

Randall Care Homes Limited

Randall House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Randall House is a residential care home providing personal care to up to 5 people. The service provides support to people who have mental health needs. At the time of our inspection there were 4 people using the service.

People's experience of the service and what we found:

Risks were assessed, managed and monitored to keep people safe from harm. Medicines were managed safely. Systems and processes in place protected people from the risk of abuse and neglect. The provider ensured enough suitably trained staff were always deployed to safely meet people's needs. We were assured that the provider's infection prevention and control policy was up to date. Lessons were learnt when things went wrong.

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 provider had effective oversight of the home. Staff referred to health and social care professionals and implemented their advice into care plans in order to improve outcomes for people. The provider understood their responsibility to be open and honest with people and acted when things went wrong.

The provider had quality assurance systems to monitor the quality and safety of the home. The home regularly sought feedback from people, their relatives and staff.

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

Rating at last inspection

The last rating for this service was Good (Published 2 December 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Randall House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Randall 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. Randall 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. However, they were not available during our inspection.

Notice of inspection

The inspection was unannounced

What we did before the inspection

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.

During the inspection

During the inspection we spoke with 4 people who lived in the home about their experience of the care provided, 2 family members, 2 directors, the assistant manager and 2 support workers. We reviewed a range of records. This included 3 people's care and medicines records. We looked at 3 staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of the home, including policies and procedures were reviewed.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff received safeguarding training and were aware of their responsibilities to report and respond to concerns. Staff told us they would have no hesitation in reporting any concerns they had. A staff member told us, "I would raise any concerns to the team leader and they would contact CQC and the safeguarding team."
- Safeguarding policies and procedures were in place and kept up to date to reflect best practice and to help keep people safe.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risks to people were assessed, documented and reviewed this ensured staff were provided with current information on how best to support people to manage their identified needs and risks. Risk assessments included areas of risk such as, mobility, health, personal hygiene, mental health and medicines management amongst others.
- There were arrangements in place to deal with foreseeable emergencies. The home environment was appropriately maintained, and records showed environmental and health and safety checks were routinely undertaken. The provider had up to date certificates in place such as gas safety, electrical testing and fire service records.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.
- Safe recruitment checks were in place which ensured suitable candidates were employed. This included 2 references and Disclosure and Barring Service (DBS) checks. DBS checks provide information which help employers make safer recruitment decisions.
- The home had enough staff including for one-to-one support for people to take part in activities, attend appointments and visits how and when they wanted. A person told us, "There are always enough staff around."

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were stored safely. Daily medicine cabinet temperature monitoring was in place with recordings noted to be in the appropriate range and safe for use.

- Staff managing and administering medicines were appropriately trained and assessed as competent to manage medicines safely.
- Regular audits were conducted to ensure safe medicines systems, medicines management and processes were followed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had up to date training in infection prevention control and food hygiene and we were assured the providers infection and control policy was up to date.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Family members told us visiting times were flexible and they were welcomed anytime.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Incidents were recorded and the themes were shared with staff to try to avoid a repeat of the situation.
- Support plans reflected changes to peoples care when incidents had occurred, including updated risk assessments.

Is consent to care and treatment always sought in line with legislation 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- The home was working within the principles of the MCA and when required, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff had received suitable training to help ensure they understood capacity and consent. Policies and procedures were in place to support this.

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

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

- There was a positive and open culture in the home. The provider had systems to provide person-centred care that achieved good outcomes for people.
- The provider and assistant manager, who supported us during this inspection, knew people living at Randall House very well. They were passionate about providing the best support for each person to increase their independence and well-being.
- People, staff and family members were complimentary of the home. A staff member said, "I can call the managers anytime they are there for us." While a family member told us, " They [staff] are fabulous [relative] is at ease happy and calm they couldn't have done enough."
- There was a warm and friendly atmosphere in the home. The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

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 responsibilities under the duty of candour.
- The provider was aware of requirements in relation to the duty of candour and knew when the CQC and the local authority should be notified of events and incidents that happen within the home.
- The provider had systems and processes to help monitoring the quality of the home. The systems included feedback from people who lived in the home and their relatives, as well as staff and stakeholders.
- The ethos of the home was to be open, transparent, and honest. Staff and people living in the home were encouraged to raise any concerns they may have. Staff said they were confident any concerns would be listened to and acted on promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider and management team had good quality monitoring systems in place which was shared with the staff team. Audits covered areas such as the environment, care plans, accidents and incidents and fire safety. An overview of staff training was also available.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The provider and management team provided effective and supportive leadership to the staff

team and their individual roles and responsibilities were well understood.

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

- People and staff were involved in the running of the home and fully understood and took into account people's protected characteristics.
- The provider had systems in place to ensure people, their family members and staff could voice their opinions. The provider carried out an annual survey to ask for feedback about the home. Regular meetings with people, family members and staff ensured feedback was sought on a frequent basis. Meetings were also used to inform and consult with people.
- The provider and the staff team had a good understanding of equality issues and valued and respected people's diversity. Feedback from staff indicated that the protection of people's rights was embedded into practice. The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider was committed to ensure a culture of continuous learning and improvement. The home had a strong emphasis on teamwork and communication sharing. Organisational audits were in place and used to develop the service provided by reflecting good practice.
- The provider kept up to date with developments in practice through working with local health and social care professionals.
- Staff told us they were able to share their views and that the managers door was always open if they had to raise any issues

Working in partnership with others

- The provider worked in partnership with others.
- The provider had engaged with health care professionals. We found advice was sought when people's needs changed.