Burlington Care Limited

Randolph House Care Home

Inspection report

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Date of inspection visit:
11 November 2016
14 November 2016

Date of publication:
11 January 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was undertaken on 11 and 14 November 2016 and was unannounced. This was the first inspection of this service under this registered provider. The inspection was brought forward because concerns had been raised with us about the nursing care and staffing levels provided at the service.

Randolph House is registered with the Care Quality Commission (CQC) to provide accommodation for up to 70 people who require nursing or personal care. The service can provide support to people who are living with dementia. There are three separate units within the service, Bluebell providing nursing care with 11 beds, Poppy unit providing residential care for 23 people and Primrose unit providing elderly mentally infirm care for up to 17 people. Bluebell unit is in the process of closing.

This service has 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood how to protect people from harm and abuse. They knew how to report abuse and told us they would report issues to the registered manager and the local authority, or directly to the Care Quality Commission.

Staffing levels within the service were increased during the inspection process. We observed that the staff were very busy and they told us they were under pressure. Staff reported to us they felt the senior staff needed to work more closely with the care staff. Staff meetings were not held regularly and this was a concern voiced by staff working at the service. These issues were discussed with the registered provider and registered manager. Immediately action was taken to increase the staffing levels on the dementia unit. The management team agreed to undertake regular staff meetings and monitor how staff worked together to improve team work and communication at the service, at every level.

Environmental issues and concerns found regarding the services food hygiene records and cleanliness of the Bain Marie's found during the first day of our inspection were rectified immediately.

The care records for people on the nursing unit were basic. Staff we spoke with and relevant health care professionals confirmed that people were receiving the nursing care they currently required. The nursing records were being reviewed and updated as people were moved from the nursing unit. People's care records on the other units were personalised, detailed, person centred and reflected their full and current needs.

Staff understood people's needs and they were aware of risks present to their health and wellbeing. Staff placed their emphasis on providing care and support to people.

Training was provided for staff in a variety of subjects to maintain and develop their skills. Induction training needed to be reviewed to make sure staff had understood what they had learnt. Staff supervision was in place; however appraisals had not been undertaken and we saw they had been scheduled. These helped to support the staff and develop their skills. The senior management team were looking at how to develop better teamwork at the service.

People's food and fluid intake was monitored, However, one relative raised concerns about the monitoring of their relations fluid intake with us. The registered manager was looking into this. People were prompted or assisted with meals and drinks by patient, attentive staff who understood people's dietary needs and preferences.

People's privacy and dignity was respected by staff. People made choices and decisions about how they wished to live their lives, where this was possible. Staff supported people to make choices about their daily lives.

Staff contacted health care professionals to discuss people's changing needs and their advice was acted upon to help maintain people's wellbeing.

Some activities were provided and these were to be enhanced to make sure people received adequate stimulation.

Pictorial signage was in place throughout the service, which helped people find their way around. People's bedrooms were personalised. The building was maintained and service contracts were in place.

People's privacy and dignity was respected by staff. People made choices and decisions about how they wished to live their lives, where this was possible. Staff supported people to make choices about their daily lives.

There was a complaints procedure in place, issues raised were investigated and the outcomes were recorded.

The registered manager and registered provider undertook audits covering aspects of the service provision. Action plans were generally put in place to help evidence that issues were dealt with. One action plan had not been created following a resident and relatives meeting. The registered manager confirmed they would address this.

People's views were asked for by the registered manager and registered provider. Information received was reviewed by the management team to help them improve the service. We received mixed comments from relatives about the communication within the service, which some relatives felt could be improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Staffing levels were increased on the dementia unit during the course of our inspection. Staffing levels need to be continually monitored and reviewed to make sure they maintained people's safety and wellbeing.

Environmental and food hygiene issues found were addressed swiftly during our inspection to help maintain people's safety.

Staff knew how to recognise the signs of abuse and knew how to report issues, which helped to protect people from harm.

People told us they felt safe living at the service. Staff knew about the risks present to each person's health and wellbeing.

Staff were trained in regard to safe medicine management.

Is the service effective?

Good

The service was not always effective.

Staff supervision was undertaken but appraisals had not been carried out.

Training was provided to develop and maintain the staff's skills.

Applications for Deprivation of Liberty Safeguards were submitted to the local authority to help protect people's rights.

People's dietary intake was monitored to help to ensure people's dietary needs were met.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect.

Staff were knowledgeable about people's needs, likes, dislikes and preferences for their care and support. Staff promoted people's independence and choice.

There was a welcoming atmosphere within the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's preferences for activities and social events were known by staff. However, people told us they would like more activities. Staff were busy and did not have time to engage in spontaneous activities with people.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

There was a complaints procedure in place. Issues raised were investigated.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The auditing systems in place had not identified the issues that we found during our inspection. Swift action was taken to address the shortfalls found in the environment, the food hygiene systems and to increase staffing levels at the service.

People living at the service and their relatives were asked for their views and these were listened too.

Staff we spoke with understood the management structure in place, communication between staff needed to improve.

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 checked 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 11 and 14 November 2016 and was unannounced. On the first day of our inspection two social care inspectors were present. The second day was undertaken by one adult social care inspector.

Prior to our inspection we looked at the notifications we held on file and reviewed all the intelligence the Care Quality Commission (CQC) had received to help inform us about the risk level for this service. This information was reviewed to help us make a judgement. We also spoke with the local authority and the safeguarding team about this service. At the time of the inspection the local safeguarding team confirmed they were reviewing safeguarding concerns that had been raised with regard to Randolph House.

We used a number of different methods to help us understand the experiences of people living at the service. The Short Observational Framework for Inspection (SOFI) was used to help us understand the experiences of people who were unable to tell us their views.

During our inspection we undertook a tour of the building. We used observation to see how people were supported in the communal areas of the service. We inspected the medicine systems in operation. We watched lunch being served on two units. We looked at a variety of records; this included five people's care and medicine records, as well as records relating to the management of the service such as; policies and procedures, maintenance records, quality assurance documentation and complaints. We also looked at staff rotas, three staff files, which included training and supervision records and information about staff recruitment.

We spoke with the registered manager, regional manager, ten staff and two heads of care. We spoke with five people living at the service and with five relatives. We gained the views of two health care professionals when they visited people who were living at the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said they felt safe living at the service. Comments included: "I feel safe here with the staff," and, "I am safe and well cared for." However we received mixed comments about the staffing levels provided at the service. One person told us, "The staff are good, mostly there is enough staff. Odd times when you want someone, there is no one there [Staff]. Another person said, "Where are all the staff."

Relatives we spoke with felt their relations were safe. A relative said, "I am given peace of mind that mum is safe there." However, concerns were raised about the staffing levels provided, relatives said; "The care staff are quite light on the ground, they cannot always give the attention bed bound people need, when they need it," "When I visit there does not seem to be enough staff, although mum is well looked after," and "The afternoon staff are hard to find." "The staff are really lovely, but they haven't got enough of them, it can be frustrating finding staff. It is a challenging environment because it is a very large building."

Staff we spoke with confirmed that they always made sure people received the care and support they required even when they were short staffed. A member of staff said, "Sometimes we are short staffed. We all pull together and residents never go without."

We observed on the first day of our inspection staff were very busy and they did not have time to speak with us or to spend quality time with people. When we spoke with staff about the staffing levels provided we were told, by all but one member of staff, that more staff were required. They said they were very busy especially at peak times of activity. We were told staffing levels were affected by sickness and absence that could not be covered at the last minute and by some senior staff not helping to provide care to people throughout the shift. A member of staff said, "There is not enough staff, we need more staff, if staff ring in sick we work short. On a weekend if we have a staffing problem we phone the manager, we expect her to assist in sorting the problem out. I have never seen that happen." Staff told us some senior only helped them prior to the morning medicine round which placed them under pressure. Staff also told us how people's needs varied daily especially for those living with dementia, and this could add to the pressure staff felt at times.

These issues were discussed with the management team. They were aware of the sickness and absence issue and had just implemented return to work interviews for staff to help monitor this. The concern raised regarding some senior staff not assisting care staff in the delivery of care was to be monitored by the senior management team who told us this would be addressed.

A full review of the staffing levels provided was immediately undertaken. Staffing levels in the dementia unit were increased by transferring a member of staff from the nursing unit. A business development manager was also allocated to work on the first floor to support the staff. The regional manager informed us from 21 November 2016 there would be a senior member of staff and four care staff working on the dementia unit.

During our inspection we found that there were some environmental issues that needed addressing. This included a shower chair that needed replacing because it had rusty legs, a metal ash tray was required for the smokers lounge, the hairdressers products needed to be stored securely, one bathroom required a

spring clean and lino around the edge of another bathroom needed to be resealed to the wall. All of these issues were addressed straight away.

The kitchen had achieved a two star food hygiene rating. The environmental health officer had asked that action be taken to deal with the issues they found. We inspected the kitchen. We found that three Bain Maries had dirty water underneath the serving dishes. The food hygiene temperature records for the dishwasher were not recorded and the last three days of temperature checks were missing for the food preparation records. We discussed this with the registered manager who called the cook back in to work to address the issue found. The cook had the temperature checks undertaken on their phone and this information was recorded on the service's food hygiene records. The water in the Bain Marie's was changed whilst we were on site.

We found there were effective procedures in place for protecting people from abuse. Staff we spoke with were knowledgeable about the types of abuse that may occur and knew what action they must take to protect people. A member of staff said, "I would report issues straight away." Staff undertook regular training about safeguarding vulnerable adults and there was a whistleblowing policy (telling someone) policy in place to help advise the staff.

The registered manager reported safeguarding issues to the local authority and assisted in investigations when issues were raised. A number of safeguarding issues had been raised with the local authority over the last few months; these issues were investigated and corrective action was taken to prevent any re-occurrence of these issues in the future.

We inspected six people's care records. Information was present regarding known risks to people's health or safety and this information was reviewed regularly. People had individual risk assessments in place regarding the risk of falls, prevention of skin damage and the potential risk of choking on food or drinks. Staff understood the potential risks present and were able to tell us about how they supported people to maintain their safety.

We saw as people's needs changed, health care professionals were asked for their advice. For example, a person had been seen by a health care professional about the risk of choking. The Speech and Language Therapy team (SALTS) had assessed the person's needs and given their advice to help them eat and drink safely.

Staff were knowledgeable about equipment people needed to use to maintain their wellbeing. Moving and handling equipment was used where this had been assessed as being required. Bath hoists were present to help staff get people in and out of baths safely. Shower chairs were present to aid people's safety.

Information was in place about people's abilities and the assistance they would need in an emergency. This was contained in personal evacuation plans. Regular fire safety checks were undertaken on the emergency lighting, fire extinguishers and fire alarms. Staff received fire training which helped them prepare for this type of emergency.

Systems were in place to maintain and monitor the safety of the premises. Audits were completed regarding the general environment, furniture and fittings and water temperatures. We noted that if a repair was required, this was recorded.

The registered manager undertook monthly audits of accidents and incidents that occurred. They looked for patterns and considered what action could be taken to prevent any further incidents.

There was a secure door entry system in place to help to prevent unauthorised people gaining entry to the home. Staff were reminded to maintain the security of the internal doors within the different areas of the service to maintain people's safety. There was level access to the front door and garden's so people who were unsteady on their feet could access these areas.

At the entrance to the service sanitising hand gel was present for people to use. Staff were provided with gloves and aprons, these were found in different communal areas as well as in people's bedrooms. Separate domestic and laundry staff were provided to help maintain effective infection control systems within the service. We noticed that some chairs had not been cleaned of food debris, this was discussed with the registered manager who asked staff to address this to help maintain satisfactory standards of hygiene.

We looked at the recruitment processes in operation at the service. We found these were robust. Potential staff had to complete an application form, undertake a health declaration and provide two references. They also had to have a Disclosure and Barring Check (DBS, police check) undertaken. This helped to make sure that people working at the service were suitable to work in the care industry. We noted that a member of staff who was completing their induction had undertaken written tests following training they had undertaken to help develop their skills. We saw the test had not been marked so it was not clear if an assessment had occurred to ensure the member of staff had understood the training content. This was discussed with the registered manager who said they would address this.

We looked at the medicine systems in operation on each unit. This included how medicines were ordered, stored, administered, recorded and disposed of. People's photograph were on their medication administration record (MAR) to aid their identification. Allergies were recorded to inform staff and health care professionals of potential hazards. We observed the lunchtime medicine rounds. Staff undertook training in how to handle medicines safely; we saw staff were competent in medicine management. We saw staff verified people's identity and stayed with them until their medicine was taken. We checked the controlled medicines at the service and these were found to be correct. On the nursing unit we found that the temperature of the medicine treatment room and the medicine fridge had not been completed for a number of days. This was discussed with the nurse in charge. The registered manager reminded staff of the importance of ensuring medicines were stored within the correct temperature range to ensure they remained effective.

Good

Is the service effective?

Our findings

People we spoke with told us the staff were effective at looking after them; A person said, "I am cared for." Another said, "The staff look after me." We received positive comments from people about the food. One person said, "The food is good." another said, "I have put weight on. I like the food."

Relatives we spoke with told us their relatives received effective care and support. They made the following comments; "There is a lot of continuity of staff on the dementia unit. The staff make the place," and "The interaction with patients and staff is good."

We watched how staff offered care and support to people in the communal areas of the service, we saw people received the care they needed from staff.

We looked at the training information held at the service. We saw staff undertook regular training in a variety of subjects, for example this included; safeguarding, first aid, fire safety, moving and handling, infection control, dementia, the Mental Capacity Act 2005 and medicine administration. A member of staff said, "There's plenty of training provided, which is on-going." Staff new to the service were given an induction period where they shadowed more senior staff and undertook training in how to care for people appropriately. The care certificate (A nationally recognised care training package) was being offered to new staff working at the service to help to develop their skills. Staff received supervision where they were able to discuss any issues or training needs. Appraisals had not taken place, however the registered manager told us these were to be scheduled for all staff.

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. The application procedures for this in care homes and hospitals are 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 were being met. Seven people had a DoLS in place at the time of our inspection and a further 14 applications had been made to the local authority. People's care records demonstrated least restrictive practice was being followed. We saw appropriate policies and procedures were in place for staff to refer to and this helped to protect people's rights. The registered manager was fully aware of their responsibility to protect people's rights.

People at the service had their nutritional needs assessed. Information was provided to staff about people's preferences and food allergies. Special diets were provided and the kitchen staff were aware of people' dietary needs because this information was provided to them. Fortified foods were provided to enhance

people's calorie intake, where this was required.

We observed lunch on two units within the service and saw these were an enjoyable social occasion. We observed there was friendly banter between people and staff. People were encouraged and supported to eat by attentive staff who prompted and assisted people as necessary. Adapted crockery and cutlery was provided to help people maintain their independence with eating and drinking. People who needed to have their dietary needs monitored were observed by the staff. Food and fluid charts were used to help monitor people's intake. We saw evidence which confirmed healthcare professionals were contacted to help maintain people's dietary needs.

We saw that all the units were spacious. Specialist equipment was provided as assessed to help meet people's needs, this included profiling beds and pressure relieving mattresses, hoists and equipment to assist people with their mobility or transfers. We noticed on the dementia unit there was only one bathroom in use.Two other bathrooms were unusable, one was a storage area and the other had been changed from a shower room to a medicine storage area. This shower room was converted back to a bathroom during our inspection so that people had a choice of a bath or a shower on the unit.

Pictorial signage was provided throughout the service to help people find their way around. Some people had their names or photographs or pictures displayed on or near their bedroom doors to help them locate their room. Dementia champions were in place to promote the care and support provided to people living with dementia at the service.

Good

Is the service caring?

Our findings

We asked people if they felt the staff were caring, we received the following comments; "They [The staff] are very nice here. The staff are very good and kind," "The staff are pleasant," and "I love the staff here, they care." We observed staff throughout all areas of the service treated people with dignity and respect.

Relatives of people living at the service told us they felt the staff were caring. We received the following comments; "We cannot fault the staff. The staff are good all round," "The interaction between people and staff is good here," "Staff on the dementia unit truly care about the residents, they have goodness in their hearts. The staff truly love my mum."

We observed staff treated people with kindness and consideration. Staff we spoke with said they treated people as they would wish to be treated. We observed the staff promoted people's independence and were there to offer support and guidance to people if the need arose. For example, people who were living with dementia were observed by staff who attended to them quickly if they were getting anxious or upset. We saw staff asking people if they were alright or if they needed anything, they listened and acted upon what was said. We observed on every unit within the service people looked relaxed and happy in the company of staff.

We saw staff promoted effective communication with people by taking their time to speak with them and by kneeling down to the person to gain effective eye contact. Staff rephrased questions to help people living with dementia to understand what was being said and they gave people time to respond.

We saw that staff maintained people's privacy by providing personal care to people in their bedrooms or in and communal bathrooms behind closed doors. Staff we spoke with told us they knew people's needs, likes, dislikes and preferences for their care. We observed staff addressed people by their preferred name and they knocked on people's bedroom doors and waited to be invited in before entering, where possible. This helped to protect people's privacy and dignity.

Staff told us they treated people as they would wish to be treated. A member of staff we spoke with said, "I treat people like they are my extended family." The registered manager told us that staff picked up shifts when staff were on holiday or absent which helped provide continuity of care to people.

The registered manager told us that visitors to the service were made welcome by staff at any time and that they were invited to stay for meals. We were told by relatives we spoke with that people were encouraged to go out with their relatives to help maintain their family life.

The registered manager and regional manager had an open door policy so that people, their relatives or visitors could speak with them at any time. There was a confidentiality policy in place for staff to adhere to which helped to protect people's privacy.

If people needed to go to hospital in an emergency staff were made available, where necessary to escort the

person, especially if they were living with dementia, which helped to relieve the person's anxiety.

The registered manager told us that advocates were available for people locally. We saw information about advocacy services was displayed within the service so people or their relatives could contact them direct if they wished.

End of life care was provided at the service. The nursing unit was in the process of closing, however external health care professionals such as district nurses were available to support staff to provide end of life care. A health care professional we spoke with told us during our inspection people were receiving appropriate end of life care.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us that the staff were responsive to their needs. However, they also told us they would like more activities to be provided. We received the following comments: "The staff are very good, they help me, I am cared for," "They, [The staff] look after my needs," "If I was not well the staff would get the doctor for me," "Activities, there is nothing happening, not really, we just sit in the lounge. I cannot speak to other residents because they are confused. The staff have not got time to speak because they are busy." "I would like more things to do, it can be boring at times," and,"There was a singer on recently, but they did not stop long."

Relatives we spoke said they were generally kept informed about changes in their relations conditions. One relative we spoke with said, "I am generally kept informed, although this communication may not be as good as I would have hoped, at times." Another relative said, "I am kept informed of changes in my relation's condition. I am contacted if mum has a little fall and I get an update from staff about mum when I visit." A third relative told us, "I am kept up to date with mum's condition. She is having dental treatments and new teeth. I am kept informed of any changes. The staff are good like that."

Relatives told us that activities took place, we received the following comments; "I have been there when there has been entertainment, there were visiting animals, even a snake. My aunty had a tea party and they gathered up the other ladies for this." And, "There are two ladies for activities, with three zones to cover. It is very difficult to engage with people living with dementia. They do have music; mum loves this, staff dance with her. She cannot read so interaction is limited, her biggest joy is music. When there is entertainment mum goes to this."

There was currently one activity co-ordinator provided at the service. During our inspection on the first day we saw a church service taking place on two units which people appeared to enjoy. We saw music was playing in the communal lounges or televisions were on to help keep people engaged. There was a programme of activities in place and a hairdresser visited the service so that people could have their hair done without having to go out. People we spoke with throughout the service told us they would like to have more activities provided. This was discussed with the registered provider and registered manager who said they had plans in place to increase the provision for activities within the service. People we spoke with said they took part in activities if they wished to, but wanted more activities offered at the service.

Staff understood people's needs, there was a staff handover of information at the beginning of each shift to make sure staff were informed about changes in people's needs or conditions. A health care professional we spoke with confirmed staff were responsive to people's needs and acted upon their advice to promote people's health and wellbeing.

We observed, during our inspection staff asked people about the help and support they wanted to receive, what drinks and meals they would like and where they would like to sit or what they would like to do. We observed staff listened to and acted upon what people said.

We saw staff responded to people's needs, for example; if people living with dementia were getting agitated staff used distraction techniques to help alleviate their anxiety. We observed a person started to sing a song, the staff joined in and this made the person very happy. A relative we spoke with said, "Staff never talk over people and they act immediately to support people on the dementia unit." Staff prioritised the care and support delivered to people. For example, if a person was unsteady on their feet and staff observed this they acted quickly to assist them.

Before people were offered a place at the service their needs were assessed by senior staff to make sure their needs could be met. There was information present in people's care records about their health needs. Hospital discharge letters were present in people's care files as well as support plans from the local authority. This information was used to start to develop people's care plans and risk assessments to make sure people received personalised care and informed the staff about people's needs.

Advice was sought from relevant health care professionals to help maintain people's wellbeing as their needs changed. Staff told us how they updated people's care records with the person and/or their relatives input, where this was necessary. Staff confirmed they monitored people's condition on a daily basis and reported issues to health care professionals, as necessary.

The equipment needed to prevent deterioration in people's conditions was provided. For example, we saw pressure relieving mattresses in place to protect people from the risk of developing skin damage due to immobility. Hoists were available where they had been assessed as being required to help to move and transfer people who were unable to stand or walk.

People who were at risk from weight loss had their weight monitored regularly. Referrals were made to the person's general practitioner if staff were concerned about a person's nutritional intake and then the dietician was involved. Food and fluid charts were used to monitor people's dietary intake to help maintain people's wellbeing. One relative we spoke with told us their relation needed to drink more due to a health condition, although a jug of juice was placed in their room they needed prompting and encouragement to drink and concerns were raised with us that the person may not always receive this input from staff in a timely way. This issue was addressed into by the registered manager.

There was a complaints procedure displayed in the entrance hall of the service. People we spoke with said they would make a complaint if they needed to. Staff we spoke with said they would report any complaints to the management team for action to be taken. Complaints received were investigated; the outcome was recorded and shared with the complainant. People and their relatives told us they could raise issues and felt issues would be looked into. A person told us, "If I had a complaint I would say." A relative said, "I have peace of mind, I could raise any issues with the staff."

Requires Improvement

Is the service well-led?

Our findings

People we spoke with told us they felt that their views were sought and acted upon. One person we spoke with said, "I am asked for my views." Another said, "Staff talk with me and ask if everything is okay for me."

Relatives we spoke with gave mixed feedback about the management of the service. We received the following comments; "We would like more one to one contact with the staff," "I feel the service could be run a bit better, there could be better teamwork," "Resident and relatives meetings are held. I am asked to go. I have a close relationship with staff and discuss with individual staff any issues, so I don't need to wait for the meeting," and "We are invited to meetings. I get a survey so I am asked for my feedback."

The regional manager told us since they acquired Randolph House in May 2016 and they had looked at how they could develop the service. A business plan was in place to help the regional manager and registered manager assess the quality of service provided. During a recent review of the service provision the registered provider had made the decision to close the nursing unit. People receiving nursing were being reassessed and were moving from the nursing unit at the time of our inspection. The registered manager and regional manager were offering support to people regarding this. We found the registered provider's policies and procedures were currently being implemented.

Staff we spoke with understood the management structure in place but they said they felt team work within the service needed to improve. The regional manager and registered manager were looking at how this was to be achieved. All the staff we spoke with told us the regional manager was approachable and they said they could speak with her and raise issues at any time. However the staff we spoke with told us they did not always feel comfortable about raising issues with the registered manager. This feedback was shared with the registered manager and regional manager who said they would look at how they could address this with the staff.

The registered manager and senior management team, which included a business development manager were in place to monitor the service provided. A range of audits from the new registered provider were being implemented; these looked at the service provision, safety of the premises, the environmental, staff training, recruitment, care and medicine records. We also saw that an external survey of the medicine systems in place had been undertaken by the supplying pharmacist. Where issues were found action plans were put in place to monitor the corrective action taken. However we noted an action plan had not been created for issues raised following a resident and relatives meeting where a family had raised concerns about the décor in their relation's bedroom. The registered manager told us they would implement an action plan straight away. We were told the senior management team were to review the auditing systems in place because the audits in place had not highlighted the issues we found during our inspection.

The issues and shortfalls we found during the inspection were acted upon swiftly by the regional manager and registered manager and the staffing levels were increased on the dementia unit, the environmental and food hygiene concerns were rectified. There was a positive culture in the management team to undertake any changes that were needed to rectify issues at the service.

We saw that residents and relatives meetings were held occasionally to gain people's views about the service and to get suggestions about how the service could be improved. The registered manager told us the frequency of these meetings were to be increased. People we spoke with told us they did not have to wait for meetings to occur because they felt able to speak with the registered manager at any time. We saw that minutes of the resident and relatives meeting held had been produced which helped to inform people and their relatives about what had been discussed, if they had not been able to attend. The last meeting had included discussions regarding activities, the menu provided and the laundry services.

During our inspection we had been told by people they would like more activities to be provided. The management team told us they had plans in place to increase the activities provided, this was to be acted upon as soon as possible because of the feedback we had received from people during our inspection.

The registered manager had an open door policy and made themselves available to people, their relatives or staff. We received mixed comments about communication at the service; one relative we spoke with said, "Communication could be better with relatives," another said, "I have no issue, I am asked for my views."

Staff meetings were held but they were infrequent. All the staff we spoke with told us they would like more regular meetings to be able to raise their views. Quality assurance surveys were sent to people and their relations to gain their views. We looked at the results of the surveys from July 2016. The feedback received was generally positive.

We saw the service received compliments about the care provided to people. Thank you cards and letters from people and their family to thank staff for supporting them. There was a suggestions box and forms to fill in, which enabled people, their relatives or visitors to give feedback about the service at any time.

The regional manager told us the registered provider was committed to the continuous development of this service and that all necessary action would be taken by the management team to make sure the service supported the people using it, their relatives and the staff, in a positive way. The registered manger was provided with training and on-going support from the senior management team to help develop their skills.

The registered manager logged accidents and incidents and recorded where these took place, the time they occurred, who was involved, injuries sustained and what action was taken. This helped to highlight any patterns. The registered manager told us they analysed this information to look at how these issues could be reduced.