

Inspection report

Randolph Hill Nursing Home Care Home Service

Perth Road
Dunblane FK15 0BS

Inspected by: Robert A. McQueen, Locum Care Commission Officer
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 21 June 2007

Service Number

CS2003011601

Service name

Randolph Hill Nursing Home

Service addressPerth Road
Dunblane FK15 0BS**Provider Number**

SP2003002451

Provider Name

Randolph Hill Care Homes Ltd

Inspected ByRobert A. McQueen, Locum Care
Commission Officer
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

21 June 2007

Period since last inspection

3 months

Local Office AddressSpringfield House
Laurelhill Business Park
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FK7 9JQ
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Introduction

Randolph Hill Nursing Home is owned and managed by a private provider. The service aims to provide high quality nursing and social care for up to sixty older people in a safe and flexible manner, encouraging choice, independence and reasonable risk taking. The Home can accommodate up to 5 service users who require respite care. Meals and laundry are provided as part of the care service.

The current building was purpose built and has been in operation since July 2006. Randolph Hill Nursing Home has been registered with the Care Commission since 1 April 2002. The home is situated off the main road through Dunblane with public transport and local amenities near by. Many of the service users are from the local area and enjoy visiting the town centre and surrounding areas.

Included in the written objectives and principles of the service are commitments to:

- treat people as individuals and respect their dignity and privacy
- offer support to preserve maximum independence
- acknowledge social, emotional and religious needs
- facilitate service user participation in the planning of care as much as possible
- provide care in a relaxed and comfortable environment incorporating choice in the participation of activities.

These principles were evidenced in practice during this inspection

Basis of Report

This report was written following an unannounced inspection, undertaken by one Care Commission Officer, on the 21 June 2007 and took place between 09.00 hours and 16.30 hours. The Care Commission Officer spoke with service users, visiting relatives, the care manager and senior nursing staff.

Before the inspection:

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA. This assessment resulted in this service receiving a medium RSA score therefore a medium intensity of inspection was required as a result.

The inspection was then based upon the Inspection Focus Area (IFA) relating to Restraint and associated National Care Standards for the particular service type, any other Standards or regulations indicated by the RSA, follow up on any areas being developed from previous inspections, complaints and any other regulatory activity.

The service had available a range of policy statements and documentation. Time was spent observing the care given to service users and the Officer undertook a tour of parts of the communal areas of the premises.

The Care Commission Officer examined and reviewed a range of records including the

following:

- Service users' personal files and care plans
- Samples from the policy and procedure manual
- Accident/Incident/Restraint records
- Care Commission registration certificate and staffing notice
- Good practice guidance literature within the home

The Care Commission Officer took all of the above into account and reported on whether the service was meeting the following National Care Standards for care homes for older people:-
Standard 4: Your Environment
Standard 5: Management and staffing arrangements
Account was taken of the Scottish Statutory Instrument 2002 No.114 The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

The Care Commission Officer would like to thank service users, visitors and staff for giving up their time to provide information for the report.

Action taken on requirements in last Inspection Report

There were no requirements made within the previous inspection report.

Comments on Self-Evaluation

The self evaluation had been completed and returned to the Care Commission within the required timescale. This had been completed to an acceptable standard. The self evaluation agreed with the findings of this report.

View of Service Users

Six service users spoken with were happy with the home and the service provided. Comments included "the food is very good", "I like to sit outside in good weather---the gardens are lovely" and "the staff are very nice".

Service users stated that they enjoyed the opportunity to relax in comfortable surroundings, engage in social interaction and have visitors at any time. Privacy of single room provision was said to be "much appreciated".

View of Carers

Two visitors spoken with were very satisfied with the service and also felt welcome in the home when visiting. Both stated that their relative was well cared for in a clean and friendly environment and that they were always kept informed and involved in the care provided.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 4: Care Homes for Older People - Your Environment

Strengths

Not all elements of this standard were inspected at this time.

The Home is located in spacious grounds. A large garden area, which is very accessible and secure has attractive paving, shrubs and a large grassed area. All these facilities have been carefully designed in conjunction with Dementia Services of Stirling University and are landscaped and regularly maintained.

There are adequate car parking facilities and access into the Home is suitable for less able people. The accommodation comprises sixty single rooms with en-suite shower facility. The home is divided into 2 floors with 3 units of 10 beds on each floor. Each unit has its own lounge, dining room, pantry, conservatory and assisted bathroom. Kitchen and laundry facilities operate from a central base on the ground floor.

Bedrooms seen by invitation from the respective service users during the inspection were of a good size, had excellent décor standards and had views on to gardens and open spaces. Service users spoken with confirmed that they liked their rooms.

Through a brief tour of the home it was noted that communal rooms and corridors were clean and tidy and were seen to be in good decorative order.

Areas for Development

None were identified at this inspection.

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

Not all elements of this standard were inspected at this visit but this report includes comments on relevant elements and those applicable for the IFA relating to Restraint.

Staff rotas examined confirmed that staff numbers on duty exceeded the minimum agreed requirement. The manager operates in a supernumerary role and dealt with the inspection in a knowledgeable and helpful manner.

Staff were not formally interviewed on this occasion. The manager regularly undertakes staff supervision and develops a training plan to address any needs over the forthcoming year. The manager regularly undertakes a training audit on the staff group through staff members' supervision and the development of a training plan to address any needs over the forthcoming year. The programme covered both statutory and non-statutory training opportunities.

There was a clear policy within the home stating the service's aims and approach to training.

By observation, it was clear that staff communicate in a meaningful and kindly way with service users and all service users spoken with confirmed that staff were "easy to talk with" and were able to answer any questions they had and deal with any wishes, choices or concerns.

Service users and visitors are appreciative of the efforts made by the manager to provide a private consultation service for all service users and family members, on a regular basis.

Staff were seen to interact with service users in a friendly and supportive manner, but were not intrusive.

Service users' records gave clear information on the support requested from other professionals. Their attendance and guidance was recorded and those issues requiring attention were carried through into care planning and monitored.

The service allows children to visit and has a child protection policy and adult protection policy in place. These are readily available in the Home.

The service had a policy and procedure on restraint which clearly identified that some degree of risk-taking is essential to good care; restraint would only be used as a last resort, to preserve safety in the care of all concerned and only if more therapeutic methods of individual management had been tried and failed. The procedures relating to this policy were very comprehensive, with significant emphasis on monitoring by management. There is detailed guidance on the principles and types of restraint and on the importance of positive and meaningful communication. The policy clearly laid out staff members' responsibilities and identified the role, function and accountability of management.

Current best practice from the Mental Welfare Commission in relation to restraint were available for all staff. A copy of the documents "Safe to Wander", (2003) and "Rights, Risks and Limits to Freedom" (2006) produced by the Mental Welfare Commission were available within the home and were referred to in ongoing training. The manager has developed other information relating to restraint, for staff, using best practice guidance throughout.

A comprehensive initial risk assessment was undertaken with each service user in relation to any needs for support and restraint. Subsequent assessments take place as, and if, required. Where restraint methods were required an agreement with the service user and/or their representative had been written and signed and this was clearly recorded within service users' care plans. All restraint assessments were reviewed monthly or more frequently, if stipulated by senior staff.

Pragmatic and focussed guidance is given about the need to record any incidents accurately. Regular reviews are held and restraint review documents examined clearly identified any outcome from the restraint, the service user's experience during restraint and the need to continue or discontinue the restraint.

All staff have received training in relation to restraint at induction and further training on these areas has taken place. The service had scheduled further training on all aspects of restraint

Areas for Development

Areas for development:

The Child Protection Policy should identify appropriate contacts in the event of a child protection incident or allegation.

The provider's policy and procedures on restraint are continually scrutinised to ensure relevance to best practice and more written evidence of consultation with professionals and relevant others is being developed.

As part of the inspection relating to restraint, medication procedures and practices were discussed and the manager advised that there is ongoing training in place in relation to the completion of Medication Administration Record Sheets.

Enforcement

There has been no enforcement action taken by the Care Commission against this service in the last year.

Other Information

The Home's information pack includes the provider's and Care Commission Complaints Procedures. This comprehensive pack is given to all applicants and interested parties.

Accident / incident records were seen to be completed in a comprehensive and accountable manner. Monitoring systems, relevant to any accident / incident were in place and overseen by management in a meaningful and professional manner.

A rolling programme is in place in relation to reviews of all equipment in use.

Outstanding Recommendation from previous report.

1. There should be a section within the service user's personal plan which identifies if service users can manage their own finances and this should be reviewed regularly.

The manager stated that this area of work had not been totally completed and she will undertake to do this within two months of this inspection date.

(See Recommendation 1)

Requirements

There were no requirements made at this inspection visit

Recommendations

1. There should be a section within the service user's personal plan which identifies if service users can manage their own finances and this should be reviewed regularly.

National Care Standards, Older People - Standard 5: Management and Staffing

**Robert A. McQueen, Locum Care Commission Officer
Care Commission Officer**