

Knights Care Limited

Randolph House Care Home

Inspection report

Ferry Road West
Scunthorpe
Lincolnshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Randolph House is a care home providing personal care to up to 56 people. The service provides support to older people some of whom may be living with dementia and younger adults. At the time of our inspection there were 41 people using the service.

People's experience of using this service and what we found

People were safe. The service had effective safeguarding systems in place and there was a consistent approach to safeguarding. Staff had received safeguarding training and knew how to recognise abuse and report it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans and risk assessments were person centred and staff were aware of risks to people's wellbeing and how to manage them. Assessments of people's needs were completed and regularly reviewed and updated. Referrals to external healthcare services were made to ensure people's needs were met.

There was enough competent staff on duty. Recruitment systems were robust and ensured the right staff were recruited to keep people safe. Staff worked collaboratively across services to understand and meet people's needs.

Medicines were managed consistently and safely. Medicines were stored correctly and disposed of safely. Staff had received training in medicine administration and their competencies were regularly assessed.

The service managed the control and prevention of infections well. Staff were trained and understood their responsibilities in maintaining high standards of cleanliness. Decorations and adaptations to the premises supported people to be as independent as possible.

People had genuine choice and access to sufficient food and drink. The dining environment was pleasant, and food was well presented.

The service was well-led. The provider had clear and effective governance systems in place that identified and managed risks through audits and action plans. The registered manager promoted a person-centred culture within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 December 2022)

Why we inspected

We received concerns in relation to the providers adherence to the Mental Capacity Act 2005. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, Effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Randolph House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Randolph House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An Expert by Experience also made calls to relatives.

Service and service type

Randolph House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Randolph House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 14 relatives to ask about their experience of care provided. We also spoke with the nominated individual, the registered manager, the deputy manager, the care navigator, the housekeeper, 8 members of staff and 2 visiting healthcare professionals. We looked at 4 care files along with a range of medication administration records (MARs). We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were assessed appropriately.
- Care plans contained risk assessments which identified when people were at risk and guided staff on the action to take to mitigate the risks. Staff told us they had access to people's risk assessments, and they contained enough information to support them to care for someone safely.
- Environmental safety checks were carried out to ensure the safety of the premises.
- The registered manager had a process in place to review all accidents and incidents and lessons were learnt to drive improvements.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. The provider had procedures in place to safeguard people from harm or abuse.
- People told us the service was safe. Comments included, "There is no trouble with my care or safety," and "They [Staff] are friendly and caring, I certainly feel safe."
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding concerns.

Using medicines safely

- Medicines were managed safely.
- Individual fire risk assessments were in place for people who were prescribed paraffin-based skin products.
- Staff received training in medicines management and their competencies were assessed in administering medicines.

Staffing and recruitment

- There was enough staff to ensure people received safe care.
- People and relatives told us there were enough staff on duty to meet needs. One relative said, "I think there is sufficient staff, call bells are always answered timely."
- Staff recruitment procedures were followed, and staff were recruited safely.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service facilitated visits to enable people to maintain contact with people who were important to them. We observed visitors in the home on the day of our inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff acted within the legal framework of the MCA. They were aware of their responsibilities and involved people as much as possible in day-to-day decisions.
- Mental capacity assessment had been carried out when people were unable to make a decision and, best interest meetings were clearly recorded with the relevant people involved in the decision-making process.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

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

- People's needs were assessed before they moved into the service. This information was used to develop person-centred care plans to guide staff on how to effectively meet their needs.
- Care plans and risk assessments were regularly reviewed and updated. One relative said, "I am always kept up to date, if there are any changes, they will always ring me."
- Staff provided care and support in conjunction with healthcare professional's advice. One healthcare professional told us the registered manager will always ensure staff act on any recommendations made.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training to support the needs of people in the service. A staff member said, "We get loads of training, this is the only company I have worked for where you get training all the time."
- People gave positive feedback about the effective care and support staff provided. Comments included,

"The staff are very good and cope very well with [Person's name] challenging behaviours," and "I wouldn't want [Person's name] anywhere else, they look after them very well."

- Supervisions and competency assessments had been used to monitor and ensure staff provided effective care. Staff told us they received regular supervision.

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

- People received a health balanced diet which met their needs and considered preferences.
- People and their relatives told us the food was good. One person said, "The food is brilliant, better than the posh hotels." Relatives told us the food looked good and there were plenty of choices.
- An assessment was completed of people's dietary requirements; this was recorded on people's care plans and hand over sheets.

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

- Staff worked well with healthcare professionals to ensure people's needs were met. A healthcare professional said, "Things have improved so much since [registered manager] took over, they are much more organised and responsive."
- People had physical health care plans which were informative and gave staff guidance on how to support someone. For example, one person had a diabetic care plan in place to support staff to manage their diabetes, another person had been identified as requiring additional support for catheter care.

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

- The home provided a suitable environment for people. There were several communal areas so people could socialise or spend quiet time.
- People's rooms were personalised and reflected people's preferences and choices.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had an open and honest culture. Staff told us they could speak to the registered manager if they had any concerns. Staff described the morale as 'good', comments included, "The [registered manager] is great, they will deal with things straight away," and, "I am supported in every way, [registered manager] is the best I have ever had."
- People and relatives spoke positively about the registered manager and the service. Comments included, "The registered manager does an exceptional job, they have given confidence to the family," and, "The registered manager is very good with staff and residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a governance system in place which monitored the quality and safety of the service through a robust audit system. This information was used to improve the service. One staff member said, "[Registered manager] has worked hard to get the home where it is, and I think we are getting better all the time."
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. We had received notifications relating to significant events that occurred within the service.
- Throughout the inspection we saw evidence the registered manager had continued to improve the service and drive improvements. We saw evidence care plans, risk assessments and positive behaviour support plans had improved, along with decorating and adaptations to the building to make it more accessible for people who live there.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to inform people and relevant others in the event something went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager engaged and involved people and their relatives in the service. Surveys were sent

out via post or left in reception for relatives to complete. Resident and relative meetings were held. Relatives told us they had seen a "You said, we did" notice in the service.

- Staff had team meetings and felt supported and listened to. A staff member said, "They are very useful, and everyone has a voice."
- The registered manager and staff worked collaboratively with other agencies to coordinate care and support people needed.