

Mr & Mrs J Baxter

Carham Hall

Inspection report

Carham Hall
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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Carham Hall provides accommodation, personal care and support for up to 22 older people, some of whom are living with dementia. At the time of our inspection there were 17 people living at the service.

We carried out an unannounced focused inspection of Carham Hall Care Home on 24 March 2016. At the last inspection on 29 and 30 July 2015 we asked the provider to take action to make improvements to governance arrangements and this action has been completed.

A registered manager was in post, who was also one of two registered providers for the service. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

People and a relative told us they were happy with the way the service was managed. Two people told us they felt a bit cold and we told the provider who arranged for the heating to be turned up immediately and said they would monitor the temperature in the service.

Systems were in place to monitor the quality and safety of the service. Audits in key areas such as medicines management, infection control, health and safety, and care plans had been carried out.

CQC had been notified of incidents in line with legal requirements.

Staff told us they felt well supported and that the provider, manager and deputy were visible, accessible and approachable. A reviewing officer told us that they had no significant concerns about the service and found that when any minor concerns were raised with the provider and manager that these were acted upon. A District Nurse told us they had no concerns about the service and that when they asked for things to be done that they were carried out. People told us that they felt the service was well run.

Regular meetings were held and surveys were provided to people using the service, relatives, staff, and other stakeholders, to obtain their views about the service. The views of people in the surveys we read had been acted upon.

The service had accessed and was involved with a quality improvement initiative designed to improve the quality of the experience of people living with dementia in the service.

The service maintained links with the local community and supported people to participate in traditional local celebrations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor the quality and safety of the service.

Staff felt well supported and told us that the providers were visible and accessible at all times.

The service took part in a quality improvement initiative to improve the quality of the experience of people living with dementia.

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 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 undertook an unannounced focused inspection of Carham Hall Care Home on 24 March 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider following our inspection on 29 and 30 July 2015 had been made. The inspector inspected the service against one of the five questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements. The inspection team consisted of one inspector.

We spoke with the provider, deputy manager, three staff members, and six people using the service. The manager was absent on the day of the inspection. We also spoke with the local authority safeguarding and contracts officers who told us there had been no safeguarding investigations or substantiated complaints made about the service. We spoke with a reviewing officer a district nurse, and two relatives.

Is the service well-led?

Our findings

At our last inspection we found the provider was in breach of one regulation concerning good governance. Systems to monitor the quality and safety of the service were not fully in place at that time. At this inspection we found that all the required improvements had been made.

A registered manager was in post who was also one of two registered providers for the service who operated as a partnership. The manager had been registered with the Care Quality Commission (CQC) since October 2010. She was unable to be present during the inspection although one provider was in attendance. A former member of senior care staff had been appointed as a deputy manager and was also present during the inspection. The deputy manager also took a lead administrative role.

People told us they felt well cared for and happy with the way the service was managed. One person said, "I think it's run very well." Another said, "I'm quite happy, no complaints." We spoke with a relative who told us they were happy with the way the service operated and said, "We are delighted with everything down there. We were apprehensive about moving our relative into a home but it couldn't be nicer. The management and staff are wonderful, they couldn't do enough for you. I haven't got one complaint. She loves the food and is so happy there. I'd recommend the home to anybody." Another relative told us, "We could not be more pleased with it. I cannot fault a single thing. It must be well managed from the top, it is always clean and the other people that live there always seem happy. They employ an excellent staff and [name of deputy manager] is excellent."

Two people said they felt a bit cold and we advised the provider who immediately asked the maintenance staff member to check the heating and timer settings. They agreed to monitor the temperature in the service. We asked staff and other people about the temperature and there were no other complaints.

An action plan was sent to CQC following the last inspection by the provider. This stated that monthly audits would be commenced in relation to the following areas; medicines management, health and safety, infection control and care plans.

We checked audits in each of these areas and found they had been completed regularly. The medicines audit included a check of the competency of staff to administer medicines. This was achieved by one member of staff being observed administering medicines by a manager once a month. Medicine records, stock balances and the safe storage of medicines was also checked during the audit.

A health and safety audit had been implemented and was carried out on a regular basis. A form was used to record that visual checks had been carried out on the safety and security of the premises and where anything was noted that required attention, we saw that these had been recorded and acted upon. The deputy manager told us, "We also test staff knowledge regarding the use of health and safety equipment. If workmen are in the building we are extra vigilant while they are on site to ensure the safety of the environment during the work."

An infection control audit tool had been sourced which was suitable for use in a hospital or nursing home, and adapted for use by the service. This meant that it was a detailed audit and a percentage score was recorded. Actions taken if necessary following the audit were documented.

We looked at the care plans of three people who used the service. Care plans were typed on the computer and printed hard copies were available. These were audited monthly on the date that corresponded with the room number of the person. We saw that care records were neat and well organised and that audits were up to date. We checked that copies of updated care plans and risk assessments were available and we were told that old copies were archived and available for reference if necessary.

Staff said they felt well supported and one staff member said, "The managers [providers] are very hands on here. They are here every day and meet with staff each morning. The deputy is really good too, it feels like a small family." Another staff member said, "They [providers and deputy manager] meet with us every day so the communication is really good. They are all approachable, I have been made very welcome, they work as part of the team as well."

We spoke with a reviewing officer from the Scottish Borders reviewing team who told us, "We have been generally happy with things at Carham Hall. We haven't been picking up any serious concerns. We found that the level of detail in the daily records meant that not all information was necessarily very relevant, and that there was a risk that important information such as falls and GP visits might become lost amongst the detail. We spoke to the manager about this and whenever we highlight any issues we find that they are addressed." They also told us, "The staff have a good knowledge of the residents. They don't need to go and check things when you ask, they know people well." We also spoke with a District Nurse who told us, "We don't have any concerns when we visit the service. We visit each week to do dressings. There is always a member of staff to accompany us which is helpful as they know people better and it probably helps them to keep up with what we are doing." They told us that when they asked the manager or staff to do something, that it was carried out.

We spoke with the provider who confirmed they met with staff each day during the morning handover. This meant that they had regular contact with day and night staff and were aware of what was happening in the service on a daily basis. A formal monthly meeting to discuss the results of audits was held between the providers and deputy manager. Meetings were held with staff bi monthly and we saw minutes of meetings that had taken place. General issues were discussed and we saw that praise and thanks had been passed on to staff. A number of thank you cards and letters had been received.

Meetings were held with people using the service and their relatives, and were sometimes held as a group or people were spoken to individually. Surveys had been provided to people, relatives and other stakeholders to obtain their views on the quality of the service. We read some of the responses which were positive. One person had asked if they could play a card game which staff had never heard of, so they had looked it up on the computer to find out how to play. Another person had said they missed having a "pot pie" [a type of suet pudding] so this was arranged for them by the cook.

The service accessed resources to support them in improving the quality of the service. For example, the deputy manager represented the service at a dementia working strategy group run by Scottish Borders Council and had contributed to the dementia working newsletter. The service had close links with the local community and celebrated local festivals and annual "civic weeks" for the local towns. This meant that people were able to participate in traditions they had enjoyed for many years.

We checked that CQC had been notified of incidents in line with the requirements of the Care Quality

Commission (Registration) Regulations 2009, as we had not been notified of all incidents at the last inspection. We found that notifications had been sent in line with legal requirements.