

Randall Care Homes Limited

Tanfield House

Inspection report

Tanfield house
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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

This unannounced inspection of Tanfield House took place on the 6 January 2015. Tanfield House is a care home registered to provide personal care and accommodation for five people who have mental health needs. On the day of our visit there were four people living in the home. Public transport and a range of shops are located within walking distance of the service.

At our last inspection 23 September 2013, we found the provider met the regulations we inspected.

There was a registered manager in place. 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.

The atmosphere of the home was relaxed and welcoming. Throughout our visit we observed caring and

Summary of findings

supportive relationships between staff and people using the service. Staff interacted with people in a friendly and courteous manner. People told us they were content living in the home.

People were involved in decisions about their care and support, and were not restricted from leaving the home. People told us their privacy was respected and they were supported to maintain good health. People's health was monitored and they received the advice and treatment they required from a range of health professionals.

People were cared for by staff who understood people's needs and had the knowledge and skills to provide people with the support and care they wanted and needed. Staff received a range of relevant training and were supported to obtain qualifications related to their work. Staff told us they enjoyed working in the home and received the support they needed from management staff to enable them to carry out their roles and responsibilities. The staffing of the service was organised to make sure people received the care and support they needed.

Staff understood how to safeguard the people they supported. People told us they felt safe. People's

individual needs and risks were assessed and identified as part of their plan of care and support. People's support plans were personalised and contained the information and guidance staff needed to provide people with the care they needed and wanted.

People had the opportunity to participate in a range of activities, and to participate in the local and wider community. People's relationships with family and those important to them were supported.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

Staff had an understanding of the systems in place to protect people who were unable to make particular decisions about their care, treatment and other aspects of their lives. Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There were effective systems in place to monitor the care and welfare of people and improve the quality of 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?

The service was safe.

Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm. People told us they felt safe. People had risk assessments to protect them from harm whilst promoting their independence.

Medicines were managed and administered safely.

Staff recruitment was robust so only suitable people were employed in the home. The staffing of the service was organised to make sure people received the care and support they needed.

Good



Is the service effective?

The service was effective.

People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare professionals to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home. Any restrictions to people's liberty were appropriately authorised.

Good



Is the service caring?

The service was caring.

Staff knew people well, were kind and had developed positive caring relationships with people using the service. Staff respected people's dignity and encouraged them to be involved in decisions about their care. People's independence was supported and promoted.

Staff understood people's individual needs and their right to privacy.

People's relationships with family and those important to them were supported.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their individual needs. Each person had a care plan which detailed their specific needs and arrangements were in place to monitor and review those needs.

People were supported and encouraged to take part in a range of individual and group activities. People's individuality was respected and they were supported to make choices about their lives.

Good



Summary of findings

Complaints were managed appropriately. Staff understood the procedures for receiving and responding to concerns and complaints. People told us they felt able to raise any concerns they had about the service.

Is the service well-led?

The service was well led.

The home had a registered manager who was available to people, relatives and staff. Staff told us the registered manager and other management staff were approachable and communicated well about all areas to do with the service.

People were asked for their views of the service, and action was taken to make improvements when issues were identified. Staff were confident that any concerns they raised would be addressed promptly and appropriately.

There were processes in place to monitor and improve the quality of the service.

Good



Tanfield House

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.

This inspection took place on 06 January 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information we had received about the service. This information included

notifications sent to the Care Quality Commission (CQC) and all other contact that we had with the home since the previous inspection. We talked with the four people using the service. We also obtained feedback about the service from two social workers and a relative of a person using the service.

We spent time observing how staff interacted with and supported people who used the service. We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; three people's care files, three staff records, audits and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. There were policies and procedures in place to inform staff of the action they needed to take if they suspected abuse. Staff informed us they had received training about safeguarding people and training records confirmed this. Staff were able to describe different kinds of abuse and the action they needed to take to report any concerns. Staff knew about the whistleblowing procedures, and were confident that any safeguarding concerns would be responded to appropriately by the registered manager and other management staff. A relative of a person using the service told us they were confident the person was safe living in the home.

Medicines were stored, managed appropriately and administered to people safely. Records showed the medicines management and administration systems were regularly checked by the general manager and improvements made when needed. Staff had received medicines training and had received an assessment of their competency to manage and administer medicines to people safely. Within each person's care plan there was detailed information and guidance about each person's specific medicines needs. Staff were aware of this information. Medicine administration records showed that people had received the medicines they were prescribed. A person we spoke with told us about some of their medicines and said they were administered by staff. Records showed that the medicine procedure had been discussed during staff supervision meetings.

Through our observations, talking with staff and looking at the staff rota we found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff confirmed that they felt there was enough staff on duty to provide people with the care and support they needed safely. The general manager told us staffing levels were adjusted to meet the changes in needs of people and to make sure people were supported to attend health appointments and participate in a range of activities. She provided us with an example of when extra

staff had been on duty in response to a person's behaviour that had challenged the service. A care worker spoke of there being consistency of staff who all knew people well and understood their individual needs. We found that staff were busy but had time to spend talking with people and to provide people with the care and support they needed.

Care plan records showed that risks to people were assessed and guidance was in place for staff to follow to minimise the risk of the person being harmed and to support people to take some risks as part of their day to day living. Risk assessments had been completed for a selection of areas including people's behaviour, medicines, fire safety, environment and risk of abuse including financial abuse. They had been regularly reviewed. Staff were aware of the details of people's risk assessments.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

There were appropriate arrangements in place for supporting people with their finances when this was needed. We saw receipts of expenditure and appropriate records were maintained of people's income and spending. Regular checks of the management of people's monies were carried out by management staff to reduce the risk of financial abuse.

Staff took appropriate action following accidents and incidents and action was taken to minimise the risk of them occurring again.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. Improvements in response to these checks were made. Regular fire drills were carried out, so staff and people using the service knew how to respond safely in the event of a fire.

Is the service effective?

Our findings

Staff told us they received the training they needed to carry out their responsibilities in providing people with the care and support they needed. A support worker told us “I have lots of training including external training.” Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included safeguarding people, infection control, fire safety, moving and handling, food safety and first aid. Other training and workshops specific to the needs of the service were provided. This training included understanding mental health, understanding and responding to challenging behaviour, and person centred risk assessment. Records showed staff had also achieved qualifications relevant to their roles. A support worker said “I have National Vocational Qualifications level 2 and 3 in health and social care.”

New staff had been provided with induction training so they knew what was expected of them and to have the skills they needed to carry out their role. A care worker told us their induction had included spending time with people and talking with them to get to know them, and reading policies and people’s care plans.

Staff said they felt well supported by the registered manager and other senior management staff. Records showed staff received regular supervision with a senior member of staff to monitor their performance, discuss best practice and identify training needs. We saw from looking at staff supervision records that a number of areas had been discussed. These included the importance of a comprehensive ‘handover’ about each person’s needs being carried out during each shift, and the promotion of people’s rights. Staff received an annual appraisal where their performance and personal development needs were reviewed.

Staff told us there was very good communication among the staff team about each person’s needs, so they were up to date with people’s progress and knew how to provide people with the care and support they needed.

People’s health care needs were met and monitored. They had access to a range of health professionals including; GPs, psychiatrists, opticians, nurses, dieticians and dentists to make sure they received effective healthcare and treatment. A person attended a health appointment during

the inspection. Another person said “I see the doctor if I need to. The surgery is nearby.” A relative of a person told us their family member attended a range of health appointments and the person had recently attended an optician appointment. A social worker told us that a person using the service had not agreed to attend health appointments until they moved into the home.

People told us they were happy with the layout of the home and liked their bedrooms. A relative of a person told us the premises was appropriate for the person and “always looks nice, clean and tidy.”

The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make one or more decisions for themselves. The registered manager knew what constituted restraint and knew that a person’s deprivation of liberty must be legally authorised. A person was subject to a DoLS authorisation. A support worker we spoke with had a good understanding of when an application for authorisation for DoLS was required, and told us they had received training about the MCA.

Information in people’s care plans showed that people were involved in decisions about their care and treatment. When people were assessed as not having the capacity to make a specific decision, health and social care professionals, staff and on occasions family members would be involved in making a decision in the person’s best interests. A social worker provided us with an example of when a decision about a person’s care had been made in the person’s best interests.

The menu included a range of meals, which catered for people’s varied preferences, and dietary needs. People were complimentary about the meals. They told us that they had a choice of what to eat and drink. People confirmed that snacks were available at any time. A person showed us their food cupboard where they stored personal food items. We saw people making sandwiches and other snacks of their choice during the inspection. Staff and people using the service told us that each person had a weekly cooking day when with help from staff they cooked an evening meal they had chosen for people using the service. Photographs showed us people had recently contributed to the preparation of a festive meal. A person told us “I choose what I want to eat.” People’s nutritional needs were assessed and monitored. Records showed a

Is the service effective?

person who had a medical condition and was at risk of malnutrition had received advice and support from a

dietician. A record of an appointment with the dietician showed the person had gained weight which indicated the person and staff had followed the dietician's guidance and recommendations.

Is the service caring?

Our findings

People using the service were complimentary about the attitude of the staff and told us they found staff to be friendly and supportive. The atmosphere of the home was relaxed. We saw that people were supported in a respectful and kind manner by staff. There was pleasant interaction between staff and people, staff spent time speaking with each person in a friendly and sensitive way. People spoke about the positive relationships they had with staff and told us “I am very well looked after,” “They [staff] are nice and friendly. They listen to me,” “I go out,” and “I can talk to any of the staff if I need to.”

People’s relationships and contact with their family and others important to them were supported by staff. A relative of a person told us they were very happy with the care their family member received in the home. They told us “[The person] is happy and when [the person] is happy I am happy. The staff are very caring, they involve me, they are like family.” This relative confirmed they visited a person at different times of the day and was always welcomed by staff.

People told us they were happy with the care they received and were involved in decisions about their care. During the inspection we found staff took time to listen to people and involved them in making decisions, which included deciding what they wanted to eat and what they wanted to do.

All the people we spoke with told us their privacy was respected. Staff knocked on people’s bedroom doors and waited for the person to respond before entering. People’s choice to spend time during the day in their bedroom was respected by staff. A person told us “I have my own key to my room, I like that.” We saw people locked their bedroom door when they left the room. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person’s care and treatment. We saw people’s records were stored securely.

Staff had a good knowledge and understanding of people’s individual needs. They told us they got to know people by speaking with them about their lives, interests and needs. Staff confirmed they read people’s care plans and received detailed information about each person’s progress during each shift they worked. Staff told us they supported people to be involved in decisions about their care and treatment by providing the information and explanations they needed, for example about the importance of attending health appointments. People confirmed this, and told us they were aware of and involved in their care plans. They told us they had regular meetings with their keyworker where aspects of their care plan were discussed. Records of these meetings showed activities, smoking and finances had been discussed with people using the service.

Care plans included information about people’s life history, cultural and spiritual needs and showed that people had been consulted about the care they wanted to receive. A social worker told us that a person’s key worker was from the person’s country of origin, which had helped in the understanding of the person’s cultural needs and their settling into the home. The provider had acknowledged survey feedback from people saying they did not visit places of worship and had responded by providing people with opportunities to do so but people had declined the gesture. A person told us they chose not to visit a place of worship.

People’s independence was encouraged and supported. Staff had received training about prompting people’s independence. People made snacks and drinks, went out into the local community and were involved in household tasks such as tidying their bedroom and managing the laundering of their clothes. People had travel passes which enabled them to travel without cost on public transport as frequently as they wanted. A person told us “I like to be as independent as possible.” Records showed people were recorded on the electoral register so had the opportunity to vote in elections.

Is the service responsive?

Our findings

People's individual care and support needs had been assessed by management staff with involvement from the person, health and social care professionals and sometimes family members. A support worker described the ongoing assessment of the needs of a person who had recently moved into the home. They told us the assessment process helped staff identify people's skills and needs and the areas; such as personal care and communication, which could be further developed. This assessment formed the basis of the person's care plan, which included information about what was important to them, people's interests and their preferences. A support worker told us "I talk to clients to get to know what they want." People confirmed they had been asked about their wishes and requirements before moving into the home. A social worker told us their client had been fully involved in choosing the kind of service they wanted to receive and had chosen the home as people from their country of origin lived and worked in the home.

People's care plans were reviewed monthly and more frequently if people's needs changed, for example if they became unwell or their behaviour challenged the service. Comprehensive reviews of people's needs took place regularly with the involvement of health and social care professionals. Social workers we spoke with confirmed this and told us they were kept informed of people's progress. People's care plans were reviewed and updated, following changes to their care and treatment. We saw that people had signed their care plans and the minutes of some meetings they had with their key worker.

One to one meetings between staff and people using the service took place. A support worker told us that these meetings enabled staff to pick up any concerns to do with the person's needs, which were then addressed after speaking with the registered manager and/or other management staff. From observation, talking to staff and people we found staff had a good understanding of each person's needs. A relative told us they were kept informed about their family member's progress and of any changes in the person's needs. They commented "They always keep in touch with me."

Staff told us they had a comprehensive 'handover' meeting at the beginning of each shift when each person's needs and progress were discussed so staff knew how to provide people with the care they needed. Notes were also written by staff about each person's progress during each shift. Staff confirmed they made sure they read these records. A support worker told us "I know what is going on. I read people's care plans and write in them updates about each person's care. We get to know if people are fed up, we observe, ask them how we can help them and discuss with management."

Despite staff being busy throughout the inspection they found time to talk with people and encourage them to take part in activities, but respected people's decision if they chose not to. People told us about the choices they made. A person told us "I do what I like, if I don't want to join groups I don't have to. I play the piano, and I sweep my room and staff clean it." Another person spoke of a group activity they had attended. A 'goal setting' group activity took place during our inspection. Other group sessions including a 'relaxation' group and a 'hearing voices' group took place regularly. During the inspection a person went out to the local shops, another person went out with a member of staff. People told us about trips to the local cinema they had enjoyed, and records showed that people had the opportunity to take part in outings to pubs, restaurants, art galleries, museums and coastal resorts. Another person spoke about going out and said "I sometimes catch buses."

Staff knew they needed to report all complaints to the registered manager and/or general manager. People using the service and a relative told us that they felt comfortable raising complaints and felt confident that they would be responded to appropriately. Records showed appropriate action had been taken to address complaints.

People told us they had the opportunity to feedback about the service they received by completing feedback questionnaires and participating in meetings with staff. A person said "I have meetings with my key worker, I can speak about things."

Is the service well-led?

Our findings

The registered manager had managed the home with support from other management staff for several years. She and the general manager spent time in the home during our inspection. There was positive interaction between them and people using the service, we heard them talking with people in a respectful manner and asked them how they were. People using the service and staff spoke positively about the management staff. They told us they were approachable and communicated with them well. A person commented “Staff listen, they do their best.” Comments from staff included, “Management staff are very good and helpful,” and “We talk to the managers about any issues and they listen and deal with them.”

Staff told us the registered manager and other management staff listened to them and provided them with the support they needed as well as keeping them informed about any changes to the service. They told us they felt confident to raise any concerns they might have. Regular staff meetings were held. Minutes of these meetings showed that a range of topics to do with a number of areas of the service had been discussed with staff. These included respecting people’s privacy, record keeping and people’s rights.

The general manager undertook audits to check the quality of the service provided to people. This included checking the quality of care records, people’s health and well being, complaints, health and safety checks and the management of medicines and making improvements when needed.

People had completed feedback questionnaires about the service. Most people had responded positively to questions about the service. Issues raised from a recent survey had been addressed; for example people had been offered a copy of their care plan in response to feedback about being unaware of their plan of care, and further activities including karaoke and board games had been made available to people following their request for them.

Records showed the home worked well with partners such as health and social care professionals about the service provided to people. Social workers spoke in positive manner about the service. They told us they had good interaction with staff and commented “I have been impressed from the off with the level of professionalism throughout,” and “I haven’t had any adverse experiences or concerns about the service.” A social worker told us the registered manager sent them a monthly report about the progress of a person using the service which assisted them in the monitoring of their client. The visitor’s record book showed there was a range of health and social care professionals who regularly visited people living in the home.