

Randall Care Homes Limited

# Randall House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 January 2016. At which a breach of legal requirements was found. This was because the provider did not always ensure that people who use the service were protected by appropriate systems or processes to assess, monitor and improve the quality of services provided.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook an unannounced focused inspection on the 7 September 2016 to check they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Randall House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Randall House provides accommodation and personal care for up to five people who have mental health needs.

At the time of our inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

At our focused inspection on the 7 September 2016, we found that the provider had followed their plan and legal requirements had been met. The provider had taken action to address our concerns about lack of appropriate systems and processes to assess, monitor and improve the quality of services provided to people living in Randall House. The provider had made improvements to develop and improve the checks of the service which were carried out and management staff told us about further improvements to the quality assurance systems that were planned.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

We found action had been taken to improve quality assurance records maintained at the home. We saw that shortfalls found from these checks had been addressed. Action was also being taken to make additional improvements to the systems for assessing and monitoring the quality of the service.

This meant that the provider was now meeting legal requirements. While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

**Requires Improvement** ●

# Randall 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.

We undertook an unannounced focused inspection of Randall House on the 7 September 2016 to check that the provider had made improvements to meet legal requirements after our inspection on 28 January 2016. We inspected the service against one of the five questions we ask about services: is the service well-led. This is because the service was not meeting legal requirements in relation to that question.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with 3 people using the service, general manager, assistant manager and the administrator.

During our inspection we looked at a range of documentation, including records of quality audits, a person's care file and records of checks of the fire safety, gas and electric systems.

We also observed staff engagement with people whilst they provided people using the service with care and support.

# Is the service well-led?

## Our findings

At our comprehensive inspection on the 28 January 2016 we found that the provider had not taken action to ensure that people who used the service were protected by appropriate and effective systems or processes to assess, monitor and improve the quality of the service

This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on the 7 September 2016 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17 described above.

We found during the inspection on the 7 September 2016 that monitoring of the service had taking place. Records showed monthly audits of the service were carried out by management staff. These audits included checks that suitable records were in place, written appropriately and up to date. Records that were checked during the monthly audit included; people's daily records, care plans, risk assessments, activity records and nutritional records.

Checks of the management and administration of medicines were also carried out. These included checks of medicine administration records [MAR], medicines stock and whether medicines were stored safely. Regular monitoring of the temperature of the medicines cabinet was discussed with the assistant manager. Medicines not stored at an appropriate temperature may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine. The assistant manager told us they would promptly commence routine checks of the temperature of the medicines cabinet to make sure that medicines were stored at a safe temperature not above 25°C (some medicines now suggest storage not above 30°C). A thermometer for the purpose of this monitoring task was ordered during the inspection.

Temperature checks of the fridge and freezer were carried out twice a day. We noticed that on two occasions within the last week the temperature of the fridge was recorded as 10°C in the morning. However records showed that a safe temperature of 5°C was recorded later that day. The assistant manager told us they thought that the high temperature was due to the fridge door being opened frequently in the morning. The assistant manager told us she would monitor the fridge temperature closely and take appropriate action if the fridge or thermometer was found to be faulty. She informed us that she would record guidance on the temperature monitoring chart to make sure staff knew what the safe temperature range was and that staff report temperatures out of this range to management staff.

We found there were no records of monitoring the temperatures of hot water from outlets in the home. The assistant manager and general manager confirmed that thermostatic valves were in place within the hot water outlets to make sure the hot water that was produced was at a safe temperature. They told us on the day following the inspection they had checked the hot water temperatures which they had found to be safe and they confirmed regular hot water checks in the home would take place. We will check progress of this

when we carry out our next comprehensive inspection.

Monthly audit records also showed infection control was monitored. This included checks that hand soap, hand towels and protective clothing such as disposable gloves were available to staff. Checks of the cleanliness of the fridge and freezer and checks of the use by date of food stored in them were carried out. A house keeping checklist showed that care workers carried out a range of cleaning and other household duties on a daily basis to make sure the environment was clean and tidy so the environment was safe and attractive for people using the service.

The emergency First Aid box was regularly checked to make sure items were replaced when they had expired. Records showed that action had been taken to make sure all staff had recently completed basic first aid training. The security of the premises was also regularly checked. We saw from records that a new lock to a door had been installed when it was found the lock was faulty, and a freezer had been repaired when found to be in need of repair.

We saw that action had been taken to address other shortfalls of the service following monitoring checks. For example a new medicines cabinet had been installed after the previous cabinet was found to be of risk of not being sufficiently robust. Records showed care workers had been reminded to always sign medicines administration records after it had been found that there was a gap in these records. Care workers had also been reminded about good record keeping when records during a check had been found to be substandard.

Records showed that staff were kept up to date and informed of any changes to do with the service by text message and/or email. Documentation showed that staff had confirmed they had received this information.

An up to date fire risk assessment was in place and regular fire safety checks had been carried out which included testing the fire alarm and carrying out fire drills which staff and people using the service participated in. Records showed service checks of the electric, gas and fire systems were carried out regularly by outside contractors. We saw the service had guidance displayed about the action people should take in the event of a fire. However, there was no record of a comprehensive emergency plan which included details and guidance about what people using the service and staff should do if other significant events such as a gas leak or power cut occurred. The assistant manager told us she would make sure an emergency plan was developed and accessible to staff and people using the service. We will check progress of this when we carry out our next comprehensive inspection.

Accidents and incidents were recorded and documentation showed appropriate action had been taken when they had occurred which included reporting them to management staff. The assistant manager told us action to minimise the risk of future occurrence was always taken, which included reviewing people's care plans, risk assessments, reporting to and discussing with health and social care professionals. The assistant manager told us that a summary of the action taken would in future be included in the incident records to show in more detail that each incident had been addressed comprehensively.

Records showed that people using the service had recently been asked for their views about the service by completing a survey. This feedback had been collated and analysed and action had been taken to address issues raised including supporting people to take part in a wider range of activities. One person had indicated they were unaware of the complaints procedure. Management staff had addressed this by ensuring each person had a copy of the complaints procedure.

While improvements had been made we have not revised the rating for this key question; to improve the

rating to 'Good' would require a longer term track record of consistent good practice.