

Anchor Trust

Borrage House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 inspected Borrage House on 18 and 26 May 2017. The first day was unannounced and we told the provider we would be visiting on the second day.

At the last inspection in May 2016 we found the provider had breached three regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to ineffective staff deployment, deprivation of liberty applications had not been managed well and evidence that people were not treated with dignity. We asked for and received an action plan telling us what the provider was going to do to ensure they were meeting regulations. At this inspection we found improvements had been made in all areas and the provider was no longer in breach of regulations.

Borrage House is a large property which consists of a Victorian main building with modern extensions. The service provides care and support for up to 40 older people, some of who may be living with dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Systems in place for the management of medicines had been developed. Staff who used them had been supported to understand how to better manage the system to enable safety.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and regularly reviewed to ensure they contained the most up to date information. Care plans contained information about how people preferred to be supported. This enabled staff to have the guidance they needed to help people to remain safe and receive the care they chose. People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw there was a plentiful supply of activities and outings.

We saw staff had received training and supervision to enable them to perform their role. Some staff had received an appraisal to review their overall performance. A plan was in place to ensure each staff member received this.

People told us there were enough staff on duty to meet their needs. We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty

Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were attentive and observation of the staff showed they knew people very well and could anticipate their needs. People told us they were happy and felt well cared for.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. There were effective systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Changes to medicines management had been implemented to keep people safe. Staff were being supported to use them.

There was enough staff on duty to ensure people's needs were met. Risks to people safety were well managed to prevent avoidable harm.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. Recruitment checks were carried out effectively.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received training and supervision to enable them to fulfil their role. Appraisals were in the process of being carried out.

People were supported to make choices in relation to their food and drink and to maintain good health.

The staff and registered manager understood the principles of the Mental Capacity Act 2005 and acted in people's best interests where required. Appropriate applications to deprive people of their liberty had been made.

Good ●

Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service. Care and support was individualised to meet people's needs.

Where people's needs changed staff worked with professionals to ensure people were pain free and comfortable. They took into

Good ●

consideration the person's own view. This demonstrated compassionate care.

Is the service responsive?

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities of their choice inside and outside the service. They were supported and encouraged with their hobbies and interests.

People told us they felt confident to tell the registered manager and staff. If they were unhappy appropriate forums to raise concerns were available.

Good ●

Is the service well-led?

The service was well led.

The service had a registered manager who understood the responsibilities of their role.

People and staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

Good ●

Borrage House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We inspected the service on 18 and 26 May 2017. Day one was unannounced. We told the provider we would be visiting on day two. The inspection team on day one consisted of three adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One adult social care inspector visited on day two.

Before the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service as required by law. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection there were 35 people who used the service. We spoke with 14 people and their family members/visitors. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with the registered manager, district manager, deputy manager and six other members of staff including care workers, team leaders, housekeeping, activities workers and the chef.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

People told us they felt safe. One person felt they would benefit from more understanding of the safety process, such as what would happen in the event of a fire. People said, "We are all locked up, the building is safe, I feel listened to and well looked after" and "If there is a fire I worry about how we will get out." We discussed this with the registered manager who provided support to the person.

At the inspection in May 2016 the provider had not ensured staff were deployed effectively to ensure people's needs could be met in a timely manner. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 18.

People gave us mixed feedback in relation to staffing. They said, "Sometimes, I have to wait if they are short staffed" and "Staff are lovely. When I ring my bell, the carers have come promptly."

We looked at the arrangements in place to ensure safe staffing levels. During our visit we saw the staff rota and the tool used to map the dependency of people who used the service, which was used to ensure staffing levels were sufficient. This was updated regularly. The rotas we saw showed more hours of staffing were in place than the tool outlined. This meant staffing levels were safe.

During our visit we observed staff responded to call bells quickly and that enough staff were deployed at peak times such as during meal service to ensure people received enough support. The registered manager explained that they had worked with the team leaders and staff since the last inspection to organise their shift better. For example; the team leaders ensured staff knew which area of the home was their responsibility and the staff remained in that environment so they could respond quickly when people asked for support. We saw one person became upset when they required support and staff were not immediately available. The district manager and registered manager immediately reacted to this to ensure the person received support and also to understand what had caused the issue to prevent a recurrence in the future.

Staff told us the staff team worked well and there were appropriate arrangements for cover if needed in the event of sickness or emergency. Overall we found staffing levels to be appropriate and effectively managed.

At the inspection in May 2016 we made a recommendation that the provider implement good practice in relation to medicines. At this inspection we found all the areas of good practice for safe medicines management had been built into the provider's policy. The members of staff responsible for medicines management were being supported to implement the policy into day to day practice.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. On day one of the inspection we saw people had actually received their medicines but errors had been made when recording the administration. We saw where people were prescribed 'as and when

required' medicines protocols were not robust enough to provide staff with the information they required to understand when to administer them. On day one the stock balance of medicines in the care home were not fully understood. Storage of some creams in people's bedrooms was not appropriate. The provider's audit process had not picked up these issues.

People told us they felt their medicines were well managed. One person said, "My medicines are always on time." A relative told us they had noticed creams were not stored well in their family member's bedroom.

We discussed this with the registered manager and district manager who subsequently worked to review the system. On day two 'as and when required' protocols were in place and the quality of them was being addressed, a full stock check had been completed which meant the balance of each medicine was known. The provider had arranged for suitable storage of creams.

We saw evidence that staff had been supported to reflect on the medicines management system and ensure they followed policy. Staff responsible for administering medication had received medication training and had been deemed competent. The registered manager and district manager told us they would adapt the audit of medicines to include better oversight to ensure the system was effective and safe in future.

We found the recruitment process was safe. We looked at three staff files and saw the staff recruitment process included completion of an application form which included a full work history, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started working at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

We spoke with the registered manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidences were recorded and the service investigated concerns. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had all been trained to recognise and understand all types of abuse and records we saw confirmed this.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as nutrition, pressure care and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We also saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken. Test of the fire alarm were undertaken to ensure it was in safe working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation was appropriate and the registered manager reviewed patterns and

trends for individuals. This meant people were safe from avoidable harm.

Is the service effective?

Our findings

At the inspection in May 2016 the provider had not ensured applications to deprive people of their liberty had been made where appropriate. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 13.

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

At the time of this inspection, the service had appropriately highlighted where people required an application to deprive them of their liberty. Two people had been authorised to be deprived of their liberty and eight applications had been submitted and were pending an outcome. Staff we spoke with had a good understanding of DoLS.

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. One staff member told us, "I always ask before I do anything. I encourage people to be independent, but I always explain throughout personal care what I am doing and I ask if it is ok. Sometimes people need encouragement to accept help but I would never force anyone to do anything."

We saw appropriate documentation was in place for people who lacked capacity. We spoke with people who told us staff provided a good quality of care. People said "The staff are very kind and well trained" and "I think they [staff] are well trained, they help me."

The registered manager told us staff new to care were undertaking the Care Certificate and records we saw confirmed this. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff we spoke with told us there was a plentiful supply of training. They told us they had received training in health and safety, food hygiene and safeguarding, plus some had completed their NVQ level 2. One member of staff told us, "The training is good. I do everything I need to. If I felt I needed any additional training I would just ask and the manager would arrange it."

We saw the training matrix which confirmed staff training was well managed. The provider's computer

system told us training compliance was 92% which was above the provider's target. We saw additional training in areas such as dementia, end of life care and nutrition screening had been made available for staff to complete. The registered manager had organised outside agencies to support staff learning in good practice areas, for example, 'React to Red' training had been delivered to support the team's understanding of pressure area care.

Since the last inspection the registered manager had focused on developing the supervision and appraisal system. Staff we spoke with during the inspection told us they felt well supported and that they saw the benefit of supervision with their line manager. Staff told us they would like this to happen regularly. We saw records to confirm supervision and appraisals had started to take place regularly and that a plan for the year was in place. We saw that the registered manager had completed the 'My Year' appraisal with staff they line managed and this was due to be rolled out across the whole team over June 2017.

We viewed the supervision and appraisal records for the registered manager and saw how the provider supported them in their role through effective review of their performance. The registered manager told us they felt well supported by the provider.

Staff and people who used the service told us they were involved in making choices about the food they ate. People were asked for feedback at the residents meetings frequently. People told us, "The food is excellent; the chef did special food for me when I was off my food. They save food if I am delayed. It is very personal. The chef knows everyone's name" and "The food is lovely, I like the food, we have a good choice" and "I am vegetarian and I get a good choice."

We observed mealtimes on both days. People were supported to eat in the dining room and in their own room if they chose this. The tables were laid in the dining room to welcome people, the atmosphere was relaxed and people were socialising and the food looked appetising. Staff quietly ensured people chose what they wanted from the options on the menu. People were supported to be as independent as possible to eat their meal. People's preferences were taken into consideration as were their dietary needs. We visited on one of the hottest days of the year and saw staff were paying particular attention to people's hydration and were offering drinks more frequently to people.

People were weighed regularly and the information was used to assess whether people required support from professionals. We saw records to confirm professionals had been involved and advice had been followed. This meant people's nutrition was managed well.

We saw where people were unable or had chosen not to eat and drink that staff had commenced monitoring of those people and started to make records to understand the situation. We saw one example where a person's fluid intake had reduced and a target fluid intake had been agreed with professionals and was being monitored closely. We saw those records were used by visiting professionals to make decisions about a person's wellbeing.

We saw records were not always completed thoroughly. The registered manager was aware the records were not always completed robustly and in a timely manner. This had been highlighted through quality assurance processes and challenged with the staff team. However we found no evidence that this had affected the health and wellbeing of anyone the service supported.

We saw records to confirm people had visited or had received visited by healthcare professionals. The registered manager said they had good links with the doctors and district nursing service. People we spoke with confirmed this, they said, "They [staff] are good at getting the doctor, or taking us to hospital" and "The

doctor comes quickly if I need them."

The registered manager told us about plans to renovate a part of the building to provide an environment designed to support the team to better meet the needs of people living with a dementia. Work was due to commence in June 2017 and the registered manager felt this would enhance the experience people received at Borrage House further.

Is the service caring?

Our findings

At the inspection in May 2016 the provider had not ensured people's privacy and dignity was protected during moving and handling tasks. This was a breach of Regulation 10 (Dignity and Respect) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 10.

The provider trained staff to respect people's privacy and dignity. We asked people about this. One person told us, "Staff respect my privacy and knock on my door." Another person said, "I am treated with respect." We observed staff using people's preferred names and knocking on doors before entering. We saw staff always considered people's privacy and treat people with dignity during this inspection. This meant people's rights were upheld.

People and their relatives were complimentary about the quality of care at Borrage house. People told us, "The staff are very caring" and, "The staff listen to me." One person we talked to said they had been concerned about the security of the windows in their room. They told us staff had reassured them and they said, "I felt listened to." One relative we spoke to said, "It is fantastic here. After taking mum to her own home for a visit, she could not wait to get back here."

We observed staff showed kindness; they were attentive and spoke gently to people. Staff took every opportunity to interact with people. We saw staff in the dining room smiled and chatted with people in a meaningful and caring way. Members of staff who were not directly involved in people's care also spent time with people and were interested in their wellbeing. We saw people smiling and they looked relaxed. There was a calm and friendly atmosphere.

People's needs were met in a caring way and staff promoted people's independence. For example, we saw a member of staff supported a person to have breakfast in their own room. The member of staff asked how this person wished to be supported whilst at the same time gave them the opportunity to do as much as they could for themselves. One person said, "If I want to wash myself and can do this, they will support me." Another person said, "I have my own kettle in my room, and I much appreciate this. They know that they can trust me."

Staff showed concern for people's well-being and responded promptly. For example, we saw staff assisted a person who was anxious when they asked to go to the toilet. The staff explained how they were going to assist discreetly and sensitively. This approach ensured the person's anxiety reduced which meant staff had responded appropriately.

Staff knew people's life stories. This helped staff to build positive relationships with people. One person we spoke to said that the staff were interested in where they had lived, what they used to do for a living and their interests. The person told us this made them feel that staff were taking their time to get to know them.

Records we saw confirmed each person's care plan contained their life story.

The registered manager and the staff we spoke with had a good understanding of people's needs, their preferences, likes and dislikes. We looked at people's individual care records which described people's care in a person centred way. Care plans described people's preferences and people told us they and their relatives had been involved in developing their care plan.

We saw that one person had been referred onto an advocacy service recently. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

People's relatives and friends were able to visit whenever they chose. One person told us, "I have two friends coming for lunch. They will be made welcome and my daughter has also noticed this."

No-one at the home was receiving end of life care at the time of our visit. We did however see how the staff team reacted when a person's needs had deteriorated. We saw they sought professional advice and also respected the person's own wishes. They were aware of the person's preferences and were working with the multi-disciplinary team to ensure they received the support they had chosen. We saw the person was relaxed and pain free. This meant the staff team had ensured the person was comfortable.

Is the service responsive?

Our findings

People told us they were involved in a plentiful supply of activities and outings. People said, "I am happy with the activities. We are taken out, there is a quiz and I go down to join in. We even have some hens" and "I have been involved in painting the float ready for the procession because they knew I could do this."

Staff said, "There is all sorts going on, scrabble, painting, reading, one to one time, outings and entertainers come in" and "If people have chosen to stay in their room and don't want to join in activities on offer we spend time one to one with them. It might just be a chat or we might play a board game together."

Lots of thought went into the activities on offer to make sure they met people's needs and motivated their interests and used their skills. This included the activities worker and staff getting to know people's likes when they first moved into the service. The activities worker had use of a resource the provider communicated to all activities workers across the country to regularly provide ideas for activities. For example they told us about was, a theme of lemons was suggested and the chef joined in to make homemade lemonade for people. All of this enabled people to live as full a life as possible.

Borrage House had its own vehicle which people used to access the community. We were told of the benefit this provided for people. An example was a person living with dementia was supported to visit the lambs on a farm. This had brought back memories of living on a farm in their past. People had also been out for ice cream, and visited Newby Hall a local stately home.

The local community were encouraged to be part of the activities available; we saw that a local school supported people and staff to care for a group of hens in the garden at Borrage House. The same school had attended an Easter egg hunt which everyone told us they enjoyed. People told us they were excited about the upcoming procession which occurs every year in the local town of Ripon. People had always been able to watch the procession but this year the registered manager had worked with the staff team to make it possible for Borrage House to have its own float. Plans were being coordinated to make this happen and people who used the service were fully involved.

In the past year the staff team had worked with people to experience a 'virtual train journey' which had led to the team winning an award for their efforts and the positive outcomes for the people they supported. We saw people were free to spend time in any part of the building and gardens which were secured for people to use. A sensory garden had been developed and we observed people sitting in this area who appeared relaxed on both days of the inspection.

The registered manager told us they were keen to continue improvements in activities and how staff could evidence wellbeing through the records they completed.

During our visit we reviewed the care records of four people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in developing their care plan with their

relatives to ensure how they preferred to be supported were included. We saw care plans included this detail for example; how people chose their clothes, how they liked to sit when being supported to wash and what skills a person had to dress themselves and where they needed help. This meant the care plans were person centred.

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. People told us staff knew their needs and responded well when they needed support. People said, "They [staff] are all marvellous" and "I discuss with carers how I want to be cared for and they listen" and "I am very well looked after. I could not ask for anything more." Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The registered manager said they spoke to people on a daily basis to make sure they were happy. People who used the service said, "I am very happy, I have no complaints" and "I would be brave and say I wanted to be cared for in a different way if I needed to."

Discussions with the registered manager confirmed any concerns or complaints were taken seriously. Records we saw confirmed this.

Is the service well-led?

Our findings

A registered manager was in post. People who used the service spoke positively of the registered manager. One person said, "The manager is quite nice." A relative told us, "The manager is a great asset to the team and they all work well together."

The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said, "I can go to the manager at any time with any problems and questions. She is very approachable and has made so many improvements." Another member of staff told us, "[Name of registered manager] has had a positive impact on this place. It is the best it has ever been and she is the best manager we have had here. I feel very much supported and so much more confident in my role."

Staff told us the morale had improved and they felt the culture was one of honesty and being open. One staff said, "Staff morale is really good now. It has really improved. Staff feel respected and listened to. The senior management team are really good as well." We saw staff had opportunities to speak up in regular staff meetings. Agenda items included standards of care, training and quality. A staff member said, "We have our staff meeting every month. I enjoy them. We get chance to express our opinions and I do feel they get taken on board."

Information for people and relatives were displayed on notice boards encouraging feedback and comments on the care provided at Borrage House. People were encouraged to suggest improvements or make specific requests. We saw that people could attend regular 'Residents Meetings'. In the minutes of these meetings we saw that subjects raised were listened to. People had said in recent meetings that they were happy with the care, the activities and that the kitchen staff were to be commended for the good service and nice food. One person told us, "I can say what I want to say at residents meetings." We saw people and their families had been asked their views via a survey in 2016 and this confirmed people were happy with the care they received and that they felt listened to.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. The registered manager was able to show us numerous checks which were carried out to ensure the service was safe and provided good quality care. These included checks on health and safety, medicines, infection control, accidents amongst other areas. This helped to ensure the home was run in the best interest of people who used the service.

The registered manager told us a senior manager or representative of the provider visited the service on a monthly basis to monitor the quality of the service. We saw records of visits to confirm this. The only area where quality assurance systems had not highlighted areas for improvement was with regards to medicines management. The registered manager and district manager recognised this and on day two outlined to us how they would alter their approach to enable a better audit in future.

The registered manager understood and had carried out their responsibilities with regards to submitting

statutory notifications as required by law for incidents such as serious injury and incidences of abuse.

The registered manager and team worked hard to strive to be better and continuously improve. This was reflected in the staff survey results where 100% of staff responded by saying they were clear about what they were expected to achieve in their job. We saw a motivated staff team who had strong links with the community and with professionals who visited the service.

The positive leadership had led to high levels of satisfaction from people, their relatives and staff. A relative told us, "This is where I would choose to come myself." A member of staff told us, "It's a lovely home and lovely place to work. It is very rewarding and I go home after every shift content that I have done a good job, that people are well cared for and we have put smiles on people's faces." When asked what the best thing about Borrage house was, people told us that staff were good listeners and the activities were great.