

Care service inspection report

Randolph Hill Nursing Home

Care Home Service Adults

Perth Road

Dunblane

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Telephone: 01786 825362

Inspected by: Leigh Ferguson

Type of inspection: Unannounced

Inspection completed on: 3 December 2013



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Service provided by:

Randolph Hill Care Homes Ltd

Service provider number:

SP2003002451

Care service number:

CS2003011601

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The service operates smoothly under the direction of its experienced manager. Staff working within the service feel supported both by managers and by ongoing training and supervision. Residents feel well cared for and friendly, warm interactions between staff and residents were evident throughout the inspection.

What the service could do better

We found that care plans whilst mostly well completed contained wording which could be better phrased and that reviews were not always being held within six month timescales.

We found that a resident's ensuite shower room had an outstanding repair to the sealing around the room.

In another resident's room we found that continence aids were not being stored appropriately.

What the service has done since the last inspection

The service has continued to engage with service users and relatives to provide methods by which residents and relatives can make their views known.

Conclusion

The service continues to operate at a very good level.

Who did this inspection

Leigh Ferguson

Lay assessor: Ms Jenny Goldberg

1 About the service we inspected

Randolph Hill Care Home is owned by Randolph Hill Group. The home is part of a group of five care homes. The service is registered for sixty residents.

The service was purpose built in July 2006. There are six separate units incorporating facilities for ten residents. Facilities include separate dining room, lounge and conservatory for communal use. Each resident has a single room with en-suite facilities.

The service aims to provide high quality nursing and social care for older people in a safe and flexible manner, encouraging choice, independence and reasonable risk taking. The home can accommodate up to five service users who require respite care.

The people who use this service prefer to be known as residents, therefore the term resident will be used throughout this report.

"The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to do more to improve, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate."

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We inspected this service over three days , on the 27 November, 2 and 3 December 2013. The visits took place during day time. We provided feedback to the manager on the afternoon of the 3 December 2013.

The inspection was carried out by Leigh Ferguson, Care Inspectorate. Lay assessor Jenny Goldberg also supported the inspection.

As requested by us, the service sent us an Annual Return.

We received 28 completed Care Service Questionnaires from relatives and from people using the service. During Inspection, evidence was gathered from a number of sources, including:

- Discussion with the manager and 7 members of staff.
- Discussion with 6 residents.
- Discussion with 2 external professionals.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any requirements we made at our last inspection

The requirement

The service should ensure that reviews are carried out with service users at a maximum of six monthly intervals or when there are significant changes to each service users health, welfare or safety needs. Reviews should be used to ensure that assessments, care plans and methods of management are reflective of the current needs of each service user. This is to comply with SSI 210 Regulation 4 (1) and Regulation 5(2)(b)

What the service did to meet the requirement

During this inspection, this proved to still be an issue and is reinserted into this report.

The requirement is: Not Met

What the service has done to meet any recommendations we made at our last inspection

There are no recommendations outstanding.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned.

Taking the views of people using the care service into account

For this inspection, we received views from 17 of the 59 people using the service. Eleven people gave their views via the care standards questionnaires and we spoke with a further six people during the inspection.

Most people said they were very happy with the quality of the service, some expressed issues which are replicated below and which were raised with the manager during the inspection. Comments include the following:

" My general care needs are met"

" Home always smells of urine and sometimes of excrement. Many of my clothes have been damaged and had to be replaced after laundering".

"On the whole I feel reasonably well cared for however often there can be times when no member of staff is visible and you have to go looking for one. The nature of my illness is complex and while some training has been carried out to make staff aware of my requirements I feel some may not fully understand my disease"

" I feel the home is good"

"My room could be just a bit bigger"

"Recently I feel there has not been enough staff on and they are rushed when helping me and I don't like being rushed. Other residents wander into my room a lot and remove my belongings".

"All staff are helpful in meeting my needs"

Taking carers' views into account

Feedback about the service was very positive. Seventeen relatives returned completed care service questionnaires. We had the opportunity to speak with a further three relatives individually during our inspection. Feedback was generally very positive, although some relatives raised issues and these were brought to the attention of management during the inspection.

Comments included the following:

"Surfaces are often sticky, where spilled juice has not been properly cleaned up. I have frequently had to ask for the commode pot to be cleaned. All woolen clothing is now matted- tumble dryer is used indiscriminately"

" Inconsistent care (nursing/personal); staff training inadequate in areas of mental health, particularly alzheimers; communication from management not always reaching all relevant staff at all times; key worker system inadequate due to inconsistent shift patterns, resident may not meet keyworker for several weeks, leading to a lack of communication,inconsistency and lack of dependable contact; inconsistent medication- "dispensed" is not guarantee that residents has taken medication; personal items of clothing sometimes go missing, or another resident's clothes appear to be substituted- distressing for residents given others clothing or underwear; underwear sometimes not being worn by residents unable to dress themselves, leading to distressing appearance and incontinence issues...more training requested in this area "dealing with uncooperative residents who cannot help themselves to wash, dress themselves for safety, comfort and respectful appearance"

"Our main issues of concern are regarding inconsistency of personal and nursing care, and the wide range of staff capabilities. Whilst staff are caring and sympathetic in many cases, there is a wide gulf between a few experienced, knowledgable staff and other staff who clearly require a lot of training to help them do their job properly. At times there are no visible staff on hand at all; frequently this occurs at weekends and the afternoons during the week. Paperwork may be completed e.g describing a keyworker, but frequently the keyworker is not in regular contact with that resident, or has no contact at all due to working in another area. This is an example where paper evidence looks efficient, but in practice does not translate to good care. Communication often breaks down as a result leading to further inconsistencies"

"Randolphill staff are caring and affectionate, but not trained enough in the needs of their residents. Staff are task rather than person focused. Quality, variety and nutritional value of food is poor, and presentation lamentable particularly given the appetites of the frail and elderly. I find the organisation to be profit centred, with cost cutting/minimising to the detriment of staff and residents"

"Randolphill has many excellent members of staff (skilled, devoted, kind, cheerful, encouraging) and my relative and I are deeply indebted to them. Sometimes I feel that staffing levels are very stretched because in my relatives area of the building, two staff often have to work together to assist one needy resident. N.B managerial staff do not hesitate to step in to help if need be. It is always possible to call (by bell/ buzzer) for urgent help. However there are occasional times when (in an ideal world!) It would be good to have an extra person "on the floor" for non urgent but important support/assistance/comfort. Laundry niggles do persist. Nice clothes can be so important for a feeling of well-being, and maybe a little more familiarisation of some staff with the traditional finished look for elderly residents would be useful? Please read washing instructions labels! And try to find time to hang up or fold clothes liable to crease (this may be relevant to temporary agency or night staff. Many regular staff respect and know my relatives needs and preferences for warmth and smartness).

" I am not sure who my mum's keyworker is, but she is taken very good care of by lots of the girls most of them are fantastic with her. They are angels to do what they do"

"Regarding some of the questions which ask about my mother's ability to make choices etc it is difficult to answer them. My mother has Alzheimers disease which does not affect her ability to make choices rather than the staff not giving her choices. I have peace of mind that my mother is being well cared for and the staff are all very caring toward her. When problems with her health arise the staff have been very quick to inform me and deal with the situation"

" I had been caring for my husband for 22 years and at first found it hard to hand over control to the care staff. However I now have full trust in the people looking after him and it must be reassuring to my husband that he consistently gets the same people who have been there since he arrived. It has been our experience in the past to find when going elsewhere for respite that the staff have all changed which is very confusing for the service user. No complaints at all"

"My mother's care has been very good and initially was a huge improvement to how she had been, struggling at home with dementia. Recently my mother's illness has progressed into more difficult, challenging behaviour, requiring medication. At this later stage of dementia, the care has been good, the senior staff are all very capable, but I feel the carer staff, who are mostly young, need more dementia training and regular updates. More understanding of the illness would give them confidence to make the right handling decisions when behaviour, in the ill person, comes out as aggression, when in fact, it is fear and confusion"

" I was very upset at my father needing to go into a care home. I looked after him for three years before he went into Randolphill. I often think how lucky I am with Randolphill and the treatment dad gets there".

"I am very happy with the home, but am not always notified of GP visits , or dental visits despite asking for an update when my relative was unwell. Despite regular reminders, staff do not use the communication book- there are sometimes gaps of 2-3 weeks. As my relative has dementia, the book is essential to keep fairly informed of what my relative is doing. I have some experience of care homes in the past and this is one of the best ones I have been involved with"

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

We saw the minutes of residents meetings, and saw that these were held regularly. The company's Director of Nursing and Managing Director attend these meetings as set out in the service's participation statement. The minutes of meetings are circulated in order to update people who do not attend. We saw evidence from meetings that resident's suggestions regarding fundraising events, outings and activities were taken on board and followed through. Until recently the service also held forum meetings which were held and independently chaired by residents and relatives. Due to dwindling attendance the home has decided not to continue with these meetings for the time being.

The service uses an ipad based survey system (shared with other homes in the group) to carry out regular surveys amongst residents, relatives and staff. The topic under survey is regularly changed and focuses on a particular area the service wishes to explore.

Residents have access to advocacy services if they wish. Leaflets are displayed within the home and staff will assist residents to contact the service if they wish. Some residents are currently using this service.

Residents have a Named nurse and keyworker. While residents can approach any member of staff at any time for assistance, this provides them with a more individualised first point of contact with whom they and their family can raise issues.

The company offer Dementia Care mapping, carried out by a company manager external to the service. This is an observational tool designed to gauge the level of

contentment of individuals with dementia, with a view to improving their quality of life within the home.

Residents have the opportunity to perform 'voluntary work' around the home. Tasks include folding napkins and drying cutlery. We observed during inspection a resident preparing paper plates and napkins for the Christmas party to be held that afternoon.

The service has a participation strategy and the minutes of staff meetings showed that this was discussed on an ongoing basis

The service has five activities coordinators. A record is kept of the activities which residents wish to take part in, and activities and outings are regularly discussed with residents at residents meetings. The activities organisers hours have been increased to enhance the social aspect of residents well being and to offer more individual time with residents.

From an examination of staff appraisals it was evidenced that residents and relatives views of staff performance are recorded and used during appraisal in a meaningful way. A meeting was held with residents to discuss recruitment and the interview process. Residents chose not to be involved with the interviewing process but instead suggested interview questions, thus giving residents the opportunity to be involved in selecting the people who care for them in a meaningful way.

The lay assessor commented thus:

People were happy with the quality of the care and support they received.

Residents' comments were:

- * Everybody is very kind. They do look after me very well. I normally have a shower every day. I am terrified of not being clean.**
- * Yes indeed I get up when I want. I am fortunate in being able to say and I go to bed when I want.**
- * Yes I would say they are very, very good at treating me with respect.**
- * It is very good**
- * Somebody comes to see me if there is a problem and generally it is fixed.**
- * I don't mind it. You have to like it and I appreciate it. I get quite good quality care and the food is good.**
- * I think I am quite well treated. You get what you give. I treat them with respect. They are lovely girls.**
- * I get up when I want. I am not an early riser. I like to lie and doze. I can have a shower when I like. They are around in case I need them.**
- * I find the staff very pleasant and I couldn't complain about anything.**

Relatives' comments were:

* They look after my relative very well. There is a big improvement in my relative. You get help when you need it.

* Oh yes, they keep me informed. They have a book in her room and they write things in it for us to see and we write things in it for them to see.

* I think (the quality of care) it is good. It is very important to me to feel I am still in charge of my relative's care. I like the freedom to take her out when I like. I like to feed my relative. The management have sympathy with my point of view.

* From my point of view it is a happy place and a friendly place .

* (What do you think of the quality of care and support?) It is very good. I have no problems with that. Sometimes I think nobody is listening to me. If I need to know anything, I have to go and ask. It is a small thing but I had to ask if my relative had a flu jab. I asked the nurse and she did not know. I still don't know.

The people I spoke to were positive about the food and the choices that were available. Their comments were:

* Sometimes I say "Do you think I can have a sandwich?" and they give it to me. At times they are too generous. They know I like brown bread and they always remember that.

* Now they are frightfully good at giving you extra fruit. I have had to fight rather a battle for vegetables.

* Two days ago, two friends came to visit and I asked one of the staff if we could have tea in the conservatory. When we got there, there was home baking and scones and tea. We had a lovely afternoon.

* (My relative) likes her food. They are lucky there is so much choice. They know the things she hates.

* Food, it is a bit repetitive. They try to cater for everybody. If you don't like what is on, you can get a sandwich.

* The food is good and I am a good eater and I eat every bite.

I had lunch with some of the residents that required help and encouragement with eating and I made the following observations:

The tables were set nicely with tablecloths, knives, forks, spoons and sauces.

Some residents who had eyesight problems had coloured plates to help them identify the food.

Some residents were on a soft diet.

Residents were offered a choice of food. One resident who was not eating was given an alternative meal.

The staff interacted very well with the residents and encouraged them to eat and drink. The staff showed great patience and tried to make it a happy dining experience.

Residents that have issue with eating were served their meals separately and before other residents in order to make it a pleasant dining experience for everyone.

There were menus on each table and the care home also had pictorial menus for those who have some issues with dementia.

There are facilities to make tea and there is a coffee machine available for relatives and residents to use whenever they want.

I asked people about the laundry and they made the following comments:

*** Yes indeed, they lose things occasionally but you can go to the laundry and look for them.**

*** They are well laundered (clothes) every day. Everything is named. The odd thing is mixed up but it is sorted out very quickly.**

*** They take the laundry away and do it. Everything is nicely named so I don't have any trouble.**

I discussed the activities that were available with the residents and relatives and the following were their comments:

*** I walk round the lawn when it is dry.**

*** They are very good on activities. We get an activities sheet (for the week).**

This afternoon, the home has its own bus and if you want to, we are going down to St Albert's Hall, to celebrate St Andrew's Day and have tea and cakes. There is always something on.

*** My relative used to like the activities but now TV is her main thing.**

*** (Is there enough to do?) No. The activities are for older people. No (they have not asked what I would like to do)**

*** They don't seem to be able to change the monotony. There is a lot of sitting around doing nothing. Nobody comes to brighten your day. If you are a reader you can pass your time.**

*** There are not enough activity co-ordinators. Not enough people for those not able to participate well.**

On the day of the inspection I made the following observations on the activities:

On the day of the inspection I saw a member of staff helping a group of residents with knitting.

There are notice boards in each area displaying the activities available that day. There were three activities that morning, Sensory massage, knitting and News. In the afternoon there was a trip out for St Andrews day and "Memory Joggers"

Each resident had a "Weekly, Activity Planner", given to them.

Each wing of the Home, had a TV lounge and a quiet room for those residents and relatives who did not want to watch TV.

There were notices up for future activities such as a Christmas Party and a Fancy Dress party.

I asked people about getting help when they needed it and if they had access to buzzers. The following were their comments on getting help:

* Yes, I have used the buzzer. In the middle of the night they are extremely good. That pad comes out in the night. If I get out of bed and stand on it, by the time I get to the bathroom, they have beaten me to it.

* They are very good and they seem to almost run sometimes.(When a buzzer is pressed)

* I can't reach the one in here (buzzer in the lounge). Yes, I can reach the one in my room. Yes they come quickly and at night too.

I asked the residents if they knew who their "Key Worker " was and who they would speak to if they had an issue. They following were their answers:

* I am fortunate I would be able to say to anyone.

* Yes (I know my key worker)

Relatives' answers were:

* The Key Worker has just changed and my relative has a new one. They treat my relative very well.

None of the residents were aware of taking part in their on care reviews. The relatives were aware of taking part in their relatives care reviews and the following were their responses on this subject:

* Yes, I have regular reviews and yes I have signed the care plan.

* I have seen my relatives care plan and signed it.

* Yes, I have had one recently. I get a letter every six months to remind me of this. Yes, I have seen and signed the care plan.

Areas for improvement

We saw that surveys were held regularly, however the sample size was small compared to the size of the resident population. The service could work to involve more people in this process.

The service could involve residents and relatives in the self assessment process.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

0. The service could involve residents and relatives in the self assessment process.

NCS Care Homes for Older People Standard 1: 1

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

We sampled five care plans. We found that these were in the main, well completed and an accurate reflection of the care which individuals required in order to remain well and healthy. There was evidence that relatives and residents were involved to varying extents in care planning.

We saw that a pre-assessment was carried out on all residents prior to coming into the home in order to ensure that the home could meet that residents needs.

The service uses the MUST tool for nutritional assessment including BMI, the Braden scale to assess skin integrity, and CANNARD to assess risk of falls. These risk assessments were updated monthly and we saw that they were closely linked to care planning. The manager also completes a monthly audit of pressure care and resident's weights in order to give an overview of all resident's current position which provides a further quality assurance mechanism that residents wellbeing is closely monitored for any deterioration which may require further input.

The service has a Nutritional policy in place. We spoke to a Senior Staff Nurse who holds Nutrition champion certification. She informed us of her advisory role within the home regarding nutrition. Annual Mandatory training is in place for all staff in reference to nutrition.

We saw that there were protected meal times in place for residents who require extra time and supervision to assist with meals ensuring adequate nutritional well being.

We saw from care plans and discussion with two external professionals that the service uses the geriatric depression scale, and also the Cornell scale for people with dementia. The service has good links with the Stirling psycho geriatric team and community psychiatric nurses. We were told that the home "is very good at joint working. Good at working with people to ensure that they can remain in the home as long as possible. We ask staff to complete obs of patients prior to us coming out so we can see as many people as possible. They always do this well".

The service employs five activity coordinators and we saw that a wide range of activities were on offer. Residents were asked routinely what activities they would like to do, both within and outwith the home. A record is kept of individuals involvement in activity. A member of staff is employed one day per week to offer alternative therapies to residents such as aromatherapy, reiki and Indian head massage.

The service has link nurses in a variety of disciplines, which both promotes ongoing training and the application of best practice guidelines, and also offers support to

more junior members of staff.

Menus have been nutritionally analysed, promoting good nutrition for the residents within the home.

Areas for improvement

We found that six monthly reviews were not always being held in good time. The service should take steps to address this.

We found that the wording in one resident's personal plan was not as professional as it could be and this was discussed with the manager at feedback.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The service should ensure that six monthly reviews are held within the appropriate timescale.

This is to comply with SSI 210 5(2)(b)(iii) Personal Plans.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

We saw policies and procedures with relevance for this statement , including Adult Support and Protection.

We saw accident and incident recording was carried out appropriately. The Care Inspectorate was notified of these as appropriate. The service has its own internal accident and incident audit system which allows them to examine these entries and report and act on trends or major issues.

There is a robust training programme in place for all staff members with relation to this statement.

The home was well maintained and of a good standard.

Entry to the home is via controlled entry only. There is a sign in/out system for visitors to the home which contributed to a safe environment. The reception area is also staffed during office hours and on a Saturday morning, thereby meaning the service is aware of who is entering and leaving the premises.

Personal planning documentation contained appropriate information and risk assessments regarding the safety and security of residents and staff put these into practice.

Service users confirmed that they can access the grounds and garden areas in good weather.

We spent time speaking with the home's maintenance worker. He showed us evidence that residents rooms are subject to a room check on a monthly basis which covers a variety of areas including a water temperature check, a radiator check and a window and restrictor check.

Areas for improvement

While speaking to a resident in her room we observed that the sealing around her wet room was broken. This had been reported, but had not been fixed. This should be addressed by the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that resident en suites are kept in a good state of repair and address the above outstanding repair.

NCS Care Homes for Older People Standard 4.

Statement 4

The accommodation we provide ensures that the privacy of service users is respected.

Service strengths

Each resident has a residency agreement in place in which is detailed where residents have free access within the home and garden. We saw evidence from care plans and observation that residents were treated with dignity and respect, and offered choices in their daily life within the home.

Residents can choose to have a phone line in their room if they wish, thus encouraging them to maintain their friendships and relationships with people outside the home to whatever degree they choose. Relatives and friends are also encouraged to participate with various activities within the home, thus helping maintain relationships and promoting inclusion in care planning and daily activities.

There is a nurse call system in place which can be used to summon assistance if needed, allowing residents to have privacy and reassurance of help if needed.

The home has its own minibus which is available for outings and trips and which residents can also use for personal outings and shopping trips if they wish.

The home operates an open visiting policy.

The home has a large garden. This is equipped with new furniture and is a pleasant place for residents to spend time in nice weather.

We noticed while walking around the building that the environment was fresh and clean, and free from odours.

The lay assessor commented thus:

The following were the comments that residents and relatives made on the subject of the quality of the environment:

- **The house is very clean and they keep up the gardens. I was a very keen gardener. I walk round the lawn when it is dry.**
- **The environment is marvellous. They are changing the carpets just now.**
- **Oh yes, it is very clean.**
- **All I have to do is dial 9 and I get an outside line and I can call my sister in London.**

As a person with experience of visiting relatives in care homes, I made the following observations on the environment.

The home was clean and free from any odours.

The home had a hairdresser's room and the residents had access to a regular hairdresser.

The home had well maintained gardens that residents could use.

The rooms I visited with residents were clean and tidy and residents had been encouraged to bring their own personal belongings.

There were quiet areas where residents could entertain their visitors and there were facilities for residents and visitors to make tea and coffee

Randolph Hill make good use of pictures to help people with dementia locate different areas of the building. They use pictures that are relevant to the resident to locate their room e.g. their old pet or a family member.

I visited residents in their rooms and I observed that there was a notice identifying the resident's key worker.

Areas for improvement

While speaking to a resident in her room we noticed that her incontinence pads were inappropriately stored.

In one bathroom we noticed a urine bottle , with a resident's name on it, on view. This is not respectful of residents dignity.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The home should ensure that continence aids are stored in a way which is respectful of residents dignity.

NCS Care Homes for Older People Standard 16

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

Staff spoken with told us they enjoyed working in the service. They said the manager was very approachable and they could go to her with any concerns or suggestions. Comments included " there are lots of training opportunities", " a very good company to work for, lots of support", " the atmosphere here is really good" and " I really enjoy working with the residents here".

We saw the induction process for a member of staff who was promoted to the role of senior carer. This induction was very in depth and of a high standard.

All trained staff are registered with the NMC and this register is checked monthly by the manager and the quality assurance manager.

All care staff have the opportunity to access SVQ2 and 3 training provided by the company.

Relevant policies were available and the effect of these supported staff to understand good practice and what was expected of them.

We saw evidence that an annual training programme is in place. Regular training, including mandatory training and other training is readily available to staff. A record is kept of the training that staff have done, and the training they are to do.

From looking at staff rotas we saw that the service was routinely staffed above its staffing schedule numbers, and was regularly reviewed depending on the needs of residents.

Staff spoken with felt supported through regular supervision. The manager has also started an additional, less formal mode of supervision, in which staff members are invited to speak with her about any issues they may have which the service can support them with. Staff valued this service.

Staff were supported through staff meetings. These were used for updates regarding the home.

Handover meetings and 'flash' meetings take place on a daily basis. Staff told us that these meetings help them to provide consistent and responsive care for residents.

The lay assessor commented thus:

The residents and relatives made the following comments on the quantity and quality of the staff:

- * I enjoy all the young people here.
- * Lots of people are very good to me.
- * There are plenty of staff. Yes they treat my relative with dignity. I find most of them quite good.
- * There are only two carers and one nurse for ten people. They work hard and I don't have to wait.
- * Oh, I like the staff. I have not found one that has not been helpful. They are all very good.
- * The staff are very pleasant and I couldn't complain about anything.
- * I am allowed to feed my relative but I have a feeling at the back of my mind that it is still an issue. They have some concerns about my feeding my relative with a liquid diet.
- * Some nurses and care workers I have no difficulty with. Some nurses don't want to be too close.
- * I have some small issues. Sometimes the young ones don't do the things I want and I don't feel my issues are passed on. I don't want to feel I have to go to the manager. I feel the older ones have a better understanding of the resident. The younger ones don't come in and have a chat.

Areas for improvement

The service intend to continue with the SSSC registration of staff , and to increase the number of staff meetings to enable more frequent exchange of views and ideas.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service strengths

The service's recruitment and induction process ensure that people who begin working within the service have an ethos of respect towards service users and each other. This foundation is then built upon through regular handover meetings, training, staff meetings, supervision and appraisal.

We found that residents personal preferences, social and spiritual needs, likes and dislikes and any special adaptations or equipment required were all well documented within care plans, ensuring that residents needs were met and their dignity was maintained.

Staff receive ongoing training in this area, and it is addressed by SVQ training which many staff have undertaken.

The service has a policy on restraint.

Trained staff adhere to the NMC code of conduct

As stated above, the manager has recently started to offer staff informal counselling sessions outwith planned, formal supervision, to provide space for staff to discuss any issues they have that they can be supported with, thus offering emotional and practical support to them within their workplace.

The service has a confidentiality policy in place, and the importance of this is discussed with staff during the induction process, and is also part of the staff's contract with the service.

Resident's met with the manager to discuss the interview process, and although they did not want to be part of the interview process, they suggested questions for the manager to ask at interview. They also requested that the manager should pay particular attention to the responses to questions asked, in order to ensure that potential recruits to the service were aware of the importance of treating residents with dignity and respect.

Areas for improvement

The service should continue to work to its current good standards with regards to this statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 2

We involve our workforce in determining the direction and future objectives of the service.

Service strengths

Staff are encouraged to participate and share information regarding the service and developments at staff meetings, daily handovers and supervisions.

A staff supervision and appraisal policy is in place and provided for staff. This allows them to make comments and suggestions about the service.

Informally, the manager has an open door policy which allows staff to approach her with any ideas or suggestions. Staff told us that the manager was very approachable and they felt that they were listened to.

Staff are encouraged to develop specialisms and become champions for that specialism within the home, affording them an opportunity to develop other staff's practice and thus positively affect the outcomes for service users.

Training and information resources are available for staff to utilise. This includes copies of relevant Best Practice statements.

All staff are encouraged to take part in both mandatory and other relevant training. A training matrix for the next year is in place.

Care staff have access to SVQ training.

Residents/relatives participate in care planning and risk assessment, we saw that these documents were signed by residents or relatives.

The service's Director of Nursing is familiar with many residents and relatives from her regular visits to the home and documents feedback within her own audits of the home's performance.

Regular surveys are held within the home in order to gauge the satisfaction of residents, relatives and staff with various aspects of the home, and these results are then fed back to those concerned.

Areas for improvement

We saw that the above surveys were conducted regularly, but felt that the numbers involved were not large and therefore representative of the entire resident population. The service should take steps to increase the numbers of residents involved in surveys to give a clearer picture of resident satisfaction.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths

Please see all other statements, which also have relevance for this statement.

There is a robust auditing and reporting program in place within the home. These systems have action plans attached, in order to evidence that any issues which arise are resolved. The manager or deputy manager carry out internal audits on a monthly basis. The director of nursing audits the home quarterly ensuring standards are met.

The manager sends a weekly report to the director of nursing and head office staff stipulating any changes occurring during the week.

A monthly audit is completed by nursing staff including pressure area care and specialised equipment in use for residents.

A monthly report is sent to the Director of Nursing which provides information pertaining to resident care.

The service is aware of its responsibilities and notifies the Care Inspectorate as required, ensuring that we are aware of activity within the home throughout the year.

The service has a Quality assurance policy in place.

The service has a Complaints procedure which is discussed with potential residents prior to admission and is signed by the resident or relative within the residency contract. Additionally, the Complaints procedure displayed at the entrance to the Nursing Home and is discussed at resident care review meetings.

The lay assessor commented thus:

All of the people I spoke to knew who the manager was. Comments on the quality of the management were:

- * I do think it is well managed but I can't understand why there is no managerial staff on at the weekends. There is a nurse but it can be quite loose at the weekends.
- * Yes it is well managed. They come in and see you. If you want to know anything you just ask.
- * Yes I know the manager. I would speak to her. I am not afraid to speak up.
- * It impresses me that people work as a team. There is a management system, that staff work in a different schedule but there is a continuity which I think is good.
- * The manager has an open door policy and I can go to her and she will listen. I find it very re-assuring.

Residents were aware of taking part in residents meetings.

A GP comes in every week

There is a lot of information available for residents and relatives on all aspects of elderly care and I feel that they keep relatives well informed. Unfortunately the management find it difficult to get relatives involved in relatives meetings.

Areas for improvement

The service should continue to work to its current good standards with regards to this statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 2	5 - Very Good
Statement 4	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 3	5 - Very Good
Statement 4	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 2	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
5 Dec 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
7 Dec 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
9 Aug 2010	Announced	Care and support 5 - Very Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed

Inspection report continued

25 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
1 Feb 2010	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed 4 - Good Not Assessed
9 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
8 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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