

# Randall Care Homes Limited

# Tanfield House

## 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 ●

# Summary of findings

## Overall summary

### About the service

Tanfield House is a care home providing personal care to five people living with mental health needs. The service was provided in a house, which looked similar to other houses in the area. People living with physical needs had bedrooms on the ground floor. At the time of the inspection there were five people using the service. Public transport and a range of shops and healthcare facilities are located close to the home.

### People's experience of using this service and what we found

People told us that they liked living in the home and received the care and support they needed and wanted.

People's care and support plans were up to date. They included details about people's individual needs and preferences and guidance for staff to follow to ensure people received personalised care and support.

Staff knew people well and had a good understanding of their needs. They engaged with people in a considerate and friendly way.

Staff respected people's privacy and dignity and understood and valued people's differences. Staff supported people to maintain relationships with the people who mattered to them.

People were involved in making decisions about their care and to do with their day to day lives. People had opportunities to engage in social activities to benefit their well-being and prevent them from becoming socially isolated.

People were protected from the risks of harm, abuse and discrimination. Staff knew what their responsibilities were in relation to keeping people safe.

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

Systems were in place to ensure that people received their prescribed medicines safely. Medicines training was provided to staff and their competence to administer medicines was assessed.

People received the support they needed to stay healthy and to access healthcare services.

Systems were in place to monitor the quality of the service and make improvements where needed.

We have made a recommendation that the provider reviews and updates their medicines policy so that it meets current best practice guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was good (published 16 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Tanfield House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Tanfield House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This information included, the last inspection report and records of statutory notifications that the provider had sent to us. Statutory notifications include information about important events which the provider is required to send us by law. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection-

We spoke with a manager (the registered manager was not present at this inspection), the deputy manager, nominated individual (responsible for supervising the management of the service on behalf of the provider), therapeutic support worker and four care workers. We also spoke the five people using the service and one person's relative about their experience of the care provided.

We reviewed a range of records. These related to people's individual care and the running of the service. We looked at four people's care records, medication records and four staff employment records. A variety of records in relation to the management of the service, including policies procedures and quality monitoring records were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and risk assessment records. We received feedback from three local authority care managers responsible for commissioning people's care and one healthcare professional who had regularly visited the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse and the risk of avoidable harm. People told us they felt safe living in the home. A person's relative told us they had no concerns about the person's safety.
- Staff received training in safeguarding people. This supported them to understand the different types of abuse people may experience. Staff knew that they needed to report any suspected abuse and/or discrimination to the registered manager or other management staff, and if necessary the host local authority, safeguarding team, police and CQC.

Assessing risk, safety monitoring and management

- Systems to keep people safe and manage risks were in place. People's care and support plans included details of risks to people's safety. These included risks of not taking prescribed medicines, behaviour that challenged the service, smoking and risks associated with use of the kitchen. Risk management plans outlined measures for staff to follow to keep people as safe as possible.
- Staff were knowledgeable about the risks to people's safety. They knew how to manage risks associated with people's care, and that they needed to report any concerns to do with people's safety to management staff.
- Each person using the service had personal emergency evacuation plan (PEEP) which included details of the support they needed from staff to leave the premises in an emergency. Management staff told us they would ensure copies of the PEEPs were more accessible to staff and emergency services.
- The service had an up to date fire risk assessment. A manager and deputy manager told us they would seek advice from the London Fire Service to check that the risk assessment was suitable for the service. Following the inspection, the deputy manager told us they were in the process of improving the fire risk assessment to meet best practice guidance. Fire drills and fire safety checks took place regularly.
- Some doors that were in frequent use had devices that enabled them to stay open but ensured they automatically closed in the event of a fire to prevent it escalating. However, the lounge door and a passageway door were propped open. The deputy manager told us that they would ensure that those doors were kept closed until door opening devices had been fitted. They also confirmed that it was the provider's policy that all doors were closed at night. Promptly following the inspection, we were provided with confirmation that door safety devices for those doors had been purchased and a date for them to be fitted had been arranged.

Staffing and recruitment

- Appropriate recruitment and selection processes were carried out so only suitable staff were employed to care for people.

- Management staff told us that arrangements were in place to ensure that there were enough staff to meet people's care needs and flexible to ensure people had the support that they needed to attend appointments and take part in a range of activities and social events. A person told us they felt there were enough staff to provide them with the support they needed. They told us they were supported by staff to attend health appointments and went out for walks with staff. The person said, "There is always someone [staff] around."
- Staff had access to an on-call service which ensured there was always a manager available to them to provide management advice and support.

#### Using medicines safely

- People received the support that they needed with their medicines. Medicine administration records indicated people received the medicines they were prescribed.
- Staff received medicines training and had their competence to administer people's medicines safely assessed. Step by step guidance for safe administration of people's medicines was available.
- The service had a medicines policy. However, it did not cover all the areas of best practice guidance. For example, care home staff giving medicines to people without their knowledge (covert administration). Although this practice was not currently taking place, the medicine's policy should cover the possibility that there could be a time when due to a change in a person's needs this needed to be carried out. The medicine's policy was discussed with management staff who told us that it would be reviewed.

We recommend the provider consider current best practice guidance on managing medicines in care homes and update their medicine policy accordingly.

#### Preventing and controlling infection

- People lived in a service that was clean and free from any malodours. Staff followed cleaning schedules to ensure the home was kept clean. Where possible people were encouraged to carry out light cleaning duties such as wiping kitchen surfaces and tidying their bedroom.
- Staff had access to personal protective equipment such as disposable gloves when needed and received training in infection prevention. Good hand hygiene guidance was displayed in the home.
- The service had received a 'very good' rating following a food and hygiene inspection in October 2018.

#### Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. Management staff told us that any lessons learnt from incidents were always shared with staff and improvements made when needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been fully assessed by the commissioning local authority and management staff before they moved into the home. This helped to make sure the service was suitable for each person and that staff could provide people with the care and support they needed effectively and safely.
- People's care and support plans were developed from these assessments, so people received personalised care.
- Details of people's individual needs, including their cultural, religious, dietary, relationship needs, and preferences were included in their support plans. This helped staff to fully understand people's needs and effectively provide care and support.

Staff support: induction, training, skills and experience

- People told us they felt staff understood their needs and provided them with the support they needed.
- People were supported by competent staff who understood their individual needs. New staff received an induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely.
- Staff received relevant training and refresher training for their roles. The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills. One person had recently been diagnosed with a medical condition. This was discussed with management staff. Following the inspection, the deputy manager told us that details of the condition with guidance about supporting the person with managing their condition had been shared with staff. They also told us a relevant charity had been contacted by the service to provide staff with appropriate training about the condition, to ensure the person received effective care.
- Staff told us that they received the support they needed from management staff. They received supervision and appraisal of their development and performance. A person's relative and a healthcare professional spoke highly of the care and support provided by staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were met by the service. A person told us they enjoyed the meals. A manager told us that the service encouraged people to eat healthily.
- People had a choice of what they wanted to eat. During the inspection we saw that people ate different lunches, which people told us they had chosen and had enjoyed. People had their own food storage cupboards and were supported to buy food items of their choice. A person told us, "The meals are sufficiently good. I make myself cups of tea."
- People's weight was monitored closely. Staff knew that they were required to report all changes in

people's weight to management staff and refer to healthcare professionals when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records included details that informed staff about people's health, behaviour and wellbeing. Personalised guidance was in place for staff to recognise when there was deterioration in those needs and to provide people with the support they needed.
- Staff engaged with people, their families (when applicable), and with other agencies to meet the health and care needs of people. They worked with them to ensure people received responsive and effective care.
- People told us staff supported people to access a range of healthcare services, which included dentists, opticians, chiropodists and GPs. A person told us, "A man comes and cuts my toenails, and the dentist is along the road, I get a check-up."

Adapting service, design, decoration to meet people's needs

- People with mobility needs had bedrooms on the ground floor. People were provided with the equipment they needed to move about within and outside of the home.
- Two healthcare professionals told us that they felt the home environment was tired looking and could be more 'homely' and 'stimulating' for people. A person's relative told us that the person's bedroom had been decorated before they moved into the home. A person told us they were satisfied with their bedroom.
- The home provided people with a secure and safe outside garden area. People were seen to access the garden freely.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were being supported by staff who had received training on the MCA and understood the principles. People made their own decisions. Staff knew that when a person was assessed as not having capacity to make decisions a best interest meeting and process would be followed.
- Staff told us they always asked for people's agreement before supporting them with personal care and other tasks. A person confirmed this.
- DoLS were in place for people who needed them to keep them safe. We noted that the front door was sometimes locked, which could be a restriction of liberty for people without a relevant DoLS. The deputy manager told us that people asked staff to open the door when they wished to go out. Following the inspection, the deputy manager provided us with an example of a person's updated care plan which now included a personalised risk assessment with risk management guidance regarding the locked door.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were treated well by staff and were satisfied with the service they received. Staff treated people with respect and engaged with them in a supportive and friendly way. A person's relative spoke very highly about the staff. A person told us, "They [staff] are nice and respect us as individuals."
- People were supported by staff who knew people's needs, personalities, likes and dislikes well. Staff told us they spent time speaking with people to get to know them.
- Staff were knowledgeable about people's differences and knew about the importance of respecting people's diversity and human rights. There was some information about people's backgrounds in their assessment records but little detail in people's care plans. Management staff told us they would incorporate more information about people's earlier experiences in their care and support plans.
- Healthcare and social care professionals told us that people had told them they were happy with the service they received. One healthcare professional and relative told us that a person had benefited from receiving support from staff who fully understood their cultural needs.
- People's religious needs were respected. A person told us that they could attend a place of worship if they wished to do so but preferred not to. They said, "I like the bible but don't want to go to church."

Supporting people to express their views and be involved in making decisions about their care

- People had opportunities to express their views. They had one to one meetings with staff and attended regular care plan reviews during which they were asked to feedback about their experience of the service. Management staff including the registered manager visited the service most days. During the inspection we heard the deputy manager and a manager asking people how they were. A person spoke positively about the management staff and told us they wouldn't hesitate to speak with them. The provider's office was located next to the service, so easily accessible to people.
- A person using the service told us they felt involved in decisions to do with their care. They told us, "It's a good atmosphere. I feel I am listened to." A person's relative told us they had been fully included in decisions to do with the person's care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff were considerate and respectful of people's privacy. People's care records were stored securely. Staff understood the importance of confidentiality. They knew not to speak about any people unless they were involved in the person's care.
- People had keys to their bedroom and they opened their own mail. Staff understood that people sometimes chose to spend time alone in their bedroom. A care worker told us, "If they [people] want to be

alone we respect that." Staff knocked on people's bedroom doors and waited until the person answered and opened their door. A person told us, "I have privacy. They are good, they leave me to it when I have a bath."

- Staff encouraged and supported people to do as much as they could for themselves including helping with minor household tasks and learning and developing skills that supported their independence. Care plans highlighted what people could do for themselves and how staff should assist with this. Staff told us that people sometimes needed a lot of encouragement and support as their motivation to do things was at times poor.
- People's independence and dignity was promoted. A person told us they had a free travel pass, which enabled them to travel by bus to a shopping centre and to other places. Records showed that a person had been supported to obtain a postal vote at the time of a recent local council election.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support plans detailed people's individual needs and included personalised guidance about how staff needed to support them. They were reviewed regularly with people's involvement to ensure they remained current and provided accurate information about their needs and preferences.
- Staff were knowledgeable about each person's needs. They communicated effectively with each other about people's progress. Handover meetings and a communication book were used to share information. This meant staff were kept up to date about all changes in people's care and support needs.
- A person's relative told us they were always kept informed about any changes in a person's needs.
- A person spoke of the choices they made and told us, "We have choice. There is a good choice of food." A care worker told us, "We give [people] suggestions. They choose."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People using the service spoke English and could read. Management staff told us they would ensure that information would be provided in a personalised accessible format if people's communication needs changed or they developed a sensory impairment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to maintain the relationships people wanted. A person told us that they received regular visits from a relative.
- A person spoke of the activities they enjoyed and of the support they had received from staff to take part in them. They told us that they had enjoyed going on walks and attending social gatherings. They told us, "We go to cafés, and celebrate people's birthdays." Another person spoke of regularly going to a local shopping area. People had the opportunity to participate in one to one counselling sessions as well as a range of group activities that included cooking, relaxation, pottery and art. A member of staff spoke of further activities that were planned and told us, "We have stepped activities up."
- Several people had recently been supported by the service to go on holiday. A person spoke of having enjoyed it. A care manager spoke positively of the benefit to a person going on holiday and told us that "[Person] had not had one for ages."

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. service had a complaints policy. There were no recorded complaints. A person told us that they had "no complaints," but would speak with a manager if they had any concerns about the care and support they received.

End of life care and support

- There was no one receiving end of life care at the time of the inspection. Management staff confirmed they would ensure that staff received the training and support they needed to provide people with personalised care at the end of their life. They told us that people's relatives, staff, community healthcare professionals such as GPs and palliative nurses would be fully involved in supporting people with their end of life care needs when this was required.
- Management staff told us they would ensure people's care and support plans were further developed so they included information about people's end of life preferences

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager was not available during the inspection. However, we spoke with other management staff and the nominated individual who all shared responsibility for the management and running of this service. They were clear about their roles and responsibilities in ensuring people received the service they needed and wanted.
- Management carried out regular quality checks of the service. These had been improved since the last inspection and covered checks of the environment, medicines and other areas of the service. Care staff also carried out checks of several areas of the service. These include day to day cleaning tasks and temperature checks of fridge and freezers and hot water outlets. Records showed that action had been taken to address deficiencies found.
- Learning was shared with staff to prevent reoccurrence.
- A person told us they thought the service was well run. A relative spoke highly about the service that a person received and of how it had benefited the person's well-being and mental health needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management ensured that staff had the information and up to date guidance they needed to provide people with personalised effective care.
- A person's relative told us their experience of the staff was positive. They told us that they felt staff were competent and seemed to be knowledgeable about a person's needs whenever they visited. They told us, "I can't praise the staff highly enough. They are very good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management staff and care staff were aware of their responsibilities to provide CQC, local authorities and other relevant agencies involved in people's care with important information.
- They understood the importance of being open, honest and transparent with relevant persons including people's relatives, in relation to people's care. They knew they needed to take responsibility when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's equality and diversity needs were understood by the service and supported. People's individual needs and abilities were respected by staff who treated people equally.
- Staff told us they felt listened to and supported by the management. They told us they felt able to feedback their views about people's needs and other aspects of the service.
- Management staff engaged with staff about people's needs and other aspects of the service in a range of ways that included staff meetings, staff supervision meetings, ongoing verbal communication and via email and text messaging. A care worker told us, "We can call management at any time, there is always someone available to speak with."
- A relative told us they provided written feedback whenever they visited the service. Annual surveys about the service had been completed by some people.
- The service worked in partnership with health and social care professionals to improve outcomes for people. Local authority commissioners (healthcare and social care professionals that fund peoples' care) told us that people's needs were being met by the service. One commissioner spoke of there having been good communication with management staff. Another told us that they felt communication about a person's progress could be provided more often. The deputy manager said they would address this and would send feedback surveys to commissioners for them to complete so they could respond to any issues they raised.