

Mrs Jean Baxter

Carham Hall Residential Home

Inspection report

Carham Hall
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 and 30 November 2018. Carham Hall Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Carham Hall Residential Home provides care for up to 22 people. There were 21 people living in the home at the time of the inspection, some of whom were living with dementia.

The registered provider managed the home. They had run the home for a number of years but this was the first inspection under their new registration as a sole provider.

Before the inspection, we were made aware of concerns about the management of medicines in the home. We found improvements had been made when we visited although these were yet to be fully embedded in practice. There remained areas for improvement at the time of the inspection.

The premises were clean and generally well maintained but we found not all wardrobes were secured to the wall and some maintenance issues had not been picked up during routine audits.

We were made aware of a concern about staffing in the home prior to the inspection. On the first day of the inspection we found the provider was struggling to fill gaps in staffing and staff were working extra hours to cover these. By the second day of the inspection the provider had secured the services of a care agency to support with staffing while new staff were being recruited.

Audits and checks carried out by the provider were not sufficiently robust to identify the issues identified before and during our inspection. There were gaps in records relating to staff supervision and appraisal. The provider and deputy manager told us they were keen to make any improvements necessary.

Safeguarding procedures were in place and suitable arrangements were in place for the recruitment of staff including checks on the suitability of applicants to work with vulnerable people.

People were supported with eating and drinking. Positive feedback was received about the standard of meals and where people were at risk of malnutrition, specialist advice was sought.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw numerous examples of kind, considerate care and people told us they felt well cared for.

People's needs were responded to in a timely manner. Care plans were in place which contained person

centred details about how people preferred to be cared for.

We received mixed views about the availability of activities. We have made a recommendation about this.

A complaints procedure was in place but no formal complaints had been received by the service.

Provision was in place should people wish to stay at Carham Hall Residential Home at the end of their lives. District nurses supported with care at this time.

We found one breach of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. This related to good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe

Procedures for the safe management of medicines had not always been followed. Although improvements had been made at the time of the inspection, these were not fully embedded in practice.

Routine checks on the environment had not picked up some safety issues such as not all wardrobes were secured to walls.

The service was operating short staffed on the first day of the inspection. The services of a care agency had been secured by the second day of the inspection.

Safeguarding procedures were in place and staff knew how to follow these. Safe recruitment practices were followed.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective

There were gaps in staff supervision and appraisals. A plan was in place to address these. The deputy manager had no formal supervision sessions recorded with the provider.

Staff received training which was updated at regular intervals.

The premises lacked dementia friendly design features. A plan was in place to address this.

People were well supported with eating and drinking and specialist advice was sought where there were concerns about people's nutrition.

Good ●

Is the service caring?

The service was caring

People and relatives told us the care was good.

Good ●

We saw numerous examples of kind and caring interactions between people and staff.

Two people were using the services of an advocate to support them to make and communicate decisions.

Is the service responsive?

The service was responsive

There was mixed feedback about the availability of activities. We have made a recommendation about this.

Care plans contained person-centred details about how people preferred their care. These were in the process of being further personalised.

A complaints procedure was in place. No formal complaints had been received and people and relatives knew how to complain if necessary.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Routine audits and checks were not suitably robust and had not picked up all the issues identified before and during the inspection.

The deputy manager was relied upon heavily yet was also having to support with direct care during periods of short staffing. Staffing had improved by the second day of the inspection which helped alleviate this.

Staff told us they felt well supported by the deputy manager.

Requires Improvement ●

Carham Hall Residential Home

Detailed findings

Background to this inspection

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

The inspection was carried out on 28 and 30 November 2018. The first day of the inspection was unannounced which meant the provider did not know we would be visiting. The second day was announced. It was carried out by one adult social care inspector.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

Prior to the inspection we reviewed the information we held about the service including statutory notifications. These are notifications of events and incidents the provider is legally obliged to inform us of. We also spoke with the local authority safeguarding and contracts teams. We used the information they provided when planning this inspection.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with six people, three relatives, the provider, deputy manager, two care staff, and one domestic. We checked two staff recruitment files, three care plans and a variety of records relating to the quality and safety of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe living in Carham Hall Residential Home. One person said, "I feel well looked after and safe." Relatives told us they could leave their relation in the care of staff without worrying about their safety.

Before the inspection, we were made aware of concerns about the management of medicines and staffing. Safe procedures had not always been followed for the management of medicines. No one had been harmed as a result, but this was a risk to the safety of people receiving support with medicines.

We found action had been taken to reduce these risks and new systems were in place for the management of medicines. These systems needed to be embedded into practice, and we found dates of opening of liquid medicines, was not always being recorded. We saw progress was being made, however, and we received positive feedback from a pharmacist from the medicines optimisation team who had visited the service to provide support.

On the first day of the inspection, we found staffing was short due to sickness. The deputy manager advised they helped to cover during periods of short staffing. We checked records and found staffing had been lower than the levels required to meet the needs of people on several occasions. Staff also told us they were tired and could not sustain working extra hours.

We reported our findings to the provider and deputy manager and by the second day of the inspection they had sourced the services of a care agency who had commenced supplying staff to fill shortages during the ongoing recruitment of permanent staff.

A monthly health and safety audit was carried out but this was a basic visual check and was not sufficiently robust. It had not picked up some of the environmental issues we found such as wardrobes which were not secured to bedroom walls, and a scratched wooden toilet seat which presented an infection control risk. We spoke with the provider and deputy about this who said they would make improvements to the audit who confirmed these issues would be addressed immediately.

A record of accidents and incidents was maintained but there was little evidence that these were analysed by the provider to enable them to learn from these events and try to prevent reoccurrence.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

There were systems in place for the safeguarding of vulnerable adults. Staff received annual safeguarding training and could explain to us the procedures they would follow in case of concerns of a safeguarding nature.

A fire safety risk assessment was in place and people had individual fire evacuation plans. These were on the

back of people's bedroom doors. They were not dated so it was difficult to check they had been reviewed.

Safe recruitment procedures were in place which included checks by the Disclosure and Barring Service on the suitability of staff to work with vulnerable people.

Risks to people were assessed and action was taken to mitigate these. Care plans we checked showed risks were assessed relating to falls and choking. Specialist advice had been sought to help staff with managing risks, for example those associated with supporting people displaying behavioural disturbance.

The home was clean and there were no odours. Personal protective equipment such as gloves and aprons were readily available and staff wore these when required. We spoke with a domestic who was aware of infection control procedures and how to store cleaning materials safely. Some bathroom bins needed to be replaced with pedal bins. We spoke with the deputy manager about this who told us they would arrange this.

Emergency contingency plans were in place in case of loss of utilities including an emergency generator. Freezers were also stocked with food in case of isolation due to snow. Some areas of the home felt cold but were not being used by people at that time. We spoke with people living in the home who told us they were warm enough. One person said, "I'm warm enough, my heater stays on low all the time" another said, "As far as I am concerned the temperature in the building is first class." A relative told us, "It is a difficult building to heat but it is always warm enough." Two people said it could be cold at times.

We recommend the temperature of the home is closely monitored to ensure the comfort of people, considering the mixed views we received.

Is the service effective?

Our findings

Staff received regular training to ensure they had the skills knowledge and experience to carry out their roles effectively. Refresher training was carried out annually. There were gaps in supervision and annual appraisals held with staff. Supervision and appraisals enable the manager and staff to identify any support and development needs. The deputy manager told us there was a plan in place to address these gaps. The provider had not held supervision sessions with the deputy manager, and supervision records lacked useful detail to allow for ongoing monitoring of staff performance. Staff we spoke with told us they felt well supported.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Several staff had higher vocational qualifications, and the deputy manager was working towards a management qualification. New staff were due to complete an induction based on the Care Certificate. The Care Certificate is an identified set of standards that care workers adhere to in their daily working life.

People were supported with eating and drinking. We joined people for lunch and there were several spontaneous comments about how much people were enjoying the food. One person told us, "The food is lovely, you get a lot of variety." Another person told us the desserts were lovely. Picture menus were on the table to help people to recognise their meal choices.

Where people required support with their dietary needs, staff had sought advice from a dietitian or speech and language therapist. Care records showed people had access to a variety of health professionals. One person told us their health needs were well met. They said, "We always get checked out. I have no grumbles." A relative told us their relation had put on weight and was eating better since moving into the home. People's weights were checked monthly or weekly if they were at risk of weight loss.

People's needs and choices were assessed. Pre-admission assessments were carried out before people moved into the home to ensure the service could meet their needs but these varied in quality and detail. Pre-admission information gathered prior to respite was person-centred and included good detail about the person's interests and preferences. There were gaps in the assessment form and we were advised the provider and deputy manager planned to review and streamline paperwork to avoid repetition and improve consistency.

The design and adaptation of the building did not always meet people's needs. The home was comfortable and bedrooms were spacious and personalised. There was signage on bedroom doors, but elsewhere in the building, there was insufficient signage to support people living with dementia to find their way.

We spoke with the provider and deputy manager about this who told us this had been picked up by a mock CQC inspection they commissioned. They had a copy of best practice guidance in this area from the Kings Fund and planned to use this during future redecoration and improvements in the home. The Kings Fund is

an independent think tank in England which focuses on health care.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The provider had submitted applications to deprive people of their liberty to the local authority in line with legal requirements. They had encountered some complication due to being on the border with Scotland which has a different legal structure relating to capacity.

We found there had been some clarification required as to whether the authority in England or Scotland was responsible for processing these applications due to people's previous addresses. We saw evidence the provider had remained in regular contact with both and sought advice where appropriate to ensure they discharged their legal responsibilities correctly. Where people had appointed Lasting Power of Attorney, this was clearly recorded.

Is the service caring?

Our findings

People told us they were well cared for. One person told us, "Staff are all nice. You just need to ask and they'll do anything for you." Another said, "Staff try very hard, they are very helpful." Relatives also spoke highly of staff and commented their family members always looked well cared for and comfortable when they visited.

We spoke with the local authority in Scotland prior to the inspection, and they told us they had carried out reviews of people's care. They told us there were no concerns about the care provided and no one had raised any complaints or concerns with them. Most people living in the home at the time of the inspection were from the Scottish side of the border.

We observed numerous examples of kind and compassionate care. People were supported at mealtime sensitively. Staff promoted people's independence by allowing them to do as much for themselves as possible. They offered regular help where needed but always asked first.

One person began coughing during lunch and staff supported and reassured them until they felt better.

The privacy and dignity of people was maintained. Staff offered support with personal care needs discreetly and knocked on people's doors before entering.

People were offered choices and included in decisions about their care. They were regularly asked what they would like to do and where they would like to sit for example. People could have keys and lock their bedrooms where it was safe for them to do so.

Advocates were available and used by two people in the home. An advocate provides independent support to people to help them make and communicate decisions.

Is the service responsive?

Our findings

People and relatives told us their needs were responded to in a timely manner. Comments included, "All care is performed promptly and properly. They carry out tasks with humour and efficiency", and, "There is always someone to help with concerns and they respond immediately."

There were examples of where staff had supported people to meet their individual goals and needs. One person was supported to use and top up their mobile telephone so they could maintain contact with their family. Another person wished to access the services of a solicitor. Staff had supported them to find a list of solicitors in the local area and helped them make an appointment.

We received mixed views about the availability of social activities. Comments included, "Something happens most days but maybe only of an hour or so," and "It is fair to say there is little going on." Surveys also highlighted there could be more activities including crafts. Other people told us they were satisfied with the level of activities provided in the home.

We recommend access to regular meaningful activity is kept under review due to the feedback we received.

Person-centred care plans were in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were considered when planning care. Care plans were electronic and the deputy manager told us they were in the process of reviewing care plans to remove standard statements and make them more personalised.

Care plans we checked contained a good amount of person-centred information. Records showed relatives had been included to provide information about people's social history for example, but we could not see where people had been involved, included or consulted about their care plans. We spoke with the deputy manager about this who agreed the involvement of people in the care planning process would be consistently promoted and documented.

A complaints procedure was in place. Relatives we spoke with said they knew how to complain but had not had to. The provider told us they had not received any formal complaints. We checked the complaints log and none were recorded.

Care was provided to people at the end of their lives if it was their wish to stay at Carham Hall Residential Home. There was no one receiving end of life care at the time of the inspection. District nurses were available to support staff to care for people when required.

Is the service well-led?

Our findings

This was the provider's first inspection since re-registering as a sole provider. They told us they were making plans for their future retirement and had passed some day to day responsibilities to the deputy manager, although they remained in overall charge of the running of the home.

At the time of the inspection, we found the deputy manager was frequently having to support with direct care due to staffing shortages. This meant they were unable to fully meet the demands of their role. By the second day of the inspection, staffing shortages were covered by an agency which improved this situation.

Checks on the quality and safety of the home had been carried out including health and safety, medicines and infection control audits, and a mock CQC inspection. Despite this, we found systems in place were not suitably robust and the provider had not picked up all the issues identified immediately prior to, and during our inspection. These included the unsafe management of medicines, environmental hazards, and gaps in supervision and appraisal records. The deputy manager had not received formal supervision with the provider despite the increase in responsibility they had.

On the first day of the inspection, we raised concerns about staffing and the long-term impact upon staff working extra hours and risks to safe care as further unexpected absences would be impossible to cover. The provider acted and secured the services of an agency although we were concerned this was in response to our visit.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Staff told us they felt well supported by the deputy manager and we received positive feedback from the local authority who told us they had worked hard to make improvements.

Feedback mechanisms were in place to seek the views of people using the service, and their representatives. Relative, resident and staff meetings were held on a regular basis although these were overdue. The frequency had been reviewed and these were to be less frequent. Minutes of these meetings showed people and their relatives were generally very positive about the care they received.

The provider was aware of their duties regarding the submission of statutory notifications to CQC. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Community links were evident during periods of bad weather where the roads to the home were ploughed clear by a tractor. The local church visited the home every month.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not fully in place to monitor the quality and safety of the service. Records relating to staff and the management of the service were not always accurately maintained. Regulation 17(1)(2)(a)(b)(d)(f). |