiet and unable to move unaided but staff sat with them, included them in a clear voice so they could hear and knew that the person enjoyed being in company. This reflected information in the care plan. We saw staff discussing what kind of sensory items this person would like to try. A senior care worker was chatting to one person talking about how good they were playing a game last time and encouraging them. Staff knew small details such as how people liked their tea and coffee as well as care needs. Where people had special diets such as fork mashable they explained the reasons to people and tried to enable them to have food they liked safely. A care worker told us how one person could become anxious and calmed when they held a 'realistic baby doll'. Dementia research shows that people living with dementia can find doll therapy helpful.

Staff were well trained and there were good opportunities for on-going training and obtaining additional qualifications. The staff team was very stable and many care staff had worked at the home for some years. They all enjoyed working at the home and we could see they all enjoyed working as a team and spending time with the people living at the home. They were attentive and visible. They felt well supported by management and valued. The deputy manager said, "We have a good staff team. It's so good to see where staff are going with their careers and prospects. We all believe in what we are doing and working for the people here." All of the staff were qualified to at least level 2 of the national vocational qualification (NVQ). Mandatory training (training the provider said all staff had to complete) was up to date or booked as seen on the staff training matrix. Topics included safeguarding, comprehensive manual handling, fire, infection control, health and safety and food hygiene. New staff completed a 12 week 'Skills for Care' induction (a recognised national training standard). This included working with more experienced staff for a period until each new staff member felt confident to work independently. Staff said they liked working at the home and felt they could say if there was an area of training they were interested in. For example, one senior care worker was signed up to a leadership course as they were interested in management. They were keen to learn and were being supported to see how the office was run for example. Senior care workers took a lead role in managing specific duties such as health and safety, medication, continence management and tissue viability. Policies and procedures were accessible to staff and they signed to say they had read them.

Staff received regular one to one supervision sessions. This enabled staff to discuss career and training needs, any issues and for the manager and deputy to assess competency using a set format. Staff could access a wide variety of additional training. For example, there were more regular supervision sessions during the induction period. Staff spoke about what they were interested in. One care worker said in supervision they liked to try to fit in activities when on duty and were encouraged to put forward ideas. If a new staff member had an issue noted on a reference, supervision covered the issue. Staff felt supported by management at the home and the provider. One senior care worker said, "I'm really encouraged to grow. They help me better myself and move forward in my career. I love it here." We could see they were respected by care staff and led the shift in an organised, involved way communicating well with the team. The

registered manager was planning on creating another quieter office where staff could talk without interruption away from the communal areas as the main office was very busy and open.

People had access to health care professionals to meet their specific needs. Records showed people attended appointments with GPs, dentists, chiropodists, district nurses and speech and language therapists. Recommendations were added clearly to care plans. For example, one person had been assessed as requiring a soft diet to minimise risk of choking. Staff had seen that the person actually preferred a pureed diet and followed their wishes. Staff made sure people saw the relevant professional if they were unwell and there were lots of recorded examples, with details about what level of support people needed at external appointments. Staff said they had a good relationship with the seven local GP surgeries used by people and the district nurses. The deputy manager said the district nurses loved the new computer system as they could enter and find information easily. Body maps were used to identify and monitor areas requiring topical creams or
bruises. There were no pressure sores at the home and district nurses only visited one person with a small skin tear which was nearly healed. One GP commented in the notes, "[Person's name] is the best I have seen them for a long time." A multiple sclerosis specialist nurse also commented how well the home were caring for the person. This meant people's health needs were met effectively.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment which showed gains and losses on a computer graph. Care plans included nationally recognised nutritional assessment tools to ensure staff knew who was at high risk and what action to take. Staff told us, and people's care records showed, that appropriate professionals had been contacted to make sure people received effective treatment. For example, staff had recognised that one person was at risk of choking on a normal diet. They had referred the person to the speech and language therapist (SALT) and the person now received a fork mashable diet, presented in an attractive way, to ensure they were no longer at risk of choking. Staff followed SALT guidelines for pureed meals ensuring each food item was pureed separately to maintain dignity. The chef was very involved with people, ensuring they knew their likes and dislikes and specific diets. They met people regularly to discuss meal ideas and dished up the meals from a hot trolley individually in the dining room. People told us they liked seeing the 'proper' chef in his chef uniform. During the lunch various people fancied a small snack and these were available, such as toast and a banana.

Everyone we spoke with was happy with the food and drinks provided in the home. Comments included, "Just like a hotel, I can order things I like" and "If I don't like the food I just tell the chef in the morning, it's no bother." We took lunch with the 14 people eating in the conservatory and dining room. Staff knew what people liked to eat including their favourite foods and dislikes. People also used their favourite mugs. Staff were able to understand what people would like by using their knowledge of their preferences in the past. They said, "Any spare sausages for [person's name]?" knowing they loved sausages and the two people known to eat better in the quiet room did so. The lunch was a happy, social occasion. People were chatting and there was lots of attention and banter with staff. Two people required assistance with eating and drinking. Staff sat chatting with them encouraging them to eat. People sat at tables of their choice with people they liked to sit with. Tables were laid attractively with place mat and condiments. One person ate better with particular care workers they knew well. Their care plan informed staff that the person would not eat with new staff initially or agency staff and detailed that the person would say no repeatedly then suddenly eat. They had lost weight so there was close monitoring of food intake with a graph and a high calorie supplemented diet.

There was a varied menu. At the time of the inspection people were enjoying chicken casserole and vegetables followed by pineapple upside down pudding and custard or ice cream. People were offered their

choice of drinks. Relatives were encouraged to visit over mealtime if they would like to assist and share the experience. People were not rushed but food was served in a timely way. After the meal some people sat chatting with their tea around the tables. This all helped to make mealtimes pleasant, sociable events which also encouraged good nutritional intake.

People had the equipment and environment 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 lift to assist people with all levels of mobility to access all areas of the home, including the garden and people had individual walking aids, wheelchairs or adapted seating to support their mobility. There were enough hoists and a stand-aid available. The premises was bright and airy and decorated in a modern fresh way. All areas had been floored in plain 'dementia friendly' carpet or laminate.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff had good knowledge of each person and spoke about people in a compassionate, caring way. They were attentive, passing time with people and relatives. A relative told us how they always felt welcomed and all staff were able to give them an update on their loved one. They had been involved in discussing how to manage [person's name] calling out. Staff had suggested using the quiet room but during discussion and visits, the relative and staff discovered the person just liked someone sitting with them, which happened. The relative was very happy with the care and we saw them also enjoying time with staff during the inspection. People said, "Oh yes the staff are lovely here. All of them and management" and "All the staff are really nice." The registered manager told us after the inspection that one family were so happy their loved one lived at Highlands Borders and had brought everyone an ice cream in the hot weather.

There was good end of life care. Staff were involving families in adding end of life information within the care plans as an on-going process. There was comprehensive detail within an end of life section in the care plan. For example, "If staff have any concerns contact the GP who will prescribe a 'just in case' pack (a pack with specific end of life medications such as pain relief)". After discussion with family it was recorded as very important that the person was not alone, who to contact and for staff to sit with the person during this time. Information such as whether people were for resuscitation, what their wishes might be, and information about power of attorney and arrangements was included. This showed which GP had discussed resuscitation information and with whom. Staffing levels could be increased if needed to provide additional support for people at the end of their lives and most beds were specialist hospital beds appropriate for more dependent people if needed.

Rooms were very personalised, with people's ornaments, hobby items and pictures displayed. People, the relative and staff said they could decorate them as people wished. The communal areas were bright and colourful. There were flowers on the tables and butterflies on the walls. Corridors and stair wells had small chairs for people to rest on as they mobilised, which was thoughtful. Photographs showed relatives enjoying days out with people. Laundry was managed by a laundry person and was well organised with people's clothes well cared for and folded neatly, showing that staff cared about people. For example, when they offered the tea time trolley, the kitchenette had a plan of how the trolley should be set out with people's favourite cups and mugs.

Most people were not able to tell us about their choices directly due to their dementia. Care plans contained people's preferences which gave staff a basis to work with. Staff said they could update care plans as they learnt more about people. They knew what people liked to do and their preferred routines and topics for starting conversations. For example, offering people options they knew had worked before if people became agitated, such as lying down, quiet or company. Tea and biscuits was offered throughout the day including relatives. We saw staff interacting with people in a caring and professional way. Staff also enjoyed their work and told us, "We all work as a team for the people. You can see we 'all' have a nice time." They genuinely cared about people, asking each other, "How is [person's name], are they feeling any better today?" and "[Person's name] did so well in the card game."

Staff used professional and caring language and spoke to people respectfully using communication techniques for individuals as recorded in their care plans. Staff said, "Would you like to play [a game], you were so good last time?", the person smiled widely and said "oh yes". There was a good rapport between people; they chatted happily between themselves and with staff. Some people met in groups together at the table, in the small TV lounge or out for a walk. This showed staff promoted friendships and maintained people's privacy and dignity. Staff were very attentive in ensuring people's dignity was maintained, discreetly adjusting people's clothes or prompting them to use the bathroom. The home had no offensive lingering odours and staff ensured people were assisted to the bathrooms discreetly to maintain their continence. One care worker spent time helping a person fix their zip and helping them get their own coat from the hook and put it on to go out. All the while chatting about where they were going to go on their walk. When staff assisted people they explained what they were doing first and reassured people. They made sure people had their mobility aids, drinks and sensory items to hand. Staff told us how they regularly checked the person in their room, they checked as we were chatting to the person, first knocking on their door.

Good

Is the service responsive?

Our findings

The home provided good leisure and social activities that were appropriate for people living with dementia. When we arrived some people were enjoying a late breakfast, chatting with staff, napping or pottering around the home and garden. One person was known to be happier if they had a lie in until 11am which they were. They were unable to verbally communicate but looked happy sat in the lounge at lunchtime. Due to people choosing to spend most of the day in the communal areas, they were able to interact with visible and attentive staff and watch what was going on so there was a low risk of isolation.

People's care plans included a section on activity/social/religion. Records showed and we observed people doing things staff knew they liked. One person was playing a game of dominoes with a care worker, for example, as stated in their plan. Each care file had a background information form which was completed with relatives if possible. The new computer system care plans had details of what social activities people liked and who was important to them. For example, staff knew when people regularly had visitors or not and about family dynamics and whether people needed to be assisted to get ready to go out. An 'alert' could be put on the computer system, for example one person was getting ready to go to a specialist day centre related to their medical condition. People's care plans showed how they liked to be addressed and then went on to detail people's past experiences.

All staff worked as a team to provide activities and supervision notes showed staff commenting on how they enjoyed instigating spontaneous games and activities. For example, "I enjoy joining in with activities. It's nice to see people enjoying themselves." There was an activity programme with morning and afternoon activities, overseen by the full time activity co-ordinator. They worked alternate weekends also. For example, games, art class, chair exercises, reminiscence, outings, trips to the shops and one to one sessions with staff. There were also group conversations. During one discussion staff had found out that some people would like to go swimming and the staff were looking into where to go. One person was looking through a picture book with a care worker. A relative said, "They [staff] always follow the activity programme and make sure it happens." Care staff all came together in the communal areas during the inspection to join in with a giant card game. Records showed lots of activity and stimulation. One person had particularly enjoyed flying a small toy aeroplane, "[Person's name] seemed to enjoy this game, lots of smiles and encouragement given from other residents." People really seemed to enjoy interacting and talking about the 'baby' (realistic baby doll).

The service booked a variety of regular external entertainers such as musical entertainment and holy communion. People could visit their church if they wanted to, some people went out in a taxi with staff and records described how the trips went for people. People and relatives had been asked where they would like to go. Trips out had included groups visiting the seaside, pub lunches or a drive. There were enough staff to enable people to spontaneously go out to the local shops which were a short walk away. For example, one person wanted to buy something so they were off out with a care worker.

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 were able to tell us 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 home was able to meet their needs and expectations. Staff 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. 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, were enjoying using the garden, wanting to walk around, or noticing if someone's legs were slightly red to monitor. Staff said it was easy to catch up on how people had been if staff had been off for a few days.

During the inspection we read three people's care records. The new computer system was comprehensive and working well. Staff thought it was fantastic and gave them more time to care as they could input information easily using electronic tablets. Relatives also had the option to remotely access the records with a passcode. This had particularly helped one family who were anxious about their loved ones care and did not live close by. Care plans showed person centred language and gave good detail about exactly how staff should care for people. For example, '[Person's name] to have quality one to one time and they love to chat and sing.' Another plan for a person who had recently moved to the home said, "[Person's name] really enjoyed a game of 'keep the balloon in the air' encouraged by other residents" and on another day "Went for a walk with staff to the local park. Enjoyed talking about how busy the roads were and admiring dogs in the park." This person had been at risk of self neglect when at home and were clearly enjoying the stimulation and company at Highlands Borders. The home also used a local Memory Café.

Personal care plans showed what people liked to wear and what they could do for themselves. For example, '[person's name] loves a bath but likes staff to stay with them' and 'loves to spend time with people or becomes anxious as they do not remember where they are'. This plan then detailed how to engage the person as certain music helped them think they were 'at home' and they became more settled. Night plans showed how people liked to sleep and when, with details such as flexible personal care depending on people's quality of sleep. One person, if sleepy in the morning, was enabled to have breakfast in bed and care staff helped them get up when they were more awake.

Staff at the home responded to people's changing needs. We spoke to all staff who were very knowledgeable about people's needs. For example, staff recognised when people were not eating so well, were not themselves, or had a sore place on their skin. No-one at the home had any pressure skin damage at the time of our inspection. Medical notes showed how external health professionals were referred to appropriately. For example, a GP had visited at the home's request to see someone whose appetite had decreased and a district nurse was dressing a small skin tear. There was good progress notes showing what advice was given and actions taken. Staff used clear body maps to monitor people's skin and to show why and where topical creams were required.

Most people were unable to be directly involved in their care planning but relatives were able to be involved if they wished. The relative felt very well informed and the computer system now enabled families who wanted to, to access care records online. This was particularly useful for families who did not live nearby and promoted good communication.

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. We looked at one formal complaint, which 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.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager and deputy manager were well supported by the provider and they had appropriate resources. For example, they were able to make decisions about purchasing items for the benefit of people in their care and manage staffing levels. The realistic doll used in dementia care was currently owned by the activity co-ordinator but there were plans to purchase a permanent doll as people were responding positively.

People and relatives spoken with during the inspection described the management of the home as open and approachable. People were comfortable and relaxed with the management team who clearly knew them and their family well. The relative said they were happy to talk to management and all the staff at any time and had no issues with the care provided. They visited regularly and enjoyed spending time with staff as well as their loved one, which was clear from their chats and banter.

The managers and staff showed enthusiasm in wanting to provide the best level of care possible and this showed in the individualised way they cared for people and their families. For example, recognising and addressing family anxieties and finding ways to alleviate this with more regular communication using the new computer system, for example.

There were systems in place to share information and seek people's views about the running of the home. An annual quality assurance survey had just been organised to send out to people and representatives and stakeholders. The activity co-ordinator was organising a meeting for people and relatives in the near future.

The managers had an open door policy and they were available to relatives, people using the service, and health professionals. The managers kept up to date with current good practice by attending training courses and linking with appropriate professionals, such as the speech and language team and the local hospice in the area and attending regular managers meetings with the other provider service. Staff received regular supervision support, and were regularly listened to and consulted. One staff member said, "We have more time to care now with the new computer system. I love it here, they support me and I'm coming in on my day off to see how the office is run." Staff had just received a pay rise and were being supported in pairs to care for a person experiencing paranoia safely. Staff genuinely cared for people and asked each other how people were when they returned from days off. For example, asking how one person had done in a card game. One care worker said, "We work really well as a team". They were discussing new activities to try and new opportunities people had suggested. For example, some people had said they would like to try swimming so this was being organised. A quarterly activity plan was in place showing people's suggestions.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care including medication audits, care plans audits and falls. For example, room temperatures were now recorded to ensure people did not get too hot in the heat wave. All accidents and incidents which occurred in the home were recorded, analysed and action taken to learn from them. For example, where people had fallen individual risk

assessments were reviewed and preventative measures taken, such as pressure mats with appropriate best interest decisions recorded. 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.