Four Seasons (DFK) Limited

Randolph House Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We undertook this unannounced inspection on the 1 and 2 December 2014. The last inspection took place on 30 August 2013 and the service was complaint in all the regulations we assessed.

Randolph House provides residential and nursing care for up to 70 older people. Accommodation is provided over two floors and there is a unit on the first floor that provides specific care for people living with dementia. The bedrooms are for single occupancy and there are sufficient communal areas, bathrooms and toilets. There is a large accessible garden and car parking.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were safe and had their assessed care, treatment and support needs met by

Summary of findings

sufficient numbers of adequately trained staff. We saw relevant checks were completed before members of staff were employed by the service to ascertain their suitability to work with vulnerable people.

The registered provider had a range of policies and procedures designed to help keep people safe. Staff were trained to recognise the signs of potential abuse and knew what action to take if they suspected abuse had occurred.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff understood the Mental Capacity Act 2005 and its principles in relation to people who lacked the capacity to make decisions themselves. These safeguards provide a legal framework to ensure people are only deprived of their liberty when there is no other way to care for them or to safely provide the required treatment.

We observed staff treating people with dignity and respect throughout the inspection. Staff spoke to people in a relaxed but positive manner and we saw they were encouraged to be as independent as possible. People's assessed needs were planned for and when possible they had contributed to their care plan and stated their preferences for how care and treatment was to be delivered. People were offered a range of choices in their daily lives.

The service was clean and free from malodours. The building was well maintained and suitably furnished. During the inspection a number of bedrooms were being redecorated after consultation with people who used the service.

People who used the service told us they knew how to make a complaint and they thought the registered manager was approachable. The registered provider had a complaints policy in place which was displayed in the entrance to the service.

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. Staff had been trained to recognise the signs of potential abuse and knew what action to take to keep people safe from abuse and avoidable harm.

People's care needs were assessed and staffing levels were planned accordingly. Risk assessments were in place and were reviewed periodically.

There were enough staff to meet the assessed needs of people who used the service. We saw evidence to confirm staff were recruited safely.

Medicines were ordered, stored, administered and disposed of safely.

Is the service effective?

Good

The service was effective. The registered manager and staff had received training in relation to the Mental Capacity Act 2005. Before care and treatment was provided, staff gained people's consent.

People were supported to maintain a healthy and balanced diet. Relevant professionals such as dieticians and speech and language therapists were contacted when required.

Staff had completed a range of training to ensure they had skills and knowledge required to support people effectively.

A range of health care professionals were involved in the care and treatment of people who used the service. People were supported to attend hospital appointments as required.

Is the service caring?

Good

The service was caring. Staff were aware of people's life histories and treated them with dignity and respect throughout the inspection.

People who used the service told us they felt they were listened to and they were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. People were involved in the planning of their care and when their needs changed, care plans and risk assessments were updated accordingly.

There were resident and relative meetings held to ensure people could raise any concerns they had. We saw evidence that when feedback was received it was acted upon to improve the care and support offered.

Is the service well-led?

Good

The service was well led. A quality monitoring programme was in place that ensured shortfalls in care and treatment were highlighted and action plans were developed to improve the service.

The registered manager was visible within the service. Staff we spoke with told us the registered manager was approachable and treated them fairly.

Randolph House Care 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 2 December 2014 and was unannounced. The inspection was led by an adult social care inspector who was accompanied by specialist professional advisor (SPA). The SPA had experience of working with people who were living with dementia.

We spoke with the local safeguarding team and the local authority contracts and commissioning team before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had no current concerns about the service.

We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with the registered manager, regional manager, dementia support manager, two senior carers, six carers, six people who used the service and four relatives.

We looked at eight care plans belonging to people who used the service and their medication administration records (MARs). We reviewed a range of documentation relating to the management of the service including staff training records, staff rotas, four recruitment records, meeting minutes, quality assurance audits and records of equipment maintenance.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and their needs were supported by suitable numbers of staff. Comments included, "Oh yes it's very safe in here; there is always someone about if you need anything", "Yes, I'm safe", "Yes, safe and sound thanks", "There is enough staff", "There are enough staff for me" and "Plenty of staff."

A relative we spoke with said, "Mum is safe in here; we like that she has the buzzer in her room so if she needs anyone she can use that and someone will come straight away." A second relative told us, "They check on her (the person who used the service) every couple of hours to make sure she is ok so we know she is safe."

Staff told us they had completed training in relation to safeguarding vulnerable adults from abuse and knew how to keep people safe. Training records confirmed this. The members of staff we spoke with could describe the different types of abuse that may occur and what signs to look out for which could indicate someone was being abused. A staff member told us, "It helps if you know your residents so you know if they are not being themselves but you might also see that they are nervous in some situations or around certain people. They could also be losing weight and you would see that their clothes did not fit." All of the staff we spoke with said they would report any concerns they had to the registered manager and they felt confident that they would take the appropriate action.

When people displayed behaviours that could challenge the service they were managed appropriately. Behaviour management plans were developed that provided detailed guidance for staff to manage the person's behaviours before PRN (as required) medication was used. A member of staff told us, "The (behaviour management) plans are really useful; they are a step by step guide, do this, then this, then this, so people's behaviours are managed in a consistent way." This demonstrated the least restrictive practices were used within the service

Risks were managed effectively to ensure people were not restricted and remained safe within the service. There was a designated room for people who wished to smoke within the home which we saw people using. We saw two people consuming alcohol during the inspection. The registered manager told us, "I have spoken with the safeguarding team about it (the people's alcohol consumption) because they like to drink every day; we have plans in place and monitor what comes into the home but it's their choice and they have the capacity to make the decision (to drink on a daily basis)."

Plans were in place to deal with foreseeable emergencies including the loss of electricity and gas or in the event of a fire or flood. The registered manager explained, "We have a contingency for most events." We saw personal emergency evacuations plans (PEEPs) were in place for each person who used the service.

Accidents and incidents were recorded and reviewed by the registered manager. We saw evidence that investigations took place and action plans were developed to prevent future reoccurrence. Risk assessments had been developed to keep people safe from harm in areas such as pressure area care, mobility, nutrition and falls.

During the inspection we saw that people had their needs met by suitable numbers of appropriately trained staff. Call bells were responded to quickly and people did not have to wait when they required assistance. The registered manager told us, "We assess people's care needs on an on-going basis so we know we have the right amount of staff on each floor." We saw evidence to confirm that staffing levels were increased in line with people's level of dependency.

Appropriate arrangements were in place for the storage, administration and destruction of medication. A 'management of medicine's' policy was in place which outlined how to manage medicines safely; this included controlled drugs and self-medication. The registered manager told us, "A new policy is being developed after we had an audit from our supplying pharmacy that said we should incorporate NICE (National Institute for Health and Care Excellence) guidance."

We observed a medication round carried out by a registered nurse and saw they signed the medication administration record (MAR) before the medication had been administered. We then witnessed a person refusing to take their medication which meant that the medication had to be inappropriately stored until the person was ready to take it or disposed of. We discussed this with the registered manager on the day and were given assurances this practice would cease immediately.

Good

Is the service effective?

Our findings

People told us that they believed the staff had the necessary skills to support them. One person said, "They (the staff) all know what they are doing, the manager is great she really knows her stuff." A second person told us, "Yes, the staff are very good at their job." People also told us staff gained their consent before care and treatment was carried out. Comments included, "The staff do everything at my pace and wouldn't do anything I didn't want" and "Oh yes, they always ask if it's ok or explain what they want to do before they help me."

Staff had completed a range of training pertinent to their role including, safeguarding, infection control, health and safety, fire and moving and handling. Staff told us they were supported by the registered manager during meetings, supervisions and appraisals. We saw evidence to confirm that supervision meetings were conducted on a regular basis and used as a forum to discuss ways of working, training requirements and areas for improvement. A member of staff said, "I have only just started; I'm really enjoying it, everyone has been so supportive" and "I have been shadowing another person so I can pick up how things are done."

People who used the service had their health and social care needs met by a range of health care professionals. Records showed advice and guidance had been gained from GPs, district nurses, occupational therapists, dieticians, speech and language therapists and the falls team. We saw evidence in care records to confirm that when people's needs changed, referrals to other health care professionals were made in a timely way. Due to a recent incident that occurred within the home, pressure mats and a door alarm had been installed in a person's bedroom.

The service's dementia unit was participating in 'Pearl' which is a person centred dementia care programme internally accredited by The Four Seasons organisation. One of the outcomes is to reduce the use of anti-psychotic medication, which can have a sedating effect on people. Staff participate in scenarios and experience life from the perspective of a person who is living with dementia through a variety of practical activities. A member of staff told us, "Pearl really lets you understand what life is like and that has helped us to provide more person centred care and reduce people's medication."

Throughout the inspection we observed staff gaining consent from people before care and treatment was delivered. A member of staff told us, "I always ask people if they want me to help them, even on the dementia unit when people don't always understand; it's what you have to do." A visiting relative described how staff gained consent from people, "The staff always ask for permission to do things, you hear them all the time, can I do this for you or do you want help with that."

We saw that people's capacity to consent to care and treatment was assessed before they moved into the home and recorded on the pre-admission assessment. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and people's relatives wherever possible. Meetings were held for a variety of reasons including moving into the service and having scans completed at the hospital. The registered manager told us, "The person who needed the scan has fluctuating capacity so we try and involve them with the meetings and ask them about it when they are having one of their better days."

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. A number of people who used the service were subject to such safeguards at the time of our inspection; the care plans and daily records showed us the care and support they received was the least restrictive intervention.

People were supported to maintain a healthy and balanced diet. The service's cook told us, "There is a choice of meals every day; we ask people what they want but display it in the daily menu." The cook also told us they were aware of people's preferences in relation to portion sizes, allergies, and dietary requirements such as who needed gluten free, pureed or soft diets.

Good

Is the service caring?

Our findings

People who used the service told us they were cared for by attentive staff who knew their individual needs. Comments included, “The staff are great, I get on well with all of them”, “The staff are lovely”, “Everyone has a kind word to say when you need cheering up” and “I love the staff, we sit and talk about the old days, I could talk all day about when I was a girl.”

A visiting relative we spoke with told us, “You can see that the staff genuinely care; there are people here who need lots of attention and they all do it with a smile on their faces, they are brilliant.” Another relative told us, “The staff are good at their jobs; they do things quickly, efficiently and know when things need doing with a bit of privacy.”

People’s individual needs were met by staff that had an understanding of their preferences for how care, treatment and support was to be provided. We saw that steps had been taken to ensure people’s religious and cultural beliefs were met. The registered manager told us, “We have had to produce detailed end of life plans for people with specific religious beliefs and had to ensure staff were aware so that people’s wishes were respected.”

We saw action was taken to relieve people’s distress and discomfort in a kind and professional way. The dementia care project manager told us that people who lived with dementia were observed for set periods of time and their ‘distress reactions’ were recorded using a specific tool that measures facial expressions. They said this information was then evaluated to ensure people were not in pain and were receiving appropriate levels of pain relieving medication. Doll therapy was used within the service; doll therapy is recognised as a purposeful and rewarding activity which can reduce people’s levels of anxiety.

During the inspection we witnessed one person purposefully walking in the corridors and they appeared to be distressed and disoriented. A member of staff spoke with them in a reassuring voice and used diversionary interventions which visibly calmed the person. It was clear that the member of staff understood what action to take and they were aware of the person’s life history; a conversation about where the person grew up and their childhood ensued.

People were treated with dignity and respect during the inspection. Staff were observed speaking to people in a respectful manner and offering people choices in their daily lives, for example if they wanted to participate in activities and where they would like to sit. Questions in relation to personal care were asked discreetly and when support was required, people were encouraged to be as independent as possible before being supported at a suitable pace to meet their needs.

The registered manager told us that there were no restrictions on visiting times and we noted relatives visiting family members throughout the inspection. A relative we spoke with told us, “We can visit anytime; she was not well last year and things didn’t look good. We had family here round the clock, the manager and everyone was really supportive” and “As you can see she has pulled through and I think that was a lot to do with how great the care is and how hard the staff work.”

Good

Is the service responsive?

Our findings

People who used the service told us they received the care, treatment and support they required and that staff were responsive to their changing care needs. One person said, "I choose who supports me, I like to have the same staff; they know my routine and how I like things done." Another person told us, "I don't really like to do the activities, I prefer to read in my room; the carers do tell me when the children come in from the nursery or when the church service comes."

People also told us they understood the service's complaints procedure and knew how to make a complaint. Comments included, "We are given the complaints information but I've never needed it", "I know how to complain and I would let them know if I was unhappy", "I would speak to the manager if I had any issues" and "I told the manager about something and she dealt with it straight away."

Each person who used the service had been assessed to ensure their care and support needs could be met before a place in the home was offered. When possible, people were involved in their initial assessment and had contributed to the development of their individual care plans. People or their relatives had signed to show their agreement with the content.

The care plans we looked at covered a range of specific areas including medication, continence, mobility, psychological, emotional and sexual needs, communication and skin integrity. The regional manager told us, "Care plans and risk assessments are in place for every area of care we provide." The registered manager explained, "We update both documents (care plans and risk assessments) whenever people's needs change." The care records we looked at confirmed this.

People's life histories including where they grew up, education, employment and people who were important to them was recorded and a 'my journal' document was used to record people's past achievements and future goals. A member of staff we spoke with said, "We try and make sure people can achieve things that are important to them; some people just want to maintain their health but other people still want to learn new skills. One lady reads every day and loves technology."

We saw that people who used the service were encouraged to maintain relationships with people that were important to them. A bar/bistro area had been created so people could spend time with their relatives and other visitors. The registered manager told us, "We receive emails from family members from all over the world. We print them off and show them or read them to people and send responses for them."

The registered provider had a complaints policy in place; we noted it provided further information in relation to acknowledgement and response times. It also advised what a complainant should do if they were unhappy with the investigation of their complaint. A complaints procedure was displayed in the main entrance and was also supplied to people in the welcome pack when they moved in to the home.

Resident and relative meetings were held regularly to ensure people were actively involved with the service. Satisfaction surveys were sent to people who used the service, relatives and relevant health care professionals. We saw evidence that when feedback was received it was used as a way to improve the service. A relative told us, "One of the best things about the home is that they actually listen. I've spoken to the manager about a couple of things like the laundry or Mum's hair and she listens and does what's needed."

Good

Is the service well-led?

Our findings

People who used the service told us the registered manager was approachable. One person said, “You can always speak to her; she isn’t one of those managers that just sits in the office all day.”

A member of staff told us, “It’s a great place to work; the manager is lovely, you can speak to her about anything “and “We have the dementia care manager, the nurses, everyone supports each other really.” The regional manager explained, “We have done a lot of work with the dementia specialist and want people to feel like they can influence what happens in their home.” Examples of how people had been involved in developing the service included what activities were undertaken, changes to the daily menu, the addition of the bar/bistro area and the redecoration of people’s bedrooms and communal areas.

We saw evidence to confirm that the registered manager completed safeguarding and other notifications as required. The regional manager told us, “I am informed of any serious incidents that occur and look at how they have been handled and what lessons we can learn; they are also reviewed by the health and safety manager so it’s a very robust process.”

Staff were aware of their responsibilities and understood what they were accountable for. We saw that the registered provider ensured new members of staff completed a role specific induction process and staff were supported through regular supervisions, one to one meetings with their line manager and yearly appraisals.

The regional manager told us the registered provider encouraged people’s relatives to give feedback on the staff who worked in the home. A ‘recognition of care and kindness award’ was awarded to staff when they had been nominated by people who used the service or their relatives for providing exceptional care and support.

Audits were completed periodically in a number of areas including, accidents and incidents, falls, complaints, pressure sores, medication, infection prevention and control and the environment. We saw the results of audits were evaluated and remedial action plans were implemented to drive improvement in the service. The regional manager told us all audits were saved into a computerised system so they could be reviewed by any of the registered provider’s management team. They also said alerts could be set up to ensure actions were completed in the agreed timescales.

National Institute for Health and Clinical Excellence (NICE) guidance, Nursing and Midwifery Council (NMC) medicines advice sheets and Medicines and Healthcare products Regulatory Authority (MHRA) alerts were used within the service to ensure treatment and support followed current best practice. The registered manager told us, “We do everything we can as a home and as part of the Four Seasons group to make sure that we offer the best possible care to people.”

The registered manager was aware of their obligations to report accidents or incidents as required. Notifications were submitted to the Commission and local authority commissioning and safeguarding teams.