

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 28 January 2016 and was unannounced. We last inspected this service on May 2014 when all the regulations inspected were being met.

Randall House can provide care and support to up to five women who have enduring mental health issues. At the time of our inspection there were four women in the home.

There was a registered manager in post. 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.

People's views about the service were sought. However systems were not in place to monitor the quality of the service.

People who used the service felt safe and staff were knowledgeable about the signs of abuse. Staff were trained to identify the possibility of abuse occurring and knew what actions to take to protect people.

There were sufficient numbers of appropriately recruited staff to provide care to people.

People received effective care because they had been involved in planning their care and staff knew how to meet their individual needs. People were supported to remain healthy because they received food and drink at regular intervals during the day and on request. People were supported to see a variety of health care professionals when needed and received their medicines as prescribed.

People were supported by staff that cared for them and treated them with care and compassion ensuring their privacy and dignity was maintained. People were supported to make day to day decisions and choices about meals, activities they were involved in and the treatments they received.

People were able to choose group or individual activities that best suited their needs.

There was an open and inclusive environment where people were able to express their opinions about the service they received. People were able to raise concerns and felt they were listened to and issues addressed.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe. People were protected from abuse because staff had been trained to recognise the signs of abuse and how to raise any concerns they may have.

People were protected from avoidable harm because risks had been identified and management plans put in place.

Staff understood how to keep people safe.

People were supported by staff that had been checked for their suitability to work at the home.

People received their medicines as prescribed.

Is the service effective?

Good 

The service was effective. People were supported by staff that were trained and supervised to ensure that care was personalised.

People received food and drink and had access to healthcare professionals to ensure they remained healthy.

People's right to make decisions and liberty were protected and promoted by staff.

Is the service caring?

Good 

The service was caring. People were supported by staff that were caring and compassionate and treated them with kindness and respect.

People's privacy, dignity and independence were maintained.

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Is the service responsive?

Good 

The service was responsive. People were supported by staff that knew their needs and treated them as individuals.

People were supported to take part in group and individual

activities according to their needs.

People were supported to maintain links with people important to them.

People's concerns and complaints were listened to and acted on appropriately.

Is the service well-led?

The service was not always well-led. There were systems in place to monitor the quality of the service; these were however not appropriately used to ensure that services were frequently monitored to improve the quality of the service provided.

People benefitted from an open and inclusive atmosphere in the home, where people were able to raise concerns and make comments about the service.

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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.

This inspection took place on 28 January 2016 and was unannounced and was carried out by one inspector.

As part of our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We spoke with three people who used the service, two care workers, the registered manager and the registered provider. We observed the interaction between staff and people throughout our inspection.

We looked at the care records of three people to check that they received care as planned and some records relating to the management of the home including medicines records and five staff recruitment files.

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe with the staff that supported them. When asked if they were ever shouted at, one person told us, "It's good here. No shouting." We saw that people were comfortable in the presence of staff and there were nice conversations between them and the staff that supported them.

Staff spoken with told us that they had received training in how to protect people from abuse. Staff were able to describe what they would do if they suspected any abuse and were sure that issues raised with the senior staff and registered manager, would be followed up. Staff told us that if they saw unacceptable behaviours from other staff this would be reported to the managers and the issues addressed.

Care workers told us that they spoke with people about risks associated with their needs. One person told us how they went out regularly but felt safe because the staff knew where they were and what time to expect them home. If they didn't return, the person felt assured that the staff would take action to find out where they were. A member of staff told us that people were able to go out alone and systems were put in place to ensure they could get back safely. For example, they had checked that they were aware of the bus route to use and had a mobile phone which could be used in an emergency. We saw that risks associated with people's care had been assessed and plans put in place to minimise them. For example, people at risk of their mental health deteriorating were supported by staff and one to one counselling sessions to discuss their mental health issues to prevent them from relapse.

One person gave us an example of a concern raised with the registered manager, which had been dealt with appropriately. Minutes of residents meetings we looked at showed that safety was discussed with people to ensure they knew what actions to take if they did not feel safe. All people who used the service had a personal mobile phone for use when out in the community. The registered manager told us that the mobile phone was also used to contact people if they had not returned at the time agreed.

The provider had appropriate systems in place in the event of an emergency. A fire risk assessment was in place and regular fire evacuations were carried out to ensure people were aware of how to follow the evacuation procedure in case of an emergency. All people accessed the local community independently, but had to sign in and out to ensure that staff knew their whereabouts.

People were supported by sufficient numbers of staff that had been checked for their suitability to be employed to support people. People told us that there were always staff around to support them and we saw that there was always a member of staff available to support people. Staff told us that there were sufficient staff deployed so that people's needs were monitored and extra staff could be called if the needs of people changed or when people required staff to accompany them hospital or doctors' appointments. Staff spoken with and the records seen told us that new staff were subject to providing information about their identification and right to work in the UK. In addition to this we found that the provider had obtained appropriate references and police checks to ensure staff were suitable to work with vulnerable people.

People received their medicines as prescribed. All people spoken with told us that they received their medicines on time and also were aware of what the medicines were for. We observed that medicines were stored safely so that only authorised staff were able to access them. We saw that staff supported people to take their medicines with a drink and watched that the medicines had been taken, before completing documentation, to show they had been taken. We saw that people were given choices about whether they wanted pain relief or not. We saw that where needed the registered manager liaised with medical professionals when people received 'as and when required' medicines. There were good systems in place to monitor that people had attended the hospital for their fortnightly injections and regular monitoring blood tests were carried out as required to ensure people received the correct dose of their medicines.

Is the service effective?

Our findings

People told us that they were happy with the care and support they received. One person told us, "They [staff] have helped me a lot and pointed me in the right directions, I would have never thought about going to college on my own." Another person told us she was happy with the care.

Staff were supported to provide appropriate care through training and supervision that provided them with the skills and knowledge they needed. Staff told us they had an induction which included shadowing experienced staff. This involved working alongside experienced staff to observe and learn elements of the job. Records showed staff also had to complete an induction checklist to demonstrate competence in various areas which was checked by the registered manager. Staff told us they had access to regular training including training about moving and handling, mental health awareness, food hygiene and care planning. Records showed that training was up to date.

Staff told us and records confirmed they had one to one supervision meetings with senior staff. Staff said they found these meetings to be helpful and gave them the opportunity to discuss issues of importance to them such as issues relating to people who used the service and their own performance. Staff received regular annual appraisals. Staff told us the appraisals were helpful and helped their development.

Discussions with staff showed that they were knowledgeable about people's individual needs and how they preferred them to be met. Many of the people living in the home were able to carry out their own personal care, however people required reminding and encouraging from staff to ensure the personal hygiene was maintained. Staff told us and people confirmed that they were supported and reminded to do things for themselves. For example, we saw people making their own tea or telling us they make their own breakfast in the morning. We saw two people attending to their laundry asking staff only for support if they needed it.

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 saw that the service was working in line with the requirements of the MCA and DoLS.

We saw that one of the people had been deprived of their liberty and appropriate applications had been made. The standard authorisation had a time limit until 18 December 2015, which had expired. We discussed this with the registered manager who advised us that an application had been made to the supervisory body, but due to the person changing social worker as well as funding authority the supervisory body has so far not renewed the standard authorisation of the DoLS. The registered manager advised us that she would make further contact with the supervisory body to renew the standard authorisation of DoLS for the person.

All the people spoken with told us that they were happy with the food they ate. One person told us, "The food is great. If don't like what is cooked on the menu I can always ask for something else and they [staff] has never said no." We observed staff asking people at lunch and dinner time what they wanted and saw that two people chose a takeaway instead of the dinner provided. The menu and peoples' records included information about peoples' dietary needs and staff spoken with were able to tell us what these were and described the support each person needed with them. We saw that people enjoyed their meals on the day of our inspection and received drinks at regular intervals throughout the day, as well as on request.

People told us they saw medical professionals when needed. One person told us they had gained weight and the dietician visited her regularly to discuss healthy eating and exercise. We saw in the person's records that the person had started to go to the gym and their weight has reduced slightly over the past three months. We saw one person was accompanied by a member of staff to a medical appointment. Care records showed that people were supported to see the dentist, optician, GP, community nurses and specialist doctors when needed. People were supported to attend appointments for on-going health problems.

Is the service caring?

Our findings

People told us that the staff were nice and caring. One person told us, "The staff look after me. They are nice and don't tell us off." We saw that people were spoken with in a respectful way. We saw that staff had taken care to ensure that people were dressed in a way that reflected their personality, preferences and cultural backgrounds. The atmosphere in the home was warm, welcoming and comfortable.

People told us that the staff were 'good'. We saw that staff responded to people in a caring way either providing the support requested or explaining what they were doing and when they would do as asked. One person told us, "We are well cared for and treated like an individual not an animal."

We saw a member of staff show kindness, care and friendship to an individual. The person was needed help with their laundry and staff went with the person into the utility room and helped the person to separate the colours. There was lots of joking and laughing between them during this time.

People's privacy, dignity and independence were promoted. We saw that people were supported with their care discreetly. People told us and we saw that people were able to lock their bedroom doors so that they could have privacy and ensure that only they and staff were able to access their bedrooms. We saw that people were able to walk around the home independently..

People told us that they felt listened to and that staff did not rush them to make decisions. The registered manager told us that most people could 'self-direct' their care and people we spoke with confirmed this. Self-directed care meant that people told staff the care they required and did everything independently depending on their ability. One person told us, "I discuss with them what support I want and they listen to my concerns." All three support plans we looked at were person centred and included things people liked and disliked and the things that were important to them. Staff were aware of people's support needs and told us about individual health or social care needs and the support that was in place to meet them. For example, one person went regularly to college, while another person tried to look for voluntary work. This showed that staff were aware of people's needs and provided them with the appropriate support they required.

Staff told us that they were able to support people to remain as independent as possible by reminding them to do tasks, such as having a wash, clean their room or wash their laundry, rather than doing it for them. People were supported to make day to day choices about what they ate, where they sat and whether they took part in organised activities. People's cultural needs were met by a staff team that reflected their cultural backgrounds. People told us the home is very diverse with people who have different needs which were all met by the staff with the support of the management.

People's independence was promoted. This included enrolling people on to community training courses such as literacy. They told us "This has helped me to become more confident and I can really express myself." People were responsible for their own laundry, cooking and upkeep of their room, which helped them to become more confident and gain more skills to live more independently in the future. Staff were aware of things people could do for themselves and told us that they encouraged and involved people who

had the capability to perform certain tasks. One person informed us that staff were supporting them through training to be able to live an independent life with the future goal of getting their own flat.

Is the service responsive?

Our findings

People received care and support that met their individual needs by staff that were aware of their needs and preferences. People told us they had been involved telling care workers how they wanted their needs met. For example, we discussed with an individual their individual dietary needs and they were able to tell us how these should be met and we saw that they were being met with the help of staff as required. People told us the service met their needs. One person said, "The care is centred around me. It is what I want." Another person told us "I like it here the staff is very nice and talk to me about what I want."

Staff told us that they knew people's needs because they read their care plans, shadowed experienced staff when they first started working with people and asked people what help they wanted. People's needs were reviewed on a regular basis so that changes in needs were identified and planned for.

The registered manager explained the care planning and assessment process to us. They told us either the registered manager or general manager of the service met with the person and their family where appropriate to carry out an assessment of their needs. This enabled the service to determine if it was a suitable placement and if the service was able to meet the person's needs. People and their relatives were invited to visit the service and have a meal to see if they liked it before making a decision about moving in. This helped people to make informed choices about their care.

The registered manager told us that care plans were based upon the initial assessment carried out by the service, information provided by the relevant local authority where available and on-going observation of the person over their first few days at the service. They told us that care plans were then reviewed on a monthly basis and records confirmed this.

During the inspection we examined three sets of care records relating to people that used the service. We found care records included pre-admission assessments and risk assessments about how to support people in a safe manner. Care plans included information about how to meet people's needs in relation to communication, mental health, mobility, continence and personal hygiene.

People were able to spend their time as they wanted. For example we observed one person went to college and another person went to pick up their medicines from the local chemist with the support of staff. Another person told us that she went to college in the morning to do a creative writing course. Each person had a weekly activity plan, which was varied and people told us that this had been discussed with staff and the activities were according to their wishes and needs. The provider offered a variety of group and individual sessions where people who used the service were encouraged to take part in. For example people who used the service told us that they attend the women's group, colouring in group, cooking group and the one to one counselling session. They told us that they enjoyed these groups and felt that it had helped them to become better. For example one person told us, that with the help of the one to one counselling group, she decided to do her GCSE in English. "I would have never enrolled into college, without the help of staff."

People told us that they had not made any complaints but that they felt able to raise concerns directly with

the registered manager or provider, in meetings or with their key workers. One person told us, "I can go to the management and they will deal with it." Staff told us that they would try and resolve any concerns people raised with them at the time they were received if possible. If staff were not able to resolve it, they would raise it with the seniors or registered manager.

Is the service well-led?

Our findings

The provider's arrangements for monitoring and assessing the service included speaking with people who used the service regularly and an annual questionnaire survey for feedback and comments. It was not always clear where action had taken place to improve the service as a result of the survey or discussions. For example results of the survey from September 2015 had not been reviewed and an action plan to address shortfalls had not been implemented.

The provider's arrangements for monitoring and assessing the quality of the service were not robust enough to assess the quality of service people experienced or to identify and make improvements. For example the provider started a quality assurance audit in January 2015, these had however not been completed and it was not clear how the provider was able to make a formal judgement on the quality of care provided, nor was it clear how improvements to the quality of care provided could be made. This meant while the provider had quality assurance and monitoring systems in place, these were not used appropriately and frequently to ensure quality of care was continuously monitored and improved.

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

People who use the service told us "The manager is very good, she is here most of the days and I can always talk to her if I have any problems." Staff told us the service had an open and inclusive atmosphere and they found the registered manager to be approachable and supportive. One member of staff said, "[The registered manager] is excellent. I don't have a problem with going to her about anything. She is very supportive." Another member of staff told us, "When I came here the manager explained everything and said to go to her if any problems" and "The staff are very helpful, we work well as a team."

The service had a registered manager in place and a clear management structure. This included a deputy manager and care workers. Staff we spoke with were clear about their lines of accountability and who they should report to in the first instance.

Staff said they felt listened to by the registered manager and the registered manager acted upon their concerns. One staff member told us they had some personal issues and felt that they were able to talk to the registered manager and found solutions to their issues. This demonstrated that staff views were welcomed and acted upon if appropriate.

Staff told us that they had regular staff meetings to discuss people who used the service, issues relating to the care provided such as medicines administration and safeguarding. Care workers told us that they were able to contribute to the agenda and were able to make suggestions to drive improvements. One care worker told us "I suggested having an art session for people who used the service, which will commence in February 2016." Staff also told us that the registered manager visited the home almost every day to discuss any issues in relation to the service and the care provided to people who used the service. One care worker told us, "We meet and talk daily, the registered manager is very hands on and is around five days a week."

The registered manager understood their responsibilities and knew of other resources they could use for advice, such as the internet. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who used the service were not protected by appropriate systems or processes to assess, monitor and improve the quality of services provided. Regulation 17 (2) (a).