

Randall Care Homes Limited

Randall House

Inspection report

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Date of inspection visit:
14 December 2017

Date of publication:
26 January 2018

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?

Good ●

Summary of findings

Overall summary

The unannounced comprehensive inspection took place on the 14 December 2017.

The last inspection was an unannounced focused inspection that took place on the 7 September 2016. During that inspection we found that the provider had improved the quality assurance systems in the service and met a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that had been found during our inspection on 28 January 2016. Although we rated the service as Good overall we rated the Well-led question as requires improvement as we required a longer term track record of consistent good practice.

We found that during this comprehensive inspection on 14 December 2017 the provider had taken appropriate action to further develop and improve the quality assurance systems and processes of the service. The service had met all the key questions and rated good in each with an overall good rating.

Randall House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Randall House is registered to accommodate a maximum of five people who have mental health needs. Public transport facilities and local shops are located close to the home.

The service had a registered manager. A registered manager is a person who has registered with the 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.

People told us that they felt safe living in the home. There were procedures for safeguarding people and staff understood how to respond to possible abuse. Staff knew how to raise any concerns about people's safety so people were protected.

Staff were respectful and demonstrated an understanding of each person's needs and abilities. People's choices were respected and accommodated. People's care plans were personalised and reflected their current needs. They contained the information staff needed to provide people with the care and support they wanted and required.

Arrangements were in place to ensure people received the service that they required from sufficient numbers of appropriately recruited and suitably trained staff.

People's medicines were managed safely by staff whose competency to administer medicines had been assessed.

People's dietary needs and preferences were supported by the service. People chose what they wanted to eat and drink.

People decided how they wanted to spend their time. People had the opportunity to take part in a range of activities. People's individual needs and preferences were understood and respected by staff.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 [MCA]. 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.

People knew how to make a complaint and told us they felt comfortable providing feedback about the service.

There was a management structure in the service which provided clear lines of responsibility and accountability. Checks were carried out to monitor and improve the quality and safety of the service and improvements were made when needed. Management staff told us that they were in the process of further developing the quality assurance monitoring and improvement systems.

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.

Systems were in place to protect people from the risk of abuse.

Risks to people were identified and measures were in place to minimise and manage the risks to people's safety.

Medicines were managed and administered appropriately and safely.

Recruitment and selection arrangements made sure only suitable staff were employed by the service.

People were provided with the care and support that they needed from sufficient numbers of skilled staff.

The home was clean and maintenance was carried out when required.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support that they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People chose what they wanted to eat. The menu was varied and alternative food choices were available to ensure that people's nutritional needs and dietary preferences were met.

People's consent was sought in line with legislation and guidance.

Is the service caring?

Good ●

The service was caring.

People told us that their dignity and privacy were respected. Staff knew how to protect people's confidentiality.

Staff engaged with people in a respectful manner.

People's relationships with those important to them were promoted and supported.

People were supported to express their views and to be involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and reviewed regularly. They provided sufficient guidance to enable staff to deliver the care and support that people needed and wanted.

The service worked with healthcare and social care professionals to ensure that people's needs were met by the service.

People chose how to spend their time and were supported to take part in recreational activities of their choice. People accessed the local community facilities and services.

People knew how to make a complaint and were confident that any concerns would be addressed.

Is the service well-led?

Good ●

The service was well led.

The leadership and management of the service were visible and inclusive. They provided staff with the support and direction that they needed.

There were a range of processes in place to monitor and improve the quality of the service.

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 14 December 2017 and was unannounced. It was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with the home since the previous inspection. Notifications are information about specific important events the service is legally required to report to us.

We also reviewed the Provider Information Record [PIR] which the provider had completed and submitted to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was discussed with management staff during the inspection.

During the inspection we toured the premises; spoke with the three people using the service, the registered manager, two other managers who assisted in the management of the provider's services, the administrator and one care worker. Following the visit we spoke with a relative of a person using the service. We also spent time observing the engagement between staff and people using the service.

We reviewed a variety of records which related to people's individual care and the running of the home. These included, care files of three people living in the home, and four staff records to check recruitment procedures and whether staff had received the supervision and training they needed.

We looked at key policies and procedures to do with the running of the service, as well as the checks carried out to ensure that the quality and safety of the service were maintained and improvements made when needed.

Is the service safe?

Our findings

People told us that they felt safe living in Randall House. One person's relative informed us that they did not have any concerns about their relative's safety and that they were sure that the person would tell them if they were not being treated well by staff or other people using the service.

Staff were knowledgeable about safeguarding adults from abuse. A care worker told us about the action that they would take to protect people if they suspected they had been harmed or were at risk of abuse. They knew that they needed to report any concerns to management and when appropriate to external agencies including the host local authority safeguarding team. Staff training records showed that staff had received training in safeguarding adults. The contact details of the host local authority safeguarding team were accessible to people as they were displayed in the home.

People's ability to manage their finances was assessed. People managed their own monies or had relatives supporting them with their finances. The service managed some cash for one person, which could be accessed by the person when they needed it. We checked this person's records of income and expenditure and found no issues of concern. Arrangements were in place to ensure regular checks of people's finances were carried out by management staff.

Risks to people's safety were assessed on admission to the home and regularly reviewed. Where risks had been identified actions were in place to manage and minimise them. A care worker whom we spoke with was aware of people's risk assessments and knew where to access their details.

Health and safety checks were carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and to make sure people were protected. These included frequent checks of the temperature of the fridge and freezer to ensure that they were always within a safe temperature range. The service had an up to date fire risk assessment. People had personal emergency evacuation plans to support safe evacuation from the premises in the event of a fire or other emergency. Regular fire drills with staff and people using the service took place.

Arrangements were in place to ensure appropriate recruitment practices were followed so only suitable staff were employed to work with people. We checked four staff's records, which showed appropriate checks had been carried out. The records contained a range of information including a job application, references, employment contract, interview records and Disclosure and Barring Service [DBS] check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions.

Records showed that incidents and accidents were responded to appropriately. Appropriate agencies including local authorities and CQC were notified when required. We discussed with management staff some incidents that we had been notified about. The management staff told us how they had learnt from these and spoke of the action taken to minimise the risk of future similar occurrences. They spoke of the importance of providing support for staff when they had been involved in incidents to do with people's

behaviour that had challenged the service.

There were systems in place to manage and monitor the staffing of the service so people received the care and support they needed and were safe. Management staff provided support when required such as accompanying people to appointments and working in the home and the other services when there was a shortage of staff due to sickness. Permanent care staff also covered shifts when needed. On the day of the inspection one care worker at short notice covered the afternoon shift when a member of staff called in sick, which showed that systems were in place to ensure that the service was suitably staffed at all times.

During the inspection we noted that there were enough staff on duty to provide people with the care and support they needed. The care worker on duty had time to engage with people talking and assisting them with their day to day needs and activities. However, due to staff sickness a member of staff was not available to accompany a person to the shops when the person had suggested the outing. Staff explained the staffing situation and made plans with the person to go shopping at another time, which that person said they were happy with.

Medicines were managed appropriately and stored securely. Training records showed us that staff who administered medicines had been provided with training and had completed a competency assessment to make sure they knew the safe procedures to follow. A care worker told us that they were currently learning how to administer medicines safely and would be assessed by a manager before administering them on their own. We saw a manager observe the care worker whilst they administered medicines to people.

People's care plans included detailed information about their medicines needs, and details about the medicines that they were prescribed. People told us that they received the medicines that they were prescribed. People's medicine administration records were accurately completed. Records showed that doctors regularly reviewed people's medicines' needs.

Records showed us that staff had completed training on infection control. Protective clothing including disposable gloves and aprons were used by staff when undertaking some tasks, to minimise the risk of cross infection. Good practice guidance about handling food safely was available to staff. We saw staff and people using the service wash their hands before preparing food. The home was clean except for some kitchen cupboards. When we mentioned this to a care worker they promptly addressed the issue.

Is the service effective?

Our findings

People told us they were satisfied with the service that they received and that staff provided them with the support that they needed. A person told us that they felt staff knew them well. One person's relative informed us that they had no concerns about the care and support that a person received.

A care worker told us about the importance of speaking with people using the service and with the staff team to get to know each person well and so fully understand their needs. We saw staff interact with people in a way that indicated they knew them well and understood their needs. People's care records included information about people's preferences, health, personal care and other needs. The care plans were reviewed regularly and accessible to staff. A care worker told us that they could refer to them at any time so they could provide the support and care that people required.

People said they attended healthcare appointments. One person told us that the GP surgery was located close to the home and they saw a doctor there when they had been unwell. Records showed that people had the blood tests that they needed and had received checks and treatment from opticians, community nurses, chiropodists and psychiatrists. A person told us that they could not recall having seen a dentist recently. Management staff told us that they would look into this and arrange an appointment if found to be required.

Staff received an induction when they started working in the home. A care worker told us that they were in the process of completing their induction. They informed us that it had helped them understand their job role, policies, the service and the organisation.

Records showed that staff received appropriate training at the start of employment and reviewed at appropriate intervals during the course of employment. Best practice and learning were included in team meetings and one-to-one staff supervision. The provider supports staff to achieve additional relevant health and social care qualifications. A care worker told us that they had plans to complete a qualification in health and social care.

Staff were provided with the support that they needed during on-going supervision and through one-to-one supervision meetings with management staff. A care worker told us that they had received regular supervision and the support that they needed from management staff. Staff records showed that staff were provided with an annual appraisal. Appraisals are meetings between a manager and staff member to discuss their progress, areas for development and their goals for the following year.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. At the time of the inspection no people using the service were subject to DoLS. Management staff understood and applied the principles of the MCA when supporting people. Records showed that staff had received training in MCA and DoLS.

People using the service were all able to make day to day decisions and those to do with their care and treatment. Staff were aware that their ability to do so could change if their mental health needs altered when they were unwell and that a decision in their best interest may then have to be made by those involved in their care such as family members, staff and healthcare and social care professionals. A care worker told us they always sought people's consent before providing them with assistance. They told us that it was important to "Give people time to make a decision". People's care plans showed that they had been consulted and had agreed to their care plan.

People's nutritional needs and preferences were recorded in their care plan and monitored. Written daily logs detailed what people had eaten each day, and people's weight was checked regularly so significant changes in people's weight would be identified and addressed.

People told us that they were satisfied with the meals. We saw people chose what they wanted to eat and cooked their own lunch. One person received assistance from staff with the preparation of their meals. Food was available to make snacks at any time and people made themselves drinks whenever they wanted to. A manager spoke of the progress that had been made in encouraging a person who had eaten a limited range of food items when they were admitted to the service. They told us that the person now ate a wider range of foods. We saw people help themselves to fresh fruits.

The premises were suitable for people's needs. People told us they liked their bedrooms. However, one person spoke of their bedroom being "rather small." One person showed us their bedroom which had been personalised with items of their choice. They told us that they had chosen the colour of the recently painted walls. The garden was well maintained and accessible to people.

People told us they were all able to read and that written information about their care and the service was suitable for their needs.

Is the service caring?

Our findings

All the people using the service told us that staff were kind to them and provided them with the assistance and support that they needed. They confirmed that their dignity and privacy were respected by staff. A person's relative spoke in a positive way about the management and care staff.

Throughout the day we observed positive engagement between staff and people using the service. Staff spoke with people in a respectful and considerate manner. We heard staff ask people how they were feeling. Staff involved and supported people in making decisions about their personal care and support and they respected the choices that people made. People showed signs of well-being. They dressed well, were relaxed and interacted with each other and staff in a positive way. A person spoke of recently having had their hair done and told us that it had made them feel good.

People's care plans included information about their preferences and their background. This helped staff to provide people with the care and support that they required in a consistent way. Records showed that people's emotional needs were supported by the service.

People told us that the staff including management staff were approachable and always available to provide them with the support that they needed. They told us that they could make the decisions that they wanted including how they chose to spend their time. One person told us that they chose what time they went to bed and got up in the morning.

People's independence was encouraged and supported. People prepared the meals that they wanted, cleaned their bedrooms and participated in laundering their clothes. A person told us that they chose to clean their bedroom every day. Some people went out independently during the inspection. People told us that they had a travel pass that enabled them to travel on public transport and access the places that they wanted to visit without worry about cost.

People were supported to maintain their relationships with friends, family and others important to them. A person using the service told us about the regular contact that they had with their relatives. They spoke of the enjoyment that they had of visiting them and speaking with them by telephone. A visitors' book showed that people received visits from family members.

People's care files and other documentation were stored securely. Their personal information and staff records were kept in locked rooms. A care worker knew the importance of not speaking about people to anyone other than those involved in their care. A person using the service told us that they had a key to their bedroom so were able to lock it to protect their privacy and personal items when they were out.

Staff and people using the service told us and records showed that religious festivals, birthdays and other commemorative days were celebrated in the home. People and staff had recently had a meal out together to celebrate Christmas and a festive party was due to take place on the day following the inspection. A person told us that they were looking forward to the party and was planning to have their nails manicured

before the event. A care worker was knowledgeable about the importance of understanding and respecting people's varied needs and told us "Everyone has rights, it is important to respect people's views and to respect them for who they are and not discriminate."

Is the service responsive?

Our findings

People told us that staff listened to them and they felt involved in decisions about their care and support. One person's relative told us that they felt they were always included in decisions to do with the person's care. They also informed us that they were invited to the person's care plan and assessment review meetings and were kept informed by management staff about the person's progress and of any changes in their needs and well-being. .

We looked at each person's care plan. People's care plans were personalised and were developed with people's involvement. They included information about people's preferences and routines, and identified the actions required of staff to meet people's individual needs. Clear personalised guidance for staff to follow to prompt and supervise people to carry out their personal care tasks was included in their care plans. People's care plans contained information on risks, people's life history, preferences and interests so staff knew how to provide people with the care and support that they needed. People's care plans had been regularly reviewed to make sure that they remained up to date and reflected people's current needs.

One to one meetings took place between people and members of staff. During these meetings people had the opportunity to discuss their care issues and/or aspects of the service. People were also offered one-to-one therapeutic counselling support.

Time was allocated for staff to take part in 'handover' meetings during each shift. These and a staff communication book were used to share information between staff about the service. Staff also completed daily records about people's needs, progress and activities. These records were reviewed regularly by the management team. The 'handover' meetings and record keeping ensured that staff had up-to-date information about people's health and well-being. This helped staff monitor people's progress and made sure that they provided people with the care and support that they needed in a consistent way.

The service had a complaints procedure, which was displayed. People and a person's relative said they had no concerns about the service. People told us that they would speak with a member of the care team and/or management staff if they had any issues or concerns and were confident that they would be listened to and the issues addressed.

People had the opportunity to take part in activities arranged by the service. Staff told us that due to people's needs motivating and encouraging people to participate in activities was sometimes a challenge. Activities provided by the service included a range of group activities. Some people chose to do go out and about in the local area independently. People told us that they enjoyed going shopping, going on walks, listening to music, watching television and doing household tasks. We saw photographs of people enjoying some community outings during the summer. One person told us that they had enjoyed a holiday with a member of staff earlier this year. Another person had been to an art gallery and had been supported by staff to consider undertaking some college courses.

People living in Randall House were relatively young and no one was receiving end of life care.

Is the service well-led?

Our findings

People told us they were generally content living in Randall House but had aspirations that included moving to more independent living. People and a person's relative spoke in a positive way about the staff and the way that the service was run.

The registered manager and the provider's management team managed and ran the service. A care worker told us that they enjoyed their job and was clear about the lines of accountability. They knew they needed to keep management staff informed about any changes in people's needs and any issues that affected the service. A manager was on call 24 hours to provide advice and support.

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service. We found that audits were undertaken as part of the quality assurance process, covering a range of aspects to do with the service. Those included checks of the fire safety, medicines, hot water and medicines storage temperature checks, housekeeping checks, and a monthly audit of the service. Monthly reviews of people needs were also carried out and a summary provided to the person's commissioning local authority. Regular comprehensive environmental checks of the service were completed by management staff. These included checking the health and safety of the service such as fire safety systems, equipment, garden and whether daily and weekly monitoring checks had been carried out by staff. Action had been taken to address deficiencies found.

The service had an up to date statement of purpose, which included information about the services it provided. Management told us that they were in the process of reviewing and bring up to date the provider's website. Records showed that action had been taken to promptly address maintenance issues.

People's feedback of the service were regularly sought to continuously improve the service. A questionnaire that had recently been completed by a person indicated that they were satisfied with the service that they received. One-to-one meetings with people also provided them with opportunity to feedback about their view of the service.

The service was responsive to people's needs, communicated with people's relatives and representatives, and liaised with community professionals to ensure people received an effective, good quality service. Records showed that community professionals received monthly reports about people's needs from the service, and had visited people and reviewed their needs.

Staff told us that teamwork and communication between staff was good, which ensured people received the service that they needed. A care worker told us that they were always told about any changes to the service.

The service promoted engagement with the local community. They had arranged for an exhibition of people's art work to take place and planned further similar events. People accessed a range of community facilities.

Care documentation was up to date. The home had policies and procedures in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. These were accessible to staff and included the guidance they needed to follow and act upon in all areas of the service such as responding to complaints and health and safety matters.

Registered providers are required to inform the CQC of certain incidents and events that happen within the service. Management staff were aware of their obligations for submitting notifications of these to CQC to meet legal requirements of the Health and Social Care Act 2008 and our records confirmed that notifications of significant events had been received by us.