

Knights Care 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 ●

Summary of findings

Overall summary

About the service

Randolph House is a care home providing personal care to up to 70 people. The service provides support to older people some of whom may be living with dementia and younger adults. At the time of our inspection there were 37 people using the service.

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

People were supported to remain safe. Staff knew how to report allegations and concerns of abuse and understood their roles clearly and what was expected of them. People received their medication as required and staff were competent and trained in the administration of medication.

There was enough competent staff on duty and the service regularly reviewed staffing levels and adapted them to people's changing needs. Staff understood their role in raising concerns and reporting accidents and incidents. Lessons were learned and communicated to support improvement in the service.

The service managed infection, prevention and control well. Staff were trained and understood their roles and responsibilities for maintaining high standards of cleanliness and hygiene.

Staff completed an induction and did not work unsupervised until they felt confident to do so. Staff had the right qualifications to carry out their duties and told us they would be supported to undertake further training to improve and enhance people's care.

Complaints were listened to and responded to in good time. People and their relatives told us they felt confident if they complained they would be listened to and taken seriously. Comments from relatives included "I have no complaints we are happy with everything" and "I have no reason to complain now under the new management, they are very good."

Assessments of people's needs were completed and regularly reviewed and updated. Referrals to external services were made to ensure people's needs were met.

People were treated with kindness and respect. People were consistently positive about the caring attitude of staff. Comments included, "The staff are lovely, kind and really caring", "They know my relative well and treat them with respect" and "They are caring, professional and very good."

People received person centred, responsive care. Care plans and risk assessments were detailed and provided staff with information to maintain people's quality of life.

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 service supported this practice.

The service has a positive culture that is person centred, open and empowering. People and their families are involved in the service in a meaningful way. The service engages and involves staff and ensure their views are acted on to shape the culture of the service.

The provider monitored performance and risk in the service to promote and deliver quality improvements. Staff were fully engaged in the quality improvement plan to ensure they understood their role in driving improvements in the service.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 22 August 2022) and there were breaches of regulations. Warning Notices were served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

This service has been in Special Measures since 22 August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At our last inspection we recommended the provider made improvements to ensure people were respected and received dignified person-centred care. Systems required improving for managing complaints and guidance in relation to Accessible Information Standards (AIS). At this inspection we found the provider had acted on the recommendations and we were assured staff were treating people with respect and supporting them in a dignified way. Care plans were personalised and identified the needs of people. Processes had been improved for responding to complaints and the provider was meeting people's communication needs.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and whether the Warning Notices we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) had been met.

The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Randolph House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Randolph House Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector, a medicines inspector and an Expert by Experience. An Expert by Experience also spoke to relatives the following day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Randolph House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Randolph House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and 12 relatives to ask about their experience of the care provided. We also spoke with the registered manager, the deputy manager, the nominated individual, 11 members of staff and 4 professionals. We looked at 3 care files along with a range of medication administration records (MARs). We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medication as required.
- People who received 'as and when' medication had guidance in place and staff had written why it was required and how much was administered.
- Staff were trained and supported in their role to administer medicines. Records showed staff had their competencies reviewed. Staff told us they received annual updates.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to protect people from the risk of harm. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's care had been identified and plans were in place to minimise risk occurring. Staff told us they had access to risk assessments, and they provided the right information to manage people safely. One relative said, "This is the best home I have seen, and we looked at a few, we know [Persons name] is safe here."
- Personal emergency evacuation Plans (PEEPS) were available and detailed the level of support each person would require in the event of an emergency evacuation.
- The environment and equipment were safe and well maintained and regular checks were recorded.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have robust systems and processes in place to safeguard people from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had systems in place that helped reduce the risk of abuse.
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding concerns.
- People we spoke with told us they felt safe. Comments from people included, "I love being here, staff are kind and that is why I feel safe" and "I know someone is here for me, I don't feel scared anymore, staff look after me and make sure I am safe."

Staffing and recruitment; Learning lessons when things go wrong

- There were enough staff to ensure people received safe care. We observed staff providing support and engaging in a meaningful and positive way. Relatives told us staffing had improved in the last few months and there was plenty of staff around to help when needed.
- The provider had a system in place to recruit staff safely. This included full employment checks before staff started working in the service.
- The registered manager had a process in place to review all accidents and incidents, they were responded to appropriately and lessons were learnt to drive improvements.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Shared bathrooms and toilets did not have an up to date cleaning schedule in place. This was immediately responded to by the housekeeper.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from family and friends. During the inspection we observed visits taking place with families and friends.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received suitable training to meet the needs of the people they care and support. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff training was up to date and additional training courses had been completed. For example, staff were trained in diabetes, epilepsy and nutrition and hydration. Relatives told us the staff were well trained and know what they are doing.
- Staff received an induction and opportunities to shadow other staff in the service. New staff in the service told us the induction was good and they felt well supported to work in their role.
- Staff received regular supervisions and appraisals were planned in the diary. Staff told us they had planned appraisals.

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

At our last inspection the provider had failed to ensure the nutritional and hydration needs of people using the service had been met. There was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People were supported to eat and drink and any risks associated with people's nutrition and hydration had been assessed and regularly reviewed. People were referred to dietitians and speech and language therapists (SALT) if staff had any concerns.
- There was information in people's care plans and staff had a good understanding of people's nutritional needs. Staff discussed people's nutritional intake in regular daily meetings and reminders were given to staff through the electronic care system to encourage fluid intake.
- Feedback about the food was positive. Comments included, "[Persons name] has a full English breakfast and they love it" and "The meals are very good and very tasty."

- Comment cards were provided for people to record their opinions and requests about meals. We observed these been used and people told us they received feedback.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Care plans and risk assessments were regularly reviewed to ensure people were receiving care that met their needs. Staff told us they were regularly updated about people's changing needs.
- People, their relatives and health and social care professionals were all involved in the assessment of people's needs. Relatives told us they were always consulted and involved in these decisions.
- The provider made referrals to relevant professionals including, GP, dietician, occupational therapy, and the falls team. One professional said, "The registered manager and the staff are very responsive to the health care needs of the residents."

Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People's care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- The provider had updated and adapted the premises to meet the needs of people using the service. Bedrooms were personalised and there was plenty of communal space for people to meet.

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 MCA 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager acted within the legal framework of the MCA. Staff had completed training in MCA and DoLS and understood the principles of the Act.
- Where people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests.
- A clear record of DoLS restrictions had been authorised by the local authority in people's best interests.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

At our last inspection we recommended the provider ensured people are respected and received dignified care. The provider had made improvements.

- People's privacy and dignity was respected. People were dressed appropriately, and their appearance was well maintained. One relative said, "I have no complaints about [Persons name] personal care, they always look clean and tidy." People told us the best thing about the service was the staff, they really care about us being happy.
- People were supported to access advocacy services or had support from their family when making decisions. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

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

- People were treated with kindness and were positive about the staff's caring attitude. One relative said, "The staff are kind, and really caring they treat [Persons name] with real respect."
- Staff knew people and their needs well. We observed kind and positive interactions between staff and people. One person said "They [staff] are so kind and patient, I am well looked after."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider reviewed their current systems and processes for responding to and learning from complaints. The provider had made improvements.

- The provider had a complaints procedure and people told us they knew who to speak to if they had any concerns.
- People and their families were confident complaints or concerns would be responded to. One person said, "I know [registered manager] listens to me because he always comes back and tells me what he has done." Relatives told us they have no reason to complain now the service is under new management, everything has improved.

Meeting people's communication needs.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection we recommended the provider reviewed current guidance about AIS and updates its practice. The provider had made improvements.

- People's communication needs had been assessed and recorded in their care plans.
- Staff knew how to communicate effectively with people and information was available in different formats should people require these.

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

At our last inspection we recommended the provider reviews its systems for ensuring people are in receipt of personalised care. The provider had made improvements.

- Each person had a care plan and risk assessment that was individual to their needs. These were reviewed regularly with people or their relatives to make sure they reflected any changes in their needs and wishes. Relatives told us they were involved in reviews and can view the care plans at any time.

- Staff told us they were always kept informed of any changes in people's care needs and felt supported through learning and development to care for people with changing needs. One relative said "The staff have got to know [Persons name] very well and how they like things done, they share this information to make sure she gets the care she wants."

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

- A programme of activities was in place to meet people's interests and people had individual care plans for activities that were meaningful to them. One relative said, "There are a lot of activities going on and they always try and encourage relatives to attend and take part as well."
- Staff supported external agencies to provide activities for people. We observed a yoga teacher encouraging and supporting people to take part in yoga in the communal areas. People were enjoying and engaging in this activity.
- The provider was also starting to facilitate other external social links such as animal therapy, aerobics and professional bakers to improve on companionship and social isolation.

End of life care and support

- End of Life wishes had been discussed with people and were recorded in people's care plans.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. 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

At our last inspection the provider had failed to operate a robust governance system. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An effective system was now in place which monitored the quality and safety of the service through a robust audit system. This information is used to improve the service.
- Regular monthly reporting and any actions identified were addressed for continuous learning and improving care.
- The registered manager and staff had a clear understanding of their roles and how this contributed to the good level of care people received. Staff also received a governance report to keep them informed of the improvement journey.

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

- The provider had an open and honest culture. Staff told us they could speak to the registered manager if they had any concerns. Comments included, "Morale has improved 100% since our new manager came in" and "It is good to know there is a management team that you can actually approach as well as having a supportive team."
- People and their relatives spoke positively about the registered manager and the staff. One relative said, "I would describe the home as a safe, comfortable, caring place where the residents are the primary focus." People told us it was a happy place to live.

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

- The provider understood their responsibility to inform people and relevant others in the event something went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned and these were used to improve the service.
- Staff were aware of the providers whistleblowing policy and knew how they could use this to raise concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The registered manager engaged and involved people and their relatives in the service. There was a questionnaire box placed in reception and relatives told us questionnaires were sent out on a regular basis. Comments from people included, "He [registered manager] is the best thing that has happened to this place" and "He listens and acts on what we tell him."
- Staff had regular team meetings and felt supported and listened to. They told us it was a great place to work and felt valued as team members.
- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.
- The service is currently working in partnership with the local higher education college by providing placements to improve the skills and experience of health and social care students.