Mr & Mrs J Baxter

Carham Hall

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?	Requires improvement

Overall summary

Carham Hall provides accommodation and personal care and support for up to 22 older people, some of whom are living with a form of dementia or cognitive impairment. At the time of our inspection there were 18 people living at the service.

This inspection took place on 29 and 30 July 2015 and was unannounced.

The last inspection we carried out at this service was in October 2014 in response to concerns that had been raised directly with the Care Quality Commission (CQC). At that time we found the provider was not meeting one of the regulations relating to respecting and involving people who used the service. At this inspection we found improvements had been made in this area.

At the time of our inspection there was a registered manager in post who was also one of the providers who ran the business as a partnership with a second provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Safeguarding policies and procedures were in place and staff were clear on the different types of abuse and their own personal responsibility to protect people from abuse and report any incidents of abuse that they may witness or suspect. People told us they felt safe living at the home and comfortable in the presence of staff.

Risks that people were exposed to in their daily lives had been assessed, such as risks associated with mobility. Most environmental risks within the home had been assessed and measures put in place to protect the health and wellbeing of people, staff and visitors.

Staffing levels were sufficient to meet people's needs and staff were not rushed. People had their needs met in a timely manner on the days of our inspection. Staff told us there were times of the day, such as in the morning when people were being assisted to rise from bed, where they felt more pressured, but overall there were enough staff members on duty to meet people's needs.

Recruitment procedures ensured that staff were appropriately skilled and of suitable character to work with vulnerable adults. Records showed that staff were trained in a number of key areas such as moving and handling and infection control. In addition, staff had received training in areas specific to the needs of the people they supported, such as training in challenging behaviour with dementia and low vision awareness. Staff told us they felt supported by the registered manager and they received supervision and appraisal.

The Mental Capacity Act 2005 (MCA) was appropriately applied and the best interest's decision making process had been followed where necessary. Some records related to decisions made in people's best interests were not appropriately maintained. One of the providers told us that this would be addressed and that in future the decision making process would be better documented.

People told us, and records confirmed that their general healthcare needs were met. General practitioners were called where there were concerns about people's health and welfare and other healthcare professionals if relevant. People told us the food they were served was good and we saw there was a variety of wholesome food on offer. People's nutritional needs were met and any concerns about their food and fluid intake, or changes in bodyweight, were monitored and referred to dieticians if needed.

Our observations confirmed people experienced care and treatment that protected and promoted their privacy and dignity. Staff displayed caring and compassionate attitudes towards people, and people and their relatives spoke highly of the staff team. Staff were aware of people's individual needs and care was person-centred. Overall people's care records were well maintained. Some records would benefit from more detail to make people's needs and how to support them clearer to the reader and those members of staff who may not yet know the person well. People told us they were supported to engage in activities within the home if they wanted to. People and their relatives told us they would appreciate more excursions locally.

The environment of the home was suitable for people's needs and adaptations had been made where necessary such as the addition of handrails in corridors. People had unlimited access to outdoor space which they told us they appreciated and which benefitted their wellbeing.

The provider gathered feedback about the service from people and staff via meetings and questionnaire surveys. There was a complaints policy and procedure in place although there had not been any complaints for us to review.

Whilst the providers had some overall care monitoring tools in place such as handover books and tools to monitor people's personal care and food and fluid intake, there was a lack of quality assurance systems and processes. The providers could not evidence that they regularly reviewed the performance of the service through, for example, effective auditing, and that where any issues were identified, they were addressed with a view to driving improvements forward. Checks on the building and equipment used in care delivery were undertaken, although a lack of effective monitoring meant that some of these checks had fallen slightly outside of the recommended timeframes for being redone.

We found there was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in

Summary of findings

respect of Regulation 17, Good governance, as referred to above. You can see what action we have asked the provider to take at the back of the full version of this report.

Summary of findings

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.

Medicines were managed properly and safely.

Safeguarding policies and procedures were in place and staff were aware of their personal responsibility to report incidences of abuse or potential abuse.

Recruitment processes were safe and staffing levels were sufficient to meet people's needs.

Is the service effective?

Good

The service was effective.

The Mental Capacity Act 2005 was applied appropriately and decisions were made in people's best interests where applicable. Records related to these decisions needed to be maintained.

People spoke highly of the staff team and the care they delivered. We received positive feedback from people's relatives about the service.

People were happy with the food they received and those with specific nutritional needs were supported appropriately by staff.

Is the service caring?

Good

The service was caring.

People told us they enjoyed good relationships with staff whom they found to be kind and caring. We observed pleasant interactions between people and staff during our inspection.

People were treated with dignity and respect and they were involved in their care.

Where necessary, advocates in the form of family members, acted on people's behalf. The provider told us that she would arrange an independent advocate for any person should the need arise.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs and they were given choices in their day to day lives. Staff provided person-centred care and activities were provided to stimulate people and promote social inclusion.

Records related to people's care needs were maintained and regularly reviewed, although some of these records would benefit from further detail and description being added.

Summary of findings

A policy and procedure was in place to deal with complaints although the service had not received any formal complaints recently. People told us they would feel comfortable if they needed to make a complaint to either staff, or the registered providers directly.

Is the service well-led?

Not all elements of the service were well-led.

There was a lack of effective monitoring and auditing of the service delivered and no evidence of action plans to drive improvements forward.

People and their relatives told us the service was well led and they had faith in the providers. Staff told us the providers were supportive and they could approach them with any concerns and action would be taken.

Requires improvement

Carham Hall

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 there had been improvements to the service provided and to check if the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. In addition, this inspection was carried out 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 29 and 30 July 2015 and was unannounced. The inspection team consisted of an inspector and a bank inspector.

Prior to our inspection we reviewed the provider information return (PIR) that the provider sent us in advance. This is a form which asks the provider to give some key information about the service, highlighting what the service does well and identifying where and how improvements are to be made. In addition, we gathered and reviewed information that we held about the service. This included reviewing statutory notifications and any other information that the provider had sent us over the 12 months since our last inspection. We contacted the commissioners of the service, the local authority safeguarding team and Healthwatch (Northumberland) in order to obtain their views about the service. We used the information that they provided us with to inform the planning of our inspection.

During the visit we spoke with seven people who lived at Carham Hall, three visitors/relatives, seven members of the care staff team, the registered manager, who is also part of the provider partnership who manage and deliver the service, and the remaining partner who is jointly responsible for the delivery of the regulated activity. We walked around each floor of the home, all communal areas such as lounges and dining rooms, the kitchen and with permission we viewed people's bedrooms. We observed the care and support people received within the communal areas. We analysed a range of records related to people's individual care and also records related to the management of the service. We viewed six people's care records, four staff recruitment records, training and induction records, eight people's medicines administration records and records related to quality assurance, health and safety matters and the servicing of equipment.

We observed the care people received to help us understand their experiences. Following the inspection we attempted to contact five healthcare professionals linked with the home and obtain their feedback about the care delivered and leadership the providers offered. We managed to speak with two healthcare professionals and we have incorporated their feedback into our judgements and this report.

Good

Is the service safe?

Our findings

People told us they felt safe living at Carham Hall. One person said, "Staff have never hurt me; I feel comfortable with them. I love it here!" Another person told us, "You always feel that staff are there for you. They are all very nice and helpful." Other comments included, "I have never felt unsafe" and "I feel perfectly comfortable with staff". One person told us that they were not happy with the manner in which some younger members of staff team spoke to them. Records showed that this had been reported to the providers and they had appropriately addressed this with the staff members concerned.

Relatives and visitors told us they were impressed with the home and had no concerns about the care they had observed being delivered, or the interactions they witnessed between people and staff. One questionnaire recently issued to a relative included the comment, "Delighted mum has found a special and high quality home to live in. We all have no concerns at all about the care she receives."

Staff adopted moving and handling procedures that were both appropriate and safe and we had no concerns about people's safety or how they were treated by staff. Most people were independently mobile with the assistance of walking aids and if they needed supervision or a gentle hand to guide them, staff provided this support. We observed one staff member quietly following behind someone whilst they moved between the dining area and the lounge, just in case they should fall backwards and injure themselves.

Risks that people were exposed to in their daily lives, which were linked to their needs and health conditions, had been assessed and documented. For example, risk assessments were in place for people who were prone to falling and those with behaviours that may be perceived as challenging. There was evidence within individuals' care records that these risk assessments had been regularly reviewed and staff told us they were updated when necessary. Positive risk taking took place and was managed safely. Sensor mats were used to alert staff where people were at risk of falling out of bed.

On the days of our visits there were enough staff readily available to assist people when they needed help and support. People had regular contact with staff and they told us that if they needed to ring their call bells these were answered in a timely manner. Most people were in the communal areas of the home throughout our visit. We had no concerns about the number of staff present in the home and rotas showed that these staffing levels were consistently maintained. Night staffing levels consisted of two waking staff and the providers told us that they lived on site and were available to support night staff at any time should they require assistance.

Most staff were able to tell us about what constituted abuse and the procedures they would follow if they witnessed abuse. Records showed that the majority of staff had been trained in the protection of vulnerable adults and other newer members of staff were booked on up and coming courses to receive this training. Each member of staff we spoke with was aware of their own personal responsibility to report any concerns in order to protect vulnerable people. There were copies of detailed safeguarding and whistle blowing policies and procedures available on the noticeboard for staff, people and visitors to refer to. Our records showed that two potential safeguarding incidents had been raised by third parties about the service within the last 12 months. In both cases the claims brought against the provider were not substantiated.

Medicines within the care home were managed safely. We looked at eight person's medication administration records (MARs) and found these were well maintained. Medicines were stored appropriately and systems were in place to reorder medicines and to account for and dispose safely of medicines that were no longer required. Medication audits were carried out monthly and these checked the quantities remaining for each person against what had been received and administered. We observed the medicines round during our inspection and found that medicines were administered in line with 'NICE' best practice guidance entitled 'Managing medicines in care homes'. The administering staff member checked the MAR sheet and cross-referenced it with people's monitored dosage system, before giving them their medicines and observing to ensure they swallowed them.

Staff told us they had plentiful supplies of personal protective equipment, such as gloves and aprons, and we saw they used this equipment during our visit. A cleaning regime was in place for housekeeping staff to follow on a

Good

Is the service safe?

rotational basis. The home was clean, light and airy. We identified one concern related to the cleaning of commode basins used in the home, but this was rectified immediately and any potential infection risk was eliminated.

Recruitment procedures were thorough and protected the safety of the people who lived at the home. Application forms had been completed by staff before they were employed, in which they provided their employment history. Staff had been interviewed, their identification checked and references had been obtained from their previous employers. The provider had made appropriate checks with the Disclosure and Barring Service (DBS) to ensure that staff were not barred from working with vulnerable adults. This meant the registered provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

A business continuity plan was drafted at the time of our inspection and this gave guidance to staff on the actions they should take in the event of, for example, the loss of water, electricity, a fire or a flood. The providers told us that they had longstanding relationships with specialist workmen within the local area such as electricians and plumbers, and if anything went wrong with the building, they would call these people immediately for assistance. Individualised personal emergency evacuation plans for those people who would need assistance to leave the building in an emergency were posted on the inside of each person's bedroom door, for staff to refer to.

Equipment was serviced and maintained regularly. Safety checks were carried out on, for example, the lift, electrical equipment and fire-fighting equipment. Fire safety checks and fire drills had been conducted regularly and a maintenance book was in place where staff reported any health and safety matters to the maintenance person who then rectified them. Overall, risks within the building that people, staff or visitors may have been exposed to had been assessed. Records of accidents and incidents that occurred within the home were maintained and analysed to ensure that people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events. This showed the providers were proactive in promoting people's safety and welfare.

We identified one area which had been overlooked by the providers related to the management of legionella bacteria within the home. A legionella risk assessment specific to the building had not been undertaken in line with the requirements of the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and the Health and Safety at Work Act 1974. Following our inspection the providers sent us a copy of a legionella risk assessment that had been carried out in the days immediately after our visit and they confirmed that appropriate control measures, as instructed by the risk assessment, were now in place.

Good

Is the service effective?

Our findings

People told us that they were happy with the care and support they received, which met their needs. One person commented, "Staff are very good and as far as I am concerned, they help me." A second person told us, "I am very happy here. The care is excellent; it's not an easy job." A third person said, "Staff know what to do and if I need help they would be there." A relative commented, "I am happy with the care my family member gets here."

Our observations confirmed that staff met people's needs effectively. For example, people were assisted where needed with mobility and staff displayed patience. One lady moved through the communal areas with support from staff, who remained in close contact with her until she had reached her desired place to rest.

Records showed that staff had received training in a number of key areas relevant to their roles such as moving and handling and food hygiene. Where staff had gaps in their training that needed to be refreshed, they were already booked on courses in the near future. One member of staff told us, "I can't think that there is any training that I have not done." The providers had also invested in staff training that was specific to the varying needs of the people that they supported. For example, training certificates showed that staff had completed courses in deaf awareness, low vision and dementia care needs. Other than very recently appointed staff, all of the staff we spoke with told us they felt they had received the training they needed to carry out their roles effectively. The other remaining new staff were in the process of being inducted and trained. The office manager kept a list of staff and their training requirements.

A programme was in place to ensure staff received regular supervisions and appraisals and staff told us they found the providers approachable and supportive. Records showed these one to one sessions provided a two-way feedback tool through which staff's performance was reviewed and they could request further training and support, or raise any concerns or personal issues if necessary.

People's nutritional needs were met and they were assisted with their food and fluid intake if this was necessary. For example, we observed one care worker gently encouraging a person to consume more fluids at lunch time and praising them when they did so. Very few people needed physical support to eat, but where staff did assist people, this was done in a caring and dignified manner. Other people were observed during their mealtimes to ensure they were satisfied and achieving a sufficient food and fluid intake. There were bowls of fresh fruit available in the various communal rooms of the home, from which people could help themselves. People were also given fluids within their reach throughout the day. Staff told us people were asked for their choice of meals every morning but were able to change their mind when the meal was served. They said the cook discussed the menus with people and had information about their likes, dislikes and any special dietary requirements. A wide variety of healthy and wholesome food was available for people to choose from and they told us they liked the food that was on offer. People were weighed monthly, or more regularly if required, to ensure that any significant fluctuations in their weight were identified and referred to external healthcare professionals for advice and input.

People's general healthcare needs were met. They were supported to access routine medical support from healthcare professionals such as general practitioners and dentists, to ensure their health and wellbeing was maintained. In addition, people had input into their care from healthcare professionals such as speech and language therapists and psychiatrists whenever necessary.

We reviewed how the Mental Capacity Act 2005 (MCA) had been applied in respect of care delivery and whether due consideration had been given to people's levels of capacity in a variety of areas. The provider had applied for Deprivation of Liberty Safeguards (DoLS) authorisations to be put in place for those people who needed them. DoLS are part of the MCA. They are a legal process which is followed to ensure that no person is unlawfully deprived of their liberty. Decisions had been made in people's 'best interests' in line with the MCA and we were satisfied that the providers adhered to their legal obligations under this act. However, records to evidence these decisions were not maintained within people's care records. The registered manager/provider told us that she would ensure best interest decisions were documented in the future.

Care decisions that had been made in the event that people should stop breathing had been taken appropriately and the relevant valid documentation was retained. In addition, where people's families had a lasting power of attorney in place related to health and welfare

Good

Is the service effective?

based care decisions, copies of the documents to prove this had been obtained were held by the provider, so that they could be certain of their validity. People's consent was sought from them before care was delivered and we saw examples of this within people's care records. For instance, permission had been sought for a member of staff to attend a medical appointment with a person and this was evidenced.

Staff had a basic understanding of the MCA, people's capacity levels and their human right to make their own decisions wherever possible. The providers had not sourced specific training in the MCA and DoLS for their staff, but they told us that following our feedback and discussions with them at inspection, this training would be sourced as soon as possible.

The providers lived and worked at the home daily and were actively involved in the operation of the service, sharing messages with staff constantly. Staff told us that they felt informed and communication between the staff team was generally good. In addition to verbal handovers, a diary was used to pass important messages between changing staff shifts and to highlight tasks that needed to be completed. People did not express any concerns about the way staff or management communicated with them.

The premises was a large manor house with wide doorways and corridors allowing ease of access for people with mobility aids or wheelchairs. The providers had attached handrails in all communal corridors to assist people when they moved around the home. There were stair lifts to assist people to move up and down some small sets of stairs, where there was a slight change in floor height, and a passenger lift to reach the upper floor. This meant the providers had ensured that the building was adapted and suitable for purpose in respect of the needs of the people who were cared for within the home.

Good

Is the service caring?

Our findings

People told us they were happy living at Carham Hall and the staff looked after them well. One person commented, "I love it. I wouldn't change it for anything." Another person told us, "Oh it's nice here. They are nice lasses (staff). We have fun and they keep us going." A third person described a "real caring atmosphere" in the home and said, "X (staff member) is lovely to me." One relative we spoke with told us they had no concerns about the caring nature of staff or the care that they saw being delivered when they visited the home. They commented, "The staff are really nice here."

Healthcare professionals told us they were not concerned about the care that people received. One healthcare professional commented, "We have regular contact with the service and regular reviews. I am not aware of any issues with people's care or how staff support them." Another healthcare professional told us, "We have not had any concerns about the care at the home."

We reviewed some thank you cards that had been received by the service within the last 12 months. These complimented the providers on the quality of the care they delivered and the caring nature of the staff team. For example, comments included, "Many thanks for all your superb care. You are brilliant and much appreciated", "Thank you all for your understanding and kindness" and "Thank you all very much for your kindness and care of X. She was happy here for the last years of her life".

There was a calm atmosphere throughout the home on the days that we visited. The caring nature of staff was evident in the interactions that we witnessed during our inspection. People were regularly asked if they were alright and if they needed anything. Staff exchanged pleasantries with people, for example, asking them if they enjoyed their food and commenting about the weather.

People were given explanations by staff before care was delivered. For example, we observed staff telling people that they were going to assist them with mobility before doing so. People were gently supported by staff when they moved through to the dining area at lunchtime. For example, we observed one staff member rested their hand very gently on a person's back, in a supportive and caring manner, when they progressed slowly on foot between two opposing rooms. Staff thanked people when they contributed to their care, for example when they adjusted their position to assist with a manoeuvre.

At our last inspection we found that people were not always included in decisions made about their care and their involvement was not evidenced. At this inspection we found people had been consulted about their care plans and any care based decisions, wherever they had the capacity to understand these decisions. Any substantial care based decisions that were made on behalf of people who lacked capacity, had been discussed with people's representatives, alongside the providers and external healthcare professionals. People were kept informed and they were treated with respect. One person commented, "I am informed and they (staff) tell you what's going on. The care itself is very good." A service user guide had been developed which people were given at the point that they started to use the service. We saw copies of this service user guide was available to people within their bedrooms. This had information for people to read and digest about the providers, the services that were on offer, how to complain if not entirely satisfied and a list of useful contacts.

The relative we spoke with told us they felt informed about their family member's care and they were contacted by the providers or senior staff if there was anything that they needed to know about. They told us, "The manager tells me if anything is wrong and I feel involved and informed."

People's privacy and dignity was promoted throughout our visit. Staff sat with people at the table when assisting them with their lunch and they discussed personal care discreetly. People were well presented and their dignity was maintained at all times. People looked well cared for and their appearance had been considered. For example, people had their hair styled and where necessary staff supported people to keep their nails and faces clean.

People were also encouraged to be as independent as possible and they told us this. One person said, "They encourage me to do what I can." Another person told us "I do what I can but whenever you need help they are there." People's individual diverse needs were considered and incorporated into their lives. For example, a local vicar attended the home on a monthly basis and private worship

Good

Is the service caring?

sessions were available to those people who requested them. Staff had been trained in equality and diversity and they were aware of the importance of applying this training in their work.

We asked one of the providers if any people currently accessed advocacy services. She told us that generally relatives advocated on people's behalf, but they would seek to arrange an independent advocate should this be necessary. Advocates represent the views of people who are unable to express their own wishes, should this be required.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they got the help they needed, when they required it. One person told us, "If I needed help they would be there. One day I needed to go to the doctors and X (provider) took me in their car. It was a real personal touch." Another person told us, "You always feel that staff are there for you. You never feel bothered about ringing the bell." Another comment made was, "X (deputy manager) asks about my needs every month and Y (provider) asks if I need a doctor if I am not well."

Healthcare professionals told us that the service worked in conjunction with them and responded to their requests for information and any changes that they put in place in relation to people's care. One healthcare professional linked to the home commented, "The communication with the home is good and they respond to and follow our treatments."

Care was person centred and staff appeared to know people well. People were supported to attend activities within the home such as sitting in the garden or partaking in a quiz, but only if they wished to. When we asked staff for a summary of people's needs they were knowledgeable about these and any recent changes in their physical and mental wellbeing.

Care records overall reflected people's needs and they were person-centred. There were care plans in place related to activities of daily living that people needed support with such as washing, dressing and mobility. Although reviews of these records took place regularly, some records we looked at related to people's care needs and their dependencies, lacked detail. For example, one person's care records were contradictory in relation to the assistance they needed with mobility and in another case information about one person's particular health condition was limited. There was no evidence, and we had no concerns, that staff were delivering care inappropriately as a result of a lack of information and clarity in some people's care records. However, the records did not always reflect all of the information that staff knew about people and how to support them appropriately. We discussed this with the providers and staff responsible for carrying out care plan reviews. The providers told us this matter would be addressed immediately and where necessary, additional information would be added to care records to ensure they contained enough detail for staff and any other people who may read them.

We recommend the providers review all care records to ensure they contain sufficient, relevant and up to date information.

Care monitoring tools were utilised within the service to ensure people remained healthy and received the care that they needed. These included food and fluid charts to measure people's nutritional intake, personal hygiene charts and weight monitoring. Staff used verbal handovers and a diary system for important information and appointments to be shared amongst them and to ensure continuity of care. This showed the provider had systems in place to ensure people's health and welfare was maintained and to respond to their needs.

People were offered choices. We observed staff asking if people wanted more to eat or drink and if they wanted an alternative food during the lunchtime meal. Staff asked people if they wanted to partake in a quiz and watch a film on one of the days that we visited. People told us that they were given choices, they made their own decisions and they felt under no pressure from any of the staff at the service to do anything in particular.

The provider ensured people had social interaction and inclusion through the provision of activities which aided their wellbeing. Forthcoming events were advertised on the noticeboard and these included entertainers and singers. One person told us they had enjoyed someone playing the accordion in the home and some trips out. One member of staff told us they had taken people out locally in recent months, in a minibus that the provider had made available and people had enjoyed ice cream and afternoon teas. Feedback from questionnaires recently issued by the providers indicated that people and their relatives would appreciate more outings, although they rated the activities currently on offer as 'good' or 'excellent'.

The providers told us that they rarely received complaints from people or their relatives and consequently there were no records available to us relating to complaints. People confirmed this. One person told us, "I can't think of anything to complain about. If I had to say anything or raise

Good

Is the service responsive?

anything I would." The complaints policy was available to people within the service user guide that they were issued with, which we saw present in their bedrooms and displayed on a communal notice board.

Systems were in place to gather people's views and the providers and people described an 'open door' policy within the service. This enabled people and their relatives to approach the providers to give their views or raise issues at any time. In addition, there were formalised residents and staff meetings which took place regularly which offered another avenue through which these parties could feedback their views. Questionnaires had been issued to people who lived at the home at the beginning of June 2015. Comments about the service were positive and included, "I'm very happy living here and get a lot of attention."

Requires improvement

Is the service well-led?

Our findings

One of the providers was registered as the registered manager as per the conditions of registration at this location. She had been formally registered with the CQC since October 2010. She was present on both days of our visit, as was the provider with whom she operated the business as a partnership. We found some concerns in that a small number of notifiable incidents had not been reported to us in line with the requirements of the Care Quality Commission (Registration) Regulations 2009. We discussed this matter with the providers. They gave us their assurances that this was an unintentional oversight and they would re-familiarise themselves with the requirements of this regulation immediately, ensuring that all future notifiable incidents are forwarded to us without delay.

We identified shortfalls related to the providers' lack of formalised systems for appropriate quality monitoring of the service. The providers were present at the home daily and it was evident that they had an oversight of the performance of staff and the care they delivered. However, we could not satisfy ourselves that the providers had robust overall monitoring systems in place as there was no evidence of audits taking place in key areas such as infection control, care records and health and safety. One health and safety check had gone past the recommended date that it should have been repeated, as there was no monitoring tool in place to check the dates by which equipment and utilities needed maintenance and servicing. In addition, although there was a medicines audit in place this was not extensive and did not look at the management of medicines as a whole. The providers did not keep records of, or create action plans for, any issues that they may identify. Without such monitoring in place, the providers could not demonstrate that they governed the service appropriately and that they identified, and then addressed, any emerging patterns or trends.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to Good Governance.

People told us they believed the service to be well-led; they spoke highly of the providers and said they were approachable. One person told us, "X (provider) is excellent. She is the type that will listen to you. X and Y (providers) are both very nice people." Another person told us, "X and Y (providers) run the home very well. It is top form; 5 star class!" In a recent questionnaire sent to relatives, one returned response stated, "It is so well run, Carham Hall, by the owners in every possible way."

We asked healthcare professionals who worked closely with the service for their views about the leadership of the home. Their feedback was positive. One healthcare professional told us the providers had made improvements to their service in recent years and their reputation in the local community had improved as a result. Another healthcare professional commented, "There have been some changes in the office staff, but I think the home is run fine."

Meetings took place for people who lived at the home and there were separate meetings for staff. Records showed that the provider relayed important messages about the service or any on-going matters during these meetings. Staff told us that outside of these meetings the providers regularly relayed information and gave direction.

Staff told us they were happy working at the home and they received good leadership from the providers. They told us the ethos of the service was to ensure people were happy and that their care, comfort and safety was maintained.

We reviewed the providers statement of purpose for the service and looked at their stated visions and values. This read, "We aim to foster an atmosphere of care and support which enables and encourages our residents to live as full, interesting and independent lifestyle as possible". We spent time talking with the providers and it was evident that they were passionate about the service and the people who lived at the home receiving the care they were entitled to.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: People who used the service were not protected against risks of receiving inappropriate or unsafe care and treatment, and the risks associated with health and safety, as appropriate systems and processes were not in place to monitor and evidence the delivery of the regulated activity. Regulation 17(1)(2)(a)(b)(f).