

Burlington Care Limited

Randolph House Care Home

Inspection report

Ferry Road West
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Lincolnshire
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Tel: 01724272500

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Randolph House Care Home is a residential home registered to provide accommodation and personal care for up to 70 older people, including those who are living with dementia. At the time of the inspection there were 38 people using the service.

People's experience of using this service: Records in relation to the safe administration of medicines were not always completed and people did not always receive their medicines as prescribed.

The systems and processes used to monitor and deliver improvements required embedding further to ensure improvements would continue.

Relatives told us their family member was safe. Risks to people were assessed and how to reduce risks and respond to possible harm were recorded. Staff followed infection prevention and control guidance when supporting people.

The service had skilled and experienced staff and staffing levels were measured against a dependency tool. At times during the inspection there did not seem to be enough staff on duty to meet people's needs and staff seemed rushed for example at lunchtime. Staff received appropriate training and support to enable them to perform their roles effectively. Safe recruitment processes were in place and followed.

Staff involved healthcare professionals to ensure people's health care needs were met. People received support with eating and drinking, when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained people's consent before providing personal care and support.

Relatives said and information in people's satisfaction surveys confirmed staff were kind and caring. The staff described how individual people preferred their care and support delivered and the importance of treating people with dignity and respect. Care plans showed people were involved in their care and they contained details for staff to provide effective care and support. The manager said these records were currently being reviewed to ensure they were up to date.

People, relatives and staff had the opportunity to provide feedback about the service. Information was provided so people knew who to speak with if they had concerns. There was a system in place to respond to any complaints.

The provider worked in partnership with other services to support people's care and quality of life. For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection: Requires Improvement (report published 27 March 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for an older person who uses this type of care service.

Service and service type: Randolph House Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Randolph House Care Home accommodates 70 people across two floors, each of which has separate adapted facilities. One floor specialises in providing care to people living with dementia.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, we reviewed all the information we held about the service including notifications we had received from the provider. Notifications are for certain changes, events and incidents

affecting the service or the people who use it that providers are required to notify us.

We sought feedback from the local authority and the safeguarding team who work with the service and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). Providers are required to send us 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 six people, four relatives and a visiting health professional. We also spoke with five members of staff, an activities coordinator and the cook. Throughout the inspection we liaised with the regional manager and the manager.

We reviewed three staff recruitment files, four people's care records and multiple medication administration records. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety.

There was an increased risk that people could be harmed.

Using medicines safely.

- Medicines were not managed safely. People had not always received their medicines as prescribed.
- The information on some people's medicine administration record (MAR) was not clear or accurate and left them at risk of harm. For example, there were gaps on some MAR sheets where staff had not signed to indicate they had administered medicines and some MAR sheets indicated people had refused medicines but there was no follow up by staff.
- Staff did not always use the correct codes to identify the status of the medicines being administered for example 'R' could mean refused on one MAR but returned on another. This could lead to miscommunication between staff and affect people receiving their medicines safely.
- Audits relating to the management of medicines had been completed but errors had not always been actioned in a timely manner.
- Stock control of medication was not always recorded appropriately for example, some controlled drug records did not always identify the name of the drug or the dose.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate medicines were effectively managed. Safe systems to prevent the safe management of medicines were not always followed which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend the manager complete medicine audits on a regular basis to identify errors timely and ensure people receive medicines safely.

Staffing and recruitment.

- There was some mixed feedback from people who used the service, their relatives, a health professional and staff about whether there were always sufficient staff to meet people's needs at specific times, for example, in the morning, to enable staff to provide care in a person-centred way. One relative told us, "It can be a while before the buzzer is answered."
- The provider had a dependency tool they used in relation to staffing levels to meet people's needs. We discussed the feedback with the manager who told us they would review the deployment of staff at busy times to ensure people's needs were met.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse.

- People and their relatives told us they felt safe being supported by members of staff. One relative told us, "[Person] is definitely safe here, there isn't anything they (staff) wouldn't do for them."
- Policies in relation to safeguarding and whistleblowing reflected local procedures and had relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The manager liaised with the local authority if necessary; safeguarding incidents had been managed well.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong.

- The provider conducted assessments to evaluate and minimise risks to people's safety and wellbeing. Some risk assessments were being updated to reflect people's current needs.
- There were arrangements in place for the maintenance of the premises and equipment.
- On the day of inspection, we found boxes and mops being stored inappropriately and the area under the stairs needed to be cleared of equipment not being used. These were addressed on the day.
- Personal evacuation plans were in place; guiding staff how to support people in the event of an emergency.
- Accidents and incidents were recorded and reviewed to ensure action was taken to reduce the risk that people would be harmed in the future.
- Staff were observed using good infection prevention and control practices.
- Personal protective equipment was available for staff, such as disposable gloves to use to help prevent the spread of infection.
- Where shortfalls had been identified at the last inspection and recommendations made, action had been taken to address the issues. For example, the provider had put in place additional staff training including behaviour that challenges. Staff supervision and infection control management had also improved.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection we found a breach of Regulation 11 Need for Consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not consistently acted in accordance with the Mental Capacity Act 2005 (MCA) in relation to when people were unable to give consent because they lacked capacity. The provider had not consulted with the supervisory body when there was the possibility one person met the criteria for a Deprivation of Liberty Safeguard.

At this inspection we found that the service was working within the principles of the MCA, restrictions on people's liberty had been authorised and conditions on such authorisations were being met. Ensuring consent to care and treatment in line with law and guidance.

The MCA 2005 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The manager was aware to apply to the local authority for any potential applications to deprive people of their liberty.
- The provider reviewed and assessed people to determine whether they were deprived of their liberty. Records showed the relevant people were involved in this process to ensure people's rights were respected.
- People had consented to their care and discussions with the manager and staff showed they understood the requirements of the MCA.
- Staff understood the importance of gaining consent before providing care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed prior to their service starting to ensure their specific needs and requirements could be met.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences. Care was managed and delivered within lawful guidance and standards.
- People were involved in making every day decisions and choices about their care and support. One person said, "They [staff] never do anything without discussing things with us first."

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively.
- Staff received an induction and training to prepare them for their role. Staff were satisfied with the training they received. A member of staff told us, "There is plenty of training provided."
- There was a supervision and appraisal process in place, and staff confirmed they received supervision. The provider was in the process of completing annual appraisals for staff.

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

- Staff assessed people's nutrition and hydration needs. Information about people's dietary requirements and preferences was included in their care plan and was available in the kitchen for catering staff.
- Food and fluid intake was monitored where required.
- People were offered a choice of meals and the mealtime experience was calm and well organised.
- We received positive feedback about the food. Comments included, "The food is very good, I like it and I'm very fussy."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People had access to health care professionals, and staff sought specialist advice where required.
- Information about people's health needs was recorded in their care plan.
- People were happy with the support they received with their healthcare.
- Relatives were provided updates where appropriate. One relative told us, "I always get a text when the doctor is coming to see [person]."
- A visiting healthcare professional provided feedback about the service and told us the provider had acted on their advice. They said additional training was provided for staff including 'react to red' training which assists staffs to take simple steps to avoid pressure ulcers for people.

Adapting service, design, decoration to meet people's needs.

- The home was spacious and there was lift access to all floors.
- People had access to mobility aids and adaptations.
- We noted during our inspection there were minimal handrails around the building to help people with their mobility. We discussed this with the regional manager and manager and they told us they would consider this.
- Improvements to the environment were underway, including the redecoration of some bedrooms, with plans for others in place.
- People were free to access all areas of the service, this included a secure garden and patio area.
- People had been supported to make their own bedroom welcoming and homely by having their own furniture and belongings such as pictures.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received positive feedback from people and relatives about the caring approach of staff. People told us, "The staff here are always very pleasant with people" and "The staff are kind and caring to everyone." A relative commented, "The staff know [person] they all do. They help [person] just the way I like it done."
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language and eye contact to interpret what people needed.
- We observed friendly and warm interactions between people and staff. Many staff had worked at the home for some time and knew people well.
- Staff talked with people about their relatives and the things they were interested in. People's relationships with their family and friends were encouraged. Visitors were made welcome.
- People's equality, diversity and human rights were respected. Care and support was delivered in a non-discriminatory way.

Supporting people to express their views and be involved in making decisions about their care.

- Staff supported people to make decisions about their care. They knew when people wanted support from their relatives to make decision. Where needed, staff sought external professional help to support decision making for people.
- Staff directed people and their relatives to independent sources of advice and support or advocacy.
- Staff respected people's wishes and views. We observed staff offering choices and encouraging people to make decisions, such as what they wanted to do and where they wished to spend their time.
- Relatives confirmed they had been involved in decisions about people's care.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was respected.
- Staff provided examples to demonstrate how they maintained people's dignity when providing them with personal care. This included talking with people to put them at ease, closing doors and curtains and encouraging people to do things for themselves where possible. A health professional told us, "When we visit, [to see people] staff take people to their rooms to ensure their privacy is maintained".
- Staff supported people to maintain their independence. People's care records informed staff about the tasks they could undertake themselves.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- Information was securely stored to maintain people's confidentiality.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At the last inspection we found a breach of Regulation 17 Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not ensured all care records were accurate and up to date.

At this inspection we found improvements had been made. Care records were mostly up to date and accurate. Any required minor changes were being reviewed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The provider developed a care plan for each person, with information on different aspects of their care.
- People were empowered to make choices and have as much control and independence as possible, including in developing care and support plans. Relatives were also involved, where they chose to be, and where people wanted that.
- People's needs were identified, including those related to protected equality characteristics. Their choices and preferences were regularly met and reviewed. Reasonable adjustments were made where appropriate as required by the Accessible Information Standard (AIS). The AIS is a legal requirement for all providers who receive any public or NHS funding.
- We observed staff being attentive to people's needs and requests.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted.
- The provider employed two activities co-ordinators who worked over seven days to provide a range of activities. For example, during our inspection we saw children from the local nursery attending the service and interacting with people.
- Volunteers visited the service from the local church and college. They supported people by chatting to them and enabling them to go out to local supermarkets or on other activities.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure. There was a system for recording and responding to any complaints or concerns received.
- People we spoke with confirmed they knew how to raise a complaint and would feel comfortable doing so. One person said, "If I had to complain I'd go straight to the manager."

End of life care and support.

- People were supported to make decisions about their preferences for end of life care. Staff empowered people and relatives in developing care and support plans for this time in their life.
- The provider worked alongside other health professionals to ensure people received appropriate and

sensitive end of life care.

- Staff received training on how to support people at the end of their lives.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we found a breach of Regulation 17 Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The systems in place which reviewed the quality of care records and supplementary records were not robust. Audits had not been completed in relation to Deprivation of Liberty Safeguards and shortfalls in staff training in relation to behaviour that challenged the service had not been followed up.

At this inspection we found the provider and manager were making positive progress. The provider had an audit plan for the year. However, systems for quality monitoring required strengthening in order to identify all shortfalls and support effective improvements.

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

- Quality assurance systems to ensure the service was consistently monitored and being driven forward needed to be further embedded into practice to ensure improvements were made to benefit people living there.
- The service had an acting manager in place. They were to apply to the Care Quality Commission (CQC) to become the registered manager of this location. Services without a registered manager cannot be rated higher than requires improvement in the well-led domain.
- People, relatives and staff spoke positively about the manager and management team. They told us the service they had no suggestions for how the service could improve. One person said, "I can't think of anything I'd want to improve, I'm satisfied with everything"
- Staff were informed of important changes that affected the service to ensure their knowledge was up to date.
- The manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) was notified of significant events which had occurred within the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People's support needs were recorded and updated in their care plans. Some care plans needed more detail on how specific care tasks were carried out. The manager said these records would be reviewed to improve them.
- The manager demonstrated a positive attitude and was committed to providing a person-centred culture within the service.
- Effective communication occurred between the manager and staff. Staff felt supported by the manager. A

staff member said, "The new manager thanks you and appreciates what you do."

- People spoke positively about the service and confirmed they felt supported. One person told us, "I know the manager. She says hello and she's very approachable."
- The manager and provider understood their duty of candour responsibilities.

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

- People and relatives had completed a survey of their views and the feedback had been used to continuously improve the service.
- People were placed at the heart of the service's ethos. People's equality was promoted in the service
- Staff meetings were held, which gave staff the opportunity to raise issues and make suggestions.

Continuous learning and improving care.

- Learning had taken place from previous events at the service in relation to how they had improved and managed risk. For example, behavioural support plans were in place and staff had received training to enable them to effectively manage risks relating to behaviour that challenges.

Working in partnership with others.

- Management worked in partnership across their provider group and with the local authority and commissioners.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: People who used the service were not protected against the risks associated with the safe administration of medicines. Information and records in relation to the administration of medicines were not maintained to ensure people always received their medicines as prescribed. Regulation 12 (2) (b) (f).</p>