Mr Roger Bruce Thorne

Highborder Lodge

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

The inspection took place on 17, 18 and 24 October 2017. This was an unannounced inspection. The service was last inspected in August 2016 and was rated 'Requires Improvement' overall. At this inspection we found improvements had been made and the service has been rated 'Good' overall.

Highborder Lodge is a residential care home providing support for up to 42 people. Nursing care and support is provided by district nurses and local GP's as required. Several people at Highborder Lodge were living with the first stages of dementia. There were 31 people at Highborder Lodge at the time of the inspection.

There was a registered manager in post at Highborder Lodge. 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.'

At the last inspection on 23 and 24 August 2016, we asked the provider to take action to make improvements around staffing levels, the management of complaints and the safety of the environment. We also asked them to take action where concerns had been identified to improve the quality and service provided to people. Following the inspection, the provided submitted an action plan detailing how they would address the shortfalls and meet the requirements of the regulations. The provider told us all of the actions would be completed by July 2017. At this inspection we found this action had been completed and the provider met the requirements of the regulations.

The service was safe. People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them on what to do if they had any concerns. Risks had been identified to people's well-being and action had been taken to minimise these. There were safe and effective recruitment systems in place. Staffing levels were sufficient; people received high levels of support from staff who had a good understanding of their needs and preferences. Medicines were administered safely and people told us they received their medicines as prescribed.

The service provided to people was effective in meeting their needs. Staff had the relevant skills and had received appropriate training to enable them to support the people living at Highborder Lodge. Staff received good support from management through regular supervisions and appraisals. People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements. People and relevant professionals were involved in planning their nutritional support. People had access to a variety of healthcare professionals and appointments were arranged as required.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which

maintained people's dignity. People were supported to engage in activities specific to their cultural or religious backgrounds and diversity was promoted throughout the service. People had end of life care plans which clearly reflected their wishes and preferences.

The service was responsive to the needs of people. People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. People's needs were regularly assessed and care plans provided guidance to staff on how people were to be supported. The planning of people's care, treatment and support was personalised to reflect people's preferences and personalities. People were supported to access and attend a range of activities. Where complaints had been made, there was evidence these had been managed appropriately.

The service was well-led. The registered manager and senior staff were approachable. Quality and safety monitoring systems were in place and these were effective in identifying shortfalls within the service and drive improvement. The views of relatives and people living at Highborder Lodge were taken into account to improve the service. People, their relatives and staff spoke positively about the strong leadership offered by the registered manager.

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 were protected from the risk of abuse. Staff had received safeguarding training and demonstrated a good understanding of how to protect people.

Risks had been identified to people's well-being and action had been taken to minimise these.

There were safe and effective recruitment systems in place. Staffing levels were sufficient and people received high levels of support from staff who had a good understanding of their needs and preferences.

Medicines were administered safely and people told us they received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were receiving appropriate training related to their role.

Staff received regular supervision or appraisals to identify their training and development needs.

Staff had a good understanding of the Mental Capacity Act (MCA) and where people's liberty had been deprived Deprivation of Liberty (DoLS) applications had been made.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the staff at the home.

Staff demonstrated a good understanding of respect and dignity.

People were supported to engage in activities specific to their cultural or religious backgrounds and diversity was promoted

throughout the service.

People had end of life care plans which clearly reflected their wishes and preferences.

Is the service responsive?

Good

The service was responsive to the needs of people.

People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives.

People's needs were regularly assessed and care plans provided guidance to staff on how people were to be supported.

The planning of people's care, treatment and support was personalised to reflect people's preferences and personalities.

People were supported to access and attend a range of activities.

Complaints had been managed appropriately and had reached satisfactory outcomes for people.

Is the service well-led?

Good

The service was well-led.

It was clear there was a strong value base around providing person centred care to people using the service.

Quality and safety monitoring systems were in place and these were effective in identifying shortfalls within the service and drive improvement.

The views of relatives and people living at Highborder Lodge were taken into account to improve the service.

People, their relatives and staff spoke positively about the strong leadership offered by the registered manager.

Highborder Lodge

Detailed findings

Background to this inspection

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

This was an unannounced inspection which was completed on 17, 18 and 24 October 2017. The inspection was conducted by one adult social care inspector and an Expert by Experience (EXE). An Expert by Experience is a person who has personal experience of using or caring for someone using services. During this inspection, the ExE spent time speaking with and observing the people living at Highborder Lodge. The ExE also spoke with visitors to the service.

Before the inspection, we reviewed a Provider Information Return (PIR) for the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We also looked at the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted six health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we looked at eight people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We looked at the recruitment records of a sample of staff employed at the home.

We spoke with eleven people who lived at Highborder Lodge, three visiting relatives, ten members of staff and the registered manager. We made general observations throughout the communal areas and dining rooms. We visited several of the bedrooms with permission from the people living at the home. We observed staff providing care and support throughout the day and how they interacted with the residents and also each other. Following the inspection, we contacted six relatives for their views about the care provided at

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Highborder Lodge. People commented how they felt the staff provided good support and ensured people were safe at Highborder Lodge. One person we spoke with told us, "I had to accept that I wasn't safe living on my own anymore because I kept falling over and not being able to get back up again on my own. I haven't fallen once since I moved here nearly a year ago. But I like knowing that if something does happen the staff will get to me quickly and know what to do." The relatives and health professionals we spoke with confirmed they felt people were safe living at the home.

At our previous comprehensive inspection on 23 and 24 August 2016, the service had not ensured staffing levels were sufficient to meet the needs of the people living at Highborder Lodge. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this comprehensive inspection on 17, 18 and 24 October 2017 we found improvements had been made to the staffing levels within the home. Our observations found there was a high level of staff presence throughout the day and the staff rotas also confirmed there were sufficient numbers of staff to ensure people received safe care and treatment at Highborder Lodge. Following our last inspection, the registered manager told us they had reviewed all of the needs of the people living at the home and had subsequently increased staffing numbers across all of the shifts. The registered manager told us they continually assessed people's needs and staffing levels to ensure the number of staff on each shift was appropriate to the needs of the people living at the service.

We saw evidence of a recent assessment the registered manager had completed which indicated a need for more staff at night. Following the assessment, the number of night staff had been increased. The registered manager told us they used agency staff if required but all agency staff would be from a regular agency to ensure staff continuity and minimise the impact of new agency staff members on the people living at Highborder Lodge. The registered manager told us agency staff would not work alone and would be supported by permanent members of staff. The staff we spoke with confirmed this. The people we spoke with told us they felt there was always a quick response if they used their call bell and this made them confident that there were enough staff working within the home.

At our previous comprehensive inspection on 23 and 24 August 2016, we found the safe provision of equipment and a suitable environment for people to receive personal care was not satisfactory and the provider had failed to take the appropriate action when this had been raised by the registered manager and staff. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our comprehensive inspection on 17, 18 and 24 October 2017 we found improvements had been made as detailed in the provider's action plan. Work had taken place to refurbish all of the bathrooms and shower rooms within the home. We found new equipment such as new baths, showers, grab rails, bath lifts and non-slip flooring had been sourced and fitted to minimise the risks of people falling. . People and the staff

commented on how they felt the new bathrooms had been completed to a high standard and were 'much better than the old ones'. One person commented on how they liked to regularly use the 'jacuzzi' bath and how it really helped them to relax.

Risk assessments provided sufficient detail to enable staff to support people safely. For example, one person had poor mobility and was at risk of falling. Their risk assessment clearly detailed what support was required from staff when this person was mobilising. There was evidence risk assessments had been updated following accidents and incidents. For example, one person had developed a wound to their skin. Following this, their risk assessment had been updated and contained clear guidelines for staff to monitor the person's skin to minimise any future incidents. Where accidents had occurred, there was evidence of risk assessments being reviewed to ensure the risk assessments accurately reflected risk to people.

Medicine policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Their competency was updated annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained. The registered manager completed a monthly audit followed up by an annual audit from an external pharmacy.

The registered manager understood their responsibility to ensure suitable staff were employed. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The registered manager informed us how each member of staff had a recruitment checklist in their file to ensure all of the relevant documents had been seen prior to the person commencing their role.

The service had a staff disciplinary procedure in place. This shows the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service were kept safe.

The provider had implemented safeguarding procedures. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. All staff had received training in safeguarding. Safeguarding issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out regularly. Environmental risk assessments had been completed and any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

The premises were clean and tidy and free from odour. The registered manager informed us four housekeepers were employed who covered cleaning duties at the home seven days per week. Staff were observed washing their hands at frequent intervals and wore gloves and aprons when supporting people with their care. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good

understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with told us the home was clean.

Good

Is the service effective?

Our findings

The people living at Highborder Lodge told us they felt they received a high quality service from well skilled staff who had been appropriately trained to meet their needs.

Staff had been trained to meet people's care and support needs. Training records showed staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Training was targeted around people's presenting conditions such as stroke awareness training and dementia training. Staff confirmed their attendance at training sessions. The manager told us staff had access to online e-learning in addition to face to face classroom based learning.

The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. One member of staff said "The training provided to me when I started was excellent. I had never worked in care before and the training prepared me well for my role." Another member of staff said "The training is very good. We are always encouraged to complete our training so that our knowledge is always up to date."

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. We spoke with two members of staff who had recently commenced their post at Highborder Lodge. Both staff members commented on how they felt their induction process had been a 'good experience' and how it had prepared them well for their role.

Staff had received regular supervision. These were individual meetings staff members had with the registered manager to discuss all aspects of their role at Highborder Lodge. Staff also used supervision to discuss their developmental needs with the registered manager. Records of supervisions had been made and were kept in staff files. The staff we spoke with confirmed they had received supervision from the registered manager or senior carers. Staff who provided supervision had received the appropriate training around this. There was evidence staff received annual appraisals to determine their individual training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had received training

about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People living at Highborder Lodge had assessments regarding their capacity to make decisions when required. Where DoLS applications were required, these were made to the relevant authority. The registered manager and staff in the home demonstrated a clear understanding of the DoLS procedures.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. From our observations and discussions with staff it was evident they knew the needs and preferences of the people using the service. When speaking with staff regarding the people in the home, we were given detailed accounts of peoples' daily routine as well as their likes and dislikes.

Care records included information about any special arrangements for meal times and dietary needs. Menus showed people were offered a varied and nutritious diet. The menu was displayed in the dining room and we observed staff talking with people and asking them what they would like to eat. Where people indicated a different preference to what was on the daily menu, care staff liaised with the kitchen staff to ensure the person was provided a meal which was to their liking. One person told us "It doesn't seem to matter if we forget what we chose or change our minds. We just have what we fancy."

We observed positive interactions between people and staff during meal times. Where people were being assisted with their meal by staff, this support was provided in a kind and caring way. Staff took their time and did not rush people. There was lots of conversation between the staff and people during lunch. During our inspection, we observed staff offering a choice of hot or cold drinks to people throughout the day. People told us they could ask for drinks or snacks at any time and there was a quick response to these requests. All of the people and relatives we spoke with told us they felt the food was good and that there was plenty of choice available.

The registered manager told us they had guidance from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, where people needed specific equipment to support with moving and handling, there was evidence of involvement from occupational therapists. People had access to a GP, dentist and other health professionals. The outcomes from these appointments were recorded and were also reflected within the people's care files. Health professionals we spoke with provided positive feedback about the service. One GP told us staff listened to advice and were quick to raise any concerns with the surgery.

Each bedroom was decorated to individual preferences and the manager informed us people had choice as to how they wanted to decorate their room. People and their relatives confirmed they were able to choose how their rooms were decorated. For example, one person wanted to bring their own sofa with them when they moved to Highborder Lodge and they were supported to do this.

Highborder Lodge is situated in Leonard Stanely. There was a warm, welcoming and homely atmosphere. There was parking available for visitors and a secure garden if people wanted to access an outdoor space.

Good

Is the service caring?

Our findings

People who lived at Highborder Lodge told us they were well cared for and that staff were caring. There was a genuine sense of fondness and respect between the staff and the people using the service. We saw people laughing and joking with staff. Comments from people living at Highborder Lodge included "The staff are excellent. They take very good care of me" and "The staff are very kind and caring". The relatives we spoke with praised the caring nature of the staff.

Staff treated people with understanding, kindness and understood the importance of respect and dignity. For example, Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their own pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering people's bedrooms.

People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. It was evident from speaking with staff and observing their interactions with people that they were aware of people's needs and were able to manage any behaviours which may challenge as a result of their condition. Relatives told us they felt the staff had the skills and knowledge to manage these behaviours. People's care plans clearly detailed their communication needs. Throughout the inspection we saw that staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people.

From our observations, it was evident staff knew people well and had built positive relationships. Family members we spoke with stated they felt the staff knew their relative's needs well and were able to respond accordingly.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. The registered manager told us people were supported to take part in religious activities if they indicated a desire to do so. Representatives of different religious groups came into the home and spent time with people based on their preferences for this. There was an up to date equality and diversity policy in place which clearly detailed how the home would treat people and staff equally regardless of personal beliefs or backgrounds.

The registered manager told us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. The registered manager told us this was done during the initial assessment prior to a person moving to the home and through regular meetings with the person and their families once they had moved to Highborder Lodge. Relatives we spoke with told us they were consulted in relation to the care planning of people using the service.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. Relatives

confirmed there were never any restrictions on visiting times.

The service was providing end of life care. People's needs and preferences regarding this had been clearly recorded in their care files. People's end of life care plans reflected where they wanted to spend their final moments, their funeral arrangements and what they wanted to do with their possessions. People had Do Not Attempt Resuscitation (DNAR) orders in place and these were clearly visible in the care files. The service had received a number of compliments from relatives relating to the support provided to their loved ones in their final days.

Good

Is the service responsive?

Our findings

At our previous comprehensive inspection on 23 and 24 August 2016, we found complaints had not always been managed effectively and people's complaints had not been resolved to a satisfactory outcome. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this comprehensive inspection on 17, 18 and 24 October 2017 we found improvements had been made. There was an up to date complaints policy detailing what actions would be taken by the provider when they received a complaint. We saw evidence that where complaints had been received, they had been fully investigated and appropriate action had been taken to address any concerns. The relatives we spoke with told us they had confidence in the ability of the registered manager to address any issues or concerns. The relatives told us prompt action was taken to address any concerns when they raised them with management.

Each person had a care plan and a structure to record and review information. The care plans detailed individual needs and how staff were to support people. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We observed the handover process on the day of the inspection. This was detailed and gave a good overview of what had happened on the previous shift. The daily notes contained information such as what activities people had engaged in and their nutritional intake so that staff on the next shift were well prepared.

The registered manager informed us people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to Highborder Lodge. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs. Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least annually and more frequently if any changes to their health were identified. Relatives told us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files.

We observed staff supporting and responding to people's needs throughout the day. The people we spoke with indicated that they were happy living in the home and with the staff who supported them. People we spoke with stated they liked living at the home.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, care staff would use the 'Key information' document in the care file to send to the hospital with the person. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

There was a monthly newsletter distributed throughout the home and available to residents and visitors. This contained a full programme of all activities on offer for the following month plus news and fundraising events. People were supported on a regular basis to participate in meaningful activities. Activities included a gardening club, manicures, pub lunches, pets for therapy, word games and also weekly outings using the minibus owned by the home. People told us they had lots to do and activities were appropriate to their needs. Relatives of people living at Highborder Lodge told us they felt the activities offered were varied and people always had something to do.

Good

Is the service well-led?

Our findings

At our previous comprehensive inspection on 23 and 24 August 2016, we found the provider had failed to effectively monitor and improve the quality and safety of people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this comprehensive inspection on 17, 18 and 24 October 2017 we found improvements had been made. The registered manager had increased the number and frequency of quality assurance checks within the service. These included a schedule of audits for areas such as staff training, health and safety, care plans, medicines, infection control and other areas relating to the daily running of the service. We found these audits were comprehensive and where shortfalls had been identified, prompt action was taken to resolve these. For example, the registered manager undertook a regular audit of the complaints to identify any trends and themes. During one audit, they found they had received a number of complaints relating to the response times to people's call bells. This was further investigated and it was identified the cause was related to the call bell system being used in the home at the time. Records showed prompt action was taken to source and install a new call bell system in the home.

The registered manager would also carry out random spot checks during the night to ensure night staff were providing safe and quality care to people. We saw that these had been effective in identifying areas of concern. For example, during one spot check the registered manager found staff displaying a negative attitude towards people and that people were made to wait for support to be provided. As a result, they investigated these concerns in accordance with their disciplinary procedure . The registered manager had also increased overnight staffing levels to ensure people were supported in a timelier manner.

The registered manager told us they sent surveys to people, their relatives and health professionals to gauge their opinion regarding the quality of the service being provided. These were sent annually and the feedback from these questionnaires was analysed. They told us they had received the most recent surveys and would be analysing these for any trends and themes. The registered manager told us any actions arising from the surveys would be incorporated into the annual action plan.

There was a registered manager working at Highborder Lodge. The registered manager was supported by senior care staff. The registered manager told us the deputy manager had recently left their post and they had identified one of the senior care staff who would be trained to fill the deputy manager role. Staff spoke positively about the registered manager. They told us they felt they could discuss any concerns with the registered manager who was always available to answer questions and support them. They felt there was an open culture within the home and the registered manager listened to them. Staff told us the registered manager encouraged them to ask questions, challenge and make suggestions in order to improve the service. Staff used team meetings to raise issues and make suggestions relating to the day to day practice within the home. The registered manager told us the quarterly team meetings were very important as they allowed the staff team to identify good practice as well as areas for improvement.

Relatives spoke positively about the registered manager and felt they offered good leadership and were a

positive role model for the staff. The relatives we spoke with told us they felt the registered manager was approachable, committed to providing person centred care and willing to listen to feedback about the home.

The staff described the registered manager as being 'hands on'. Relatives agreed that the registered manager was involved in day to day matters at the home. We observed this during the inspection when the registered manager was regularly attending to matters of care throughout the day. They spent time with people living in the home offering drinks and support. . Staff we spoke with told us they felt morale amongst staff was excellent and this was down to the registered manager's good leadership. Staff told us they felt the registered manager valued them and this had contributed to the excellent morale.

We discussed the value base of the home with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The registered manager and staff told us they involved relatives where relevant. Staff were clear on the aims of the service which was to provide people with care and support that was individualised. The emphasis was that Highborder Lodge was the home of the people living there. Staff members told us they felt there was a 'homely' atmosphere at Highborder Lodge.

The manager had a clear contingency plan to manage the home in their absence. Plans in place ensured a continuation of the service with minimal disruption to the care of people.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.