

Care service inspection report

Full inspection

Randolph Hill Nursing Home Care Home Service

Perth Road
Dunblane



HAPPY TO TRANSLATE

Service provided by: Randolph Hill Care Homes Ltd

Service provider number: SP2003002451

Care service number: CS2003011601

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

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	6	Excellent

What the service does well

There are very good levels of satisfaction with the quality of the overall service. A high priority is given to making sure residents feel safe, listened to and well supported in a way that meets their needs in accordance with their individual choices and preferences. There is also a strong commitment to the meaningful participation of residents and their families. Healthcare is very well managed within a homely, comfortable environment and the staff team are well trained, skilled and motivated.

What the service could do better

The service should continue to develop the ways in which residents, including people with a cognitive impairment are meaningfully involved in assessing and improving the quality of the service overall.

What the service has done since the last inspection

Randolph Hill had one complaint which had been investigated and upheld by the Care Inspectorate since the last inspection. The management team had been very proactive in addressing this complaint and used the learning from the complaint to continue to make improvements at the service.

Conclusion

We found Randolph Hill to be a very well managed care service with care delivered by a professional and caring staff group.

We observed staff supporting residents with dignity, respect and compassion. Staff demonstrated very good values in their work with residents and each other. Our evaluation was that this ethos was developed throughout the home by the management team. Residents told us they were very happy living at Randolph Hill and staff told us they were happy to work at the home.

1 About the service we inspected

Randolph Hill Care Home is owned by Randolph Hill Group. The home is part of a group of six care homes. The service is registered for 60 residents. There were 59 people using the service when we carried out this inspection.

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 has one designated respite room but can take respite patients at short notice if availability allows.

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

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 6 - Excellent

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 0345 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 wrote this report following an unannounced inspection carried out by one Care Inspector, one Inspection Volunteer and an involvement co-ordinator. The inspection took place on Friday 11 September 2015 from 6.45am - 2.30pm and Monday 14 September from 8.00am - 4.30pm. The Care Inspectorate gave detailed feedback to the manager and deputy manager from 3.00pm - 4.30pm on Monday 14 September 2015.

As part of this inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

During this inspection process, we gathered evidence from various sources, including the following:

- Direct observation of staff practice,
- A sample of six service user plans,
- Information on Quality Assurance systems,
- Questionnaires returned to the Care Inspectorate,
- Minutes of residents' /relatives' /staff meetings,
- Maintenance and repair records,
- Menus,
- Information on notice boards,
- Staff files and training records,
- Training plan and training matrix,
- A sample of six staff files,
- Relevant sections of policies /procedures /records /documents including complaints.

We also spent time looking at the equipment and the environment (for example is it clean, is it set out well, is it easy to access by people using wheelchairs, are people able to use garden areas and access fresh air?).

We met with:

- 12 service users,
- 3 relatives,
- manager,
- depute manager,
- registered nurses,
- activities staff,
- care staff,
- principal care staff.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe the lunchtime experience of eight people.

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.firescotland.gov.uk

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. The provider told us how the people who use the service had taken part in the self assessment process.

Taking the views of people using the care service into account

The views of people who use the service are contained throughout this report.

Taking carers' views into account

The views of carers/relatives are contained throughout this report.

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 evaluated Randolph Hill to evidence a very good performance against this Quality Statement.

To assess this we considered:

- The methods in place to invite comment from the residents, relatives / friends and professionals involved in the service.
- The documents made available to us including minutes of meetings.
- Discussions with the residents, relatives and the staff we met.

The evidence we sampled showed that the strengths identified at previous inspections had been maintained. Work was ongoing to continue to develop, strengthen and evidence good practice in relation to the way that meaningful involvement was promoted and supported.

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. Residents we spoke with told us that they knew who their keyworker was.

One relative told us that they had not seen their relative's keyworker as much as they would expect to recently. When we discussed this with the management team they advised us that they were taking steps to rectify this.

The provider uses a dementia care mapping tool, carried out by a company manager external to the service to evaluate the experiences of people with a cognitive impairment/dementia. 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. This tool meant that the lived experiences of people who may not be able to communicate their views verbally were being evaluated by the provider.

The service continues to consult with residents and relatives in face-to-face conversations, small group meetings, phone calls and emails. Staff were seen to be engaging with residents in a calm and respectful manner.

The residents and relatives we spoke to told us that staff had consulted them about the way that care and support needs were to be met. People also told us that staff had involved them when changes or decisions had to be made. There was evidence to show that staff had listened to the views expressed and respected individual choices. We also found that the feedback received had been responded to in a positive way and acted on properly. Residents and relatives told us they had been kept well informed and that they felt comfortable expressing their views as staff were approachable and responsive.

Residents' comments about the quality of care and support included:

"staff come quickly when you use the buzzer."

"It's okay here."

"It's alright here."

"It's fine. It's not home but it's really quite nice."

"I can't say there's been any problems."

Relatives' comments about care and support included:

"I'm very pleased with the way things are going. I'm seen as part of the care team."

"laundry is fine."

"six monthly reviews which are fine."

"* *** is getting on fine."

"Randolph Hill provides a caring, high-quality environment, well suited to our Mother's needs."

We began this inspection at around 6.45am and found that there were approximately six residents who were awake, dressed and up and about throughout the home. It was evident that people had chosen to rise early for a variety of reasons but the people who were able to told us that it was their choice to rise early. This was important in relation to a complaint made against the service which the Care Inspectorate had investigated and upheld since the last inspection.

The complaint was about residents not being given choice about when they rose from bed and retired to bed or being provided with appropriate continence care overnight. The complaint was upheld by the Care Inspectorate, however, we found that the practice of encouraging residents to rise early to fit with the routines of staff rather than residents' routines had been based on the actions of a small number of staff and was addressed immediately by the manager when they became aware of this. We also found that new care plans had been developed to guide night staff with regards to the needs and preferences of residents.

We saw that residents were offered a breakfast of cereal until a cooked breakfast was available, residents we observed took this and a cup of tea or coffee and enjoyed these. Most residents also went on to enjoy a hot breakfast or more cereal and toast later in the morning. We saw and heard examples of residents being asked what they would prefer to eat when they did not want to eat a full meal. For example, one resident was offered some chocolate at lunchtime by a carer.

It was clear that this member of staff knew the residents' preferences well and was aware that providing some calorie intake in the form of chocolate was preferable to the resident not taking anything to eat at a meal time. We also saw staff offer alternatives where people didn't want to eat their meal or finish this once they got it.

The service had a comprehensive participation strategy which detailed for residents and relatives the ways in which they could be involved in the life of the home. There were photographs of some residents winning trophies, choosing from a selection of soft furnishings, wall coverings and floor coverings throughout the home. This included choosing furnishings for the new garden room which had been opened since the last inspection. This space had been developed in response to feedback from residents and now allows freedom of movement between the different suites of the home, which residents were utilising during this inspection.

The garden room is also used for activities, for example entertainment which was taking place on the first day of this inspection, as it is a larger communal area where more residents can gather comfortably to enjoy group activities. The garden room also had a projector so that residents were able to watch films in a movie style environment. We were able to see how these decisions had been made in consultation with residents to support them to develop their home in the way they preferred.

Residents' meetings had continued to take place regularly at Randolph Hill with the most recent meetings being held on 27 August 2015, 18 June 2015 and 7 May 2015. We looked at the minutes of these meetings and saw that information had been shared about several forthcoming activity opportunities, resident involvement and changes to food and menus. At one meeting residents chose the charity they wanted the provider to make a donation to on behalf of the home. The minutes of these meetings show that the opinions of residents are being sought before menus are brought into use at the home. For example, before a new menu cycle was introduced residents were asked whether they liked the proposed menu items and choices. Where residents preferred other choices we saw that these were provided.

We saw that the service had used 'Talking Mats', an alternative communication method with some residents who do not communicate verbally. For other residents there was a range of pictorial support and letter boards available to help people to communicate who may not communicate verbally.

Newsletters had continued to be used to keep people up-to-date with what was happening in the service. This had included information about various topics like staff training and development, events and activities.

We found that the home was very good at making relatives and friends feel welcome, people we spoke with told us:

"I spend most of each day with (resident) having our meals together and going out and about...I strongly believe that the sharing of (resident's) care is of vital importance...I am grateful to the manager of the nursing home for accepting me as part of (resident's) care team."

Some relatives visited daily and ate their meals with residents, some had a meal with their relative weekly. As well as being welcomed by staff, the home had lots of spaces which could be used by residents and relatives to spend time in privately. People told us about birthday parties and dinners they had enjoyed with their relatives in different areas within the home.

Residents' comments about the food at Randolph Hill included:

"I have my meals in my room. They're pretty good. You choose in advance what you like. If you don't like that you can order something you do like, say an omelette."

"I like yogurts and things like that."

"Quite nice. Sometimes better than others. It's fine if you forget what you've ordered, you can always get something. You can get plenty cups of tea too. They're very good."

Relatives' comments were:

"They are very imaginative in their approach to liquidised meals. There are some disasters sometimes and we take it back. It's an art in itself."

"one of the cooks is very good."

Throughout this inspection we saw that fruit was available on platters in different parts of the home, particularly in areas where residents tended to sit or in corridors where seated areas were placed for residents to rest when walking around the home. We also saw that people were very regularly offered hot and cold drinks.

The Inspection Volunteer who has experience of using care services made the following observations:

'We had lunch with residents. On the menu was mince or apricot chicken with potatoes and vegetables. Other residents were seen eating other dishes. One resident had ordered sausage rolls with croquettes and tomatoes. Dessert was crème caramel with cream. Residents who did not want this were offered ice cream. There was a choice of drinks offered during the meal. Tea and coffee was served after. Staff serving at lunchtime were friendly and helpful to residents. They clearly knew individuals' likes and dislikes. They showed good knowledge of sleepy residents needs when trying to coax the resident to stay at the table to eat some lunch'.

Areas for improvement

We found that residents at Randolph Hill were asked to choose their meals from a menu up to 24 hours in advance. At the breakfast meal, we observed staff to be offering verbal options to some residents who were unable to choose from these. When we intervened and suggested that staff could offer a more meaningful option visually, they agreed and found this to be very effective for some residents who were then able to make a choice of breakfast items.

We discussed with the manager the limitations that choosing their meals in advance may place on some residents who may not remember what they had ordered or who may change their mind about what they would like the following day. To promote the ability of residents to make a meaningful choice at all meal times, we recommended to the management team that visual options of meals should be provided for residents to choose from so that people are able to smell and see these. The manager agreed to use this approach to evaluate how effective it may be with residents at Randolph Hill.

While the Care Inspectorate received very positive responses in our questionnaires about the service, there were some negative comments, these were:

- It seems very difficult to get the staff to make an appointment for me to see an optician,
- My good glasses have been missing for some time,
- I believe this is an excellent facility. My only concern is the quality of food...did not think the food was appetising or tasty, overcooked and not very nutritious.

The provider and management team should continue to make improvements to the service based on feedback from residents, relatives and staff to address the areas outlined above.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

We evaluated Randolph Hill to evidence a very good performance against this Quality Statement.

To evaluate this statement we considered:

- How residents care needs were assessed and evaluated and the outcomes for people using the service,
- Our observations of staff practice and the standard of residents' personal appearance,
- Discussions with the residents, relatives and staff,
- The documents made available to us including care plans, daily recording notes, risk assessments, records of reviews and staff training records.

Staff were experienced in the care of older people and had undertaken training that supported them in their individual roles. We found that staff had a good awareness of residents' individual health and wellbeing needs and had acted properly to meet the needs identified.

The residents and relatives we spoke to told us that staff had provided very good care and support. They had confidence in staff and said that they noticed and responded quickly to any changes or issues around health and wellbeing.

We saw that staff had gathered information about residents' medical history and healthcare needs from relatives and other sources like a General Practitioner (GP) and social worker before admission. They had used this information to help them assess residents' needs and plan the initial care and support to be provided. This helped to prepare staff to support new residents when they came to live in the home.

Residents' needs had then been assessed on an ongoing basis after that to make sure they continued to receive the care they needed.

We looked at the way more complex health needs like wounds, weight loss, falls and the use of medication prescribed for agitation/anxiety had been managed for individual residents. We found that staff had done what they should in response to the healthcare needs of the residents we focussed on. We looked at records for service users who had a pressure wound or were at risk of developing a pressure wound. We saw that regular repositioning was being carried out where this had been identified as a preventative approach or for treatment, according to records kept at the home.

A summary of key healthcare issues throughout the home had been developed for example, weight loss, wounds and pain management. This gave the provider and management team a monthly overview of the more significant risks and healthcare issues that needed to be monitored so that they could review the care being provided. This was to help ensure that staff had done all they should to reduce risks and manage the healthcare needs of the residents concerned.

Daily routines had been flexible to take account of residents' individual needs, choices and preferences, including their lifestyle choices. Residents told us that this had contributed to their general sense of contentment and wellbeing.

Staff had been provided with a wide range of training that informed and supported them to meet the health and wellbeing needs of residents. We found that staff communicated effectively with each other and had promoted very good continuity of care in order to ensure that residents' needs were met.

The staff team had worked in partnership with a range of community healthcare staff to make sure that the health and wellbeing needs of residents had been assessed and met. We found that staff had contacted the relevant healthcare professionals to get advice and support where issues had arisen. This had benefited residents by improving their health or preventing conditions from getting worse.

Residents told us that staff continued to encourage self care skills and promote independence so they could continue to do as much for themselves as possible. We saw that staff had arranged for equipment and adaptations to be made available to residents to promote safety and to help them maintain their independence.

We audited the money held by the service securely for residents who may be unable to manage their money themselves. We found that residents' finances were very well managed and clearly accounted for at the service.

We checked medication administration records (MAR) in three units of the home and found that these were generally maintained well. These showed evidence of people receiving their medication outwith "drug round" times for example, 7.00am where this was required. Staff we spoke with were knowledgeable about different medications and what these were prescribed for. Staff clearly understood the importance of residents receiving their medication on time, particularly where the timing of medication had an impact on their health conditions.

Medication training had been undertaken by all staff responsible for managing medicines. We saw that good guidance had been put in place to remind staff how to manage specific aspects of day-to-day medication management, like signing for all medications given and using the right codes for explaining any non-administration. Good 'as required' (PRN) protocols had been put in place to guide staff as had covert medication pathways where these were in use.

Medication audits had been carried out to monitor staff practice so that any issues could be identified and addressed. We saw that sampling had taken place on a regular basis to maintain good practice and communication was evident where there were any issues or communications to be raised with staff. We concluded that the management of medication was very good in terms of accuracy and accountability and the medication records we sampled were found to be satisfactory.

We observed some of the activities taking place during this inspection, these included: movement to music which was enjoyed by residents from different units within the home, physical games and relaxation and entertainment from a professional band which residents also told us they enjoyed very much.

Residents' comments about activities included:

"That's been quite a lot of activities recently. I like the bus runs, things like that."

"You're doing a good job of it."

Relative's comments:

"***likes to listen to music."

Areas for improvement

We looked at care plans and other records for six residents during this inspection, we found that the quality of care plans was varied but that most of the plans we looked at needed to be developed further. Night care plans contained a good level of detail and provided information for staff about residents' personal preferences for example, when they chose to retire or rise from bed and what their needs were overnight. They also detailed actions to be taken by staff to manage or address the key risks affecting individual residents. We would expect to see this level of detail in all care plans written to help staff to support residents so that staff had records to guide them in the care and support they provide. We will follow up on this during the next inspection.

We observed meal times during this inspection and found that residents were sometimes waiting for up to 20 minutes for their meals to be served after they had been seated at dining tables. For some people this may limit their food and fluid intake as they may find it difficult to wait due to their cognitive impairment.

We saw that one resident ate very little during a lunchtime meal and told staff that the portion size had been too large which had put them off. When we looked at records used to inform kitchen staff about people's portion sizes and other preferences we saw that this information was evident but had not been used for this resident leading to them being provided with the wrong portion size. We discussed this with the management team during feedback and suggested that additional checks are made with regards to meal service to ensure that each resident is receiving the optimum nutritional input for them.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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 evaluated Randolph Hill to evidence a very good performance against this Quality Statement.

To assess this we considered:

- Documents made available to us, including maintenance records, care plans and risk assessments.
- Observations of staff practice.
- Assessment of the general environment.
- Discussions with the residents, relatives and staff we met.

A maintenance officer worked on site. We saw that there were arrangements in place to address day-to-day repairs and also any issues that came up outwith normal working hours. Staff and residents told us that any day-to-day issues they reported had been attended to quickly. We saw that this approach helped to promote a safe environment for residents. The maintenance and repairs actions were audited by the management team regularly to evaluate the outcomes of this work. We saw an action plan with regards to this audit of maintenance and repairs which evidenced that the management team were checking that work had been completed to maintain a safe environment for residents.

We found that there had been a good approach to the servicing, maintenance and repair of equipment and the general environment. Included were areas like electrical safety, lifting equipment, gas safety, the call system and so on.

The maintenance officer had also carried out a range of regular safety checks including hot water temperatures, wheelchairs and window restrictors. This preventative programme had helped to maintain safety and protect residents from avoidable harm.

Checks undertaken at the service included:

- Nurse call,
- hot and cold water temp checks,
- bed rail inspections,
- wheelchair inspection,
- walking frame checks,
- window lock/restrictor checks,
- airflow mattress checks,
- profiling bed,
- tumble dryer vent maintenance,
- stand aid and hoists,
- fire escape inspection records,
- fire alarms,
- fire extinguishers,
- sensor equipment.

Staff had recorded accidents and incidents. These records had been checked by the management team to make sure all the necessary actions had been carried out to support residents and reduce the risk of recurrence. Records were analysed for trends and where these were identified actions to address these were taken by the management team and staff. There was good evidence of the involvement of staff in identifying issues leading to trends, which should develop their knowledge and awareness.

We saw evidence that the management team had recognised where improvements could be made in practice of recognising and reporting accidents and incidents affecting residents. This action was taken in response to accident and incident audits completed by the management team.

This demonstrated that the management team were checking that records were being kept accurately and were supporting staff to improve their performance where this was required.

Staff we spoke with were aware of adult support and protection and their responsibilities for protecting people who use the service.

We saw that good practice with moving and handling by staff means that residents were being supported safely by staff during this inspection.

We found that the personal belongings of residents were inventoried at the home and saw evidence that this was being updated by staff and relatives.

The bedrooms we inspected had a working call system in place so that residents could summon help when they wanted. We saw that staff were visible at all times during the inspection and observed residents receiving assistance when they needed it.

We saw that training in infection control and food hygiene is mandatory for staff. We observed that infection procedures were being followed by staff during this inspection. We checked in bathrooms and found that there were supplies of gloves and aprons available for staff to use.

We looked at cleaning schedules during this inspection and found that the cleaning programme for the home was well managed.

Areas for improvement

Some areas of the home were showing signs of wear and tear. The refurbishment programme was ongoing to refresh the areas of the home that were in need of upgrading.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"The environment allows service users to have as positive a quality of life as possible."

Service strengths

We evaluated Randolph Hill to evidence a very good performance against this Quality Statement.

To assess this we considered:

- Documents made available to us, including maintenance records, care plans and risk assessments.
- Observations of staff practice.
- Assessment of the general environment.
- Discussions with the residents, relatives and staff we met.

The Inspection Volunteer who has experience of using care services observed: 'Each unit had their own lounge with a lovely balcony and outside patio area. For such a large home, the service has been designed in such a way with smaller homely units.

The home was clean and tidy.

Bedrooms we saw were personalised with residents choosing to have their own belongings, ornaments and furniture with them'.

Residents we spoke with told us:

"It's my own chair, I brought stuff in."

"I've made it my home with my daughter's help."

"well kept garden - gardener is always busy."

"once I get myself up with my photos I felt better."

"lovely garden."

Relatives' comments included:

"I think it's fine, always clean and tidy."

"I'm here twice a day and I'm always welcome. The place is spotless."

We found the home was well maintained, clean and comfortable. We saw that staff ensured the home was clean and smelled fresh throughout the day. We saw that all areas of the home were tidy and allowed free access for all residents. Visitors were welcomed and space for meeting with residents was available throughout the day. We found that residents are able to move around the home freely and that pleasant indoor and outdoor spaces are available for residents and relatives to use. There was secure outdoor space and very pleasant gardens surrounding the home which people were able to access in a variety of ways.

A new space had been developed within the home in response to feedback from residents since the last inspection. This space is called the 'garden room' and allows freedom of movement between the different suites of the home which residents were utilising during this inspection. The garden room is also used for activities for example, entertainment which was taking place on the first day of this inspection, as it is a larger communal area where more residents can fit comfortably to enjoy group activities. The garden room also had a projector so that residents were able to watch films in a movie style environment.

We found that dining areas were pleasant with tables covered with tablecloths. Napkins and condiments were available on tables and additional items were in storage areas.

Small sitting areas are available throughout the home, we saw that most of these had drinks available. The home has a variety of chairs which allow residents to choose the correct height of chair for their own comfort.

Residents told us that the temperature within the home was pleasant. We saw that people who use the service can move around easily within the units they live in at the service. The home has several areas where residents and/or relatives seeking quieter areas can sit outwith residents' bedrooms.

We saw that people who use the service have individualised bedrooms with their own items and decorations in them. Bedrooms also have en-suite facilities and windows which look out onto various aspects of the gardens and courtyards surrounding the home.

Areas for improvement

We found that stone flooring in the reception area and some other parts of the home was attractive to look at but was very noisy when trolleys were wheeled across these. The management team and provider had already identified that this level of noise could potentially be very distracting or distressing for people with a cognitive impairment. The manager told us that replacement flooring was part of the overall refurbishment plan for the service.

While we identified that dining areas were small and comfortable, some of the dining areas in the home may benefit from additional decoration after consultation with residents.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

Statement 2

“We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.”

Service strengths

We evaluated Randolph Hill to evidence a very good performance against this Quality Statement.

To assess this we considered:

- Staff files including recruitment records,
- Observations of staff practice,
- Training records and overview,
- Appraisal and supervision records,
- Discussions with the residents, relatives and staff we met.

We looked at six staff files during this inspection, all of these evidenced that safer recruitment procedures were being followed at the service. For example, we saw a checklist which demonstrates that Protection of Vulnerable Groups checks, photographic identification, Nursing and Midwifery Council registration checks and appropriate references were completed for staff. We found that there was an application form in place which was completed by the candidate prior to interview. We found that references were obtained as part of the recruitment process, with one reference obtained from the most recent employer.

We saw that interviews were carried out by members of the management or staff team, with written information relating to the questions asked and responses given.

Residents had the opportunity to take part in the recruitment process, with their views taken into account as part of the decision as to whether the candidate was suitable for employment.

We saw that an individual training summary is kept in each staff member's own file at the home. This details each learning and development event staff had attended. For some learning and development, for example, the safe management of medication, we saw evidence that competency assessments were being completed after training had been carried out. This means that staff have had their understanding and practice checked after training has been completed.

We saw evidence in probationary review meetings minutes that the views of residents about staff performance are being sought and fed back to staff. We looked at records of staff counselling meetings where observations of practice and spot checks by the management team have identified issues which are then addressed during these meetings. We saw that any areas for improvement are identified by the management team and steps are taken to manage these.

We found that the service had an induction programme in place, which included working alongside more experienced members of staff. Staff training was also provided as part of the induction programme and was tailored depending on the role within the home each staff member had been recruited to. We also saw records of supervision which took place during staff probationary period and reviews which were completed at the end of this probation period. Staff we spoke with during this inspection told us that this induction period was helpful and prepared them for work in the home.

Areas for improvement

The service should continue to develop the ways in which residents and relatives are involved in the recruitment of staff, particularly residents who have a cognitive impairment.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

We evaluated Randolph Hill to evidence a very good performance against this Quality Statement.

To assess this we:

- Met with registered nurses, care staff and ancillary support staff,
- Met with residents and considered feedback from relatives,
- Examined staff records,
- Evaluated the training systems.

We observed staff and residents interacting throughout this inspection and noted the spontaneous comments made by residents about staff. We also asked residents what they thought about the staff at the home, their comments included:

"You're lovely, you're doing such a good job."

"They're wonderful."

"The young girls, they are lovely."

"Good."

"So kind. The nurse has been in. When I was upset yesterday *** was so thoughtful. It made a difference."

"they all try to be as nice as they can."

"I get on fine with them. They pop in and have a blether."

Relatives' comments were:

"carers know me, they accept my role and let me get on with it."

"I seldom see the main carer. They're not always based in this unit and move about."

"They're very good, all good. If you want anything you can ask. Nurses are very good."

The staff team were experienced in the care of older people and there had been a relatively low turnover of staff which supported good continuity for residents and their families. People told us that this was important to them as it had helped to build up positive relationships. We found that residents and their relatives had high levels of satisfaction with the quality of the staff team and the care and support they provided.

Clear standards had been set in relation to what was expected from staff and the management team monitored staff performance to maintain these standards. We saw that there was a staffing structure in place and individual roles and responsibilities had been well established. We found that staff from all departments had worked well together as a team to provide a good quality service to residents and their families.

We observed staff at work during the inspection and saw that they treated residents in an appropriate and respectful way. We found staff to be very motivated and professional with a caring attitude.

The staff we spoke to valued the work they did and felt able to provide a very good standard of care to residents. Staff said that training was very good and they told us they felt appreciated and well supported by the management team and their colleagues.

We found that most staff demonstrated a very good understanding of dementia and other health conditions, which impact on residents' lives. We did not observe any residents demonstrating distressed reactions during this inspection. Staff worked at a pace which meant residents' needs were met but we observed staff to support people in a calm manner which may have contributed to this.

We saw that staff used their understanding to reduce and avoid potential distress for residents. For example, we saw a member of staff encourage a resident to move from their position at a dining table where they were sleeping as the staff member wanted to lay the table for lunch. However, the resident did not wish to move so that staff member moved away and asked another member of staff to try later on.

This was a useful strategy with this individual and worked effectively a short while later. We also noted that the interactions between the second staff member and this resident were of a very good quality and were found to be reassuring and calming by the resident. This was also an example of staff using their knowledge of individual residents and different approaches to use with people who have a cognitive impairment.

Staff told us that they had recently had supervision which they found helpful and that they felt they had a good level of support from senior staff. We saw in supervision records that senior staff had observed staff practice and had provided feedback about this during supervision meetings. We also saw that where practice was observed and improvement needed to be made, staff were informed of this in a supportive manner.

We found that the health care of residents was very well managed at Randolph Hill. We assessed that this was linked to the provision of effective learning and development opportunities for staff. We saw that where staff identified training needs, these had been provided and staff told us how important the combination of learning and development, support from the management team and colleagues in their roles.

Areas for improvement

We found that improvements to the way that follow up actions were recorded could be made where supervisors had identified that staff should improve their practice. For example, where it was identified that staff had forgotten to wear the correct personal protective equipment while providing personal care it was not clear that further checks would be made once this had been raised with the staff member. We would expect to see further action to check that any improvements had been made. Supervisors should then record confirmation that further checks had demonstrated that the required improvements had been made and sustained in records kept at the service.

We looked at induction programmes for staff which were comprehensive as detailed under strengths, above. However, we found that for some staff that competency checks which were completed as part of their induction showed that their competency had been checked entirely through discussion for some sections. We would expect to see a combination of discussion and observation of practice to evidence competency, particularly with regards to the administration of medication.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 6 - Excellent

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service strengths

We found Randolph Hill to evidence an excellent performance against this Quality Statement.

To evaluate this we:

- Met with registered nurses, care staff and ancillary support staff,
- Met with residents and considered feedback from relatives,
- Reviewed supporting care records,
- Evaluated the systems within the home which contributed to the auditing and quality assurance process.

We observed the manager and other members of the senior management team to be visible throughout the home during this inspection. We saw that residents recognised the manager and observed them spending time with residents throughout the day.

Residents' comments about the management team included:

"If you have a problem you can speak to them and they're very understanding."

"They sorted out my problem."

"The manager is a very nice person, very nice indeed."

"She helped me to sort things out."

"When I'm not sure I just go straight to her and she always helps me."

Relatives' comments were:

"Regular meetings are possible but I'm not interested in the management of the home. If I was really unhappy I'd go directly to (manager) - very approachable."

"Manager always comes to speak to you if there are any problems. You can write things in the book."

"I filled in the questionnaire recently. Manager told me to fill it in as I find it."

The comments above were made by residents who were able to communicate with us verbally. We also observed the manager interacting and supporting residents who were unable to give us their views about the management team verbally. We saw one resident who went directly to the manager's office to get help to change their television channel, they said that the manager helped them with this regularly. The manager helped this resident immediately and was seen to prioritise the needs of residents for comfort, reassurance and support throughout this inspection.

For one resident who had a cognitive impairment and could have become distressed during this inspection, spending some time with the manager receiving reassurance and support prevented this. This resident told us: 'I was upset but she's made it better - I go to her.'

We saw that the manager had an excellent knowledge about the needs of residents living in the home and was a part of the community and the life of the home. This meant that they were able to support residents very effectively and role model excellent values to the staff at the home.

We observed the clinical director interacting with residents during this inspection. They knew residents by first name and became involved in care and support appropriately. Staff told us that the senior management team had previously provided care and support where appropriate to ensure the quality of care provided was of a consistently high standard.

We identified a key strength in the management and leadership of the service to be the capacity of senior members of staff to undertake managerial responsibilities to ensure the smooth running of the home across a 24/7 period. Staff we met at all levels throughout the home demonstrated a commitment to ensuring standards are maintained and improving the quality of life for people living at Randolph Hill. As a result people using the service were highly satisfied.

Areas for improvement

The provider should continue to develop the ways in which the views of people who have a cognitive impairment are recorded and used to assess and improve the management and leadership of the service.

Grade

6 - Excellent

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

We found Randolph Hill to evidence an excellent performance against this Quality Statement.

To evaluate this we:

- Met with registered nurses, care staff and ancillary support staff,
- Met with residents and considered feedback from relatives,
- Reviewed supporting care records,
- Evaluated the systems within the home which contributed to the auditing and quality assurance process.

We saw that the day-to-day running of the service had been very well managed. Staff had individual responsibilities and were accountable for making sure that specific aspects of the service were properly organised. We also found that communication and reporting systems were very effective across all departments which supported the smooth running of the service.

Quality assurance was seen as an important part of the day-to-day service. The systems in place covered a wide range of checks that the management team had to carry out in order to maintain high standards and address areas for improvement.

We looked at audits which were being carried out by the management team, these included:

- Internal audit of the home by the providers Quality Assurance Manager,
- Manager's monthly drug audit,
- Monthly catering audit,

- Three monthly infection control audits completed by manager and deputy manager,
- Three monthly health and safety audit completed by manager and deputy manager,
- daily manager's walk round audit of the home,
- daily medicines check completed by staff (the manager samples and checks the results of this audit),
- monthly falls audit,
- weight management audit.

We saw evidence of the ways in which these audits led to improved outcomes for residents. Each audit is effectively action planned identifying actions required to achieve improvements and the timescales these actions should be completed within. The results of audits are shared with staff during staff meetings. This means that a focus on outcomes is evident at the home.

A range of checks and audits had been carried out to monitor standards and to identify areas for improvement. It was good to see that the management team had extended some of this work to other members of the staff team as this helps to develop their skills and raised awareness of the expected standards. The areas looked at had included medication management, mealtimes, the environment, staff training and care planning. We saw that there was also a culture of informal quality assurance where standards were checked and reinforced on a day-to-day basis in between the more formal audits. Daily 'walkrounds' by the management team had also been carried out to monitor standards. The overall approach helped to maintain and further improve the quality of the service.

We found that senior staff had responsibility for completing night checks and were also regularly working in the service at weekends. Staff told us that this had a positive impact on their work as they were able to access support from a member of senior staff at all times. This meant that there was more consistency of care for residents during both the day and night.

Staff we spoke with told us that they felt very supported by the management team and that they found them approachable. Several members of staff remarked about the provider and management team's focus on the best interests of residents.

We found evidence that the quality of interactions between staff and residents was reflected in the quality of interactions between the management team and staff, relatives and residents. Some staff gave us examples of when the manager and senior managers had provided some care for residents if the home had staff call in sick unexpectedly. We saw evidence that the management team knew individual residents well and were aware of their needs.

We saw that where audits or quality assurance checks highlighted any areas for improvement, these were addressed quickly by the management team with staff. If an initial input from management team did not lead to the required improvements, we saw that this was followed up further with additional communication and meetings.

There was significant evidence we found during the inspection that the management team used information to improve outcomes for residents. For example, accident records showed that the management team have audited accident records for trends and patterns and identified in February/March that falls were occurring at night. Levels of observation had been increased overnight when and recorded on observation charts. This had led to a reduction in falls overnight. Equipment checks were carried out to ensure that sensor equipment was working properly and records show that this had been completed. The result of this was that falls at the home were reduced.

We saw that where outcomes for residents had been identified by the management to be reduced, action was taken immediately to address this. For example, medication audits had been carried out to monitor staff practice so that any issues could be identified and addressed. We saw that sampling had taken place on a regular basis to maintain good practice and communication was evident where there were any issues or communications to be raised with staff.

We concluded that the management of medication was very good in terms of accuracy and accountability and the medication records we sampled were found to be satisfactory.

There was an effective procedure in place for notifying the Care Inspectorate and other relevant authorities of significant events. The manager was proactive in seeking advice from the relevant authorities, we found that this contributed to the smooth running of the service.

Areas for improvement

We found that some of the audits used by the provider were compliance based and measured quantitative outputs rather than the quality of information contained or the quality of interactions. While some audits measured more qualitative information, this was limited and could be developed further.

The provider and management team should continue to develop the ways in which residents, relatives and staff are involved in audits carried out at the home. For example, residents, relatives and care staff could be provided with the opportunity to carry out meal time or other audits. The provider should share information appropriately about the outcomes of audits with residents and relatives.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

6 Complaints

There was one complaint made against the service which the Care Inspectorate had investigated and upheld since the last inspection. The complaint was about residents not being given choice about when they rose from bed and retired to bed. The complaint was upheld by the Care Inspectorate however, we found that the practice of encouraging residents to rise early to fit with the routines of staff rather than residents' routines had been based on the actions of a small number of staff and was addressed immediately by the manager when they became aware of this.

We began this inspection at 6.45am to check whether residents had been encouraged to rise by staff and establish whether the poor practice identified during this complaint had been addressed. There were four residents who were awake and dressed when we began this inspection, some of them were able to tell us that they had chosen to rise and dress.

For people who were not able to communicate verbally, staff were able to show us information in care plans which evidenced their preference to rise early.

Residents we spoke with during the inspection told us that they are able to retire and rise whenever they like, some told us they would complain directly to the manager if they felt that their choice around this was being limited.

We also looked at care plans used to record night care and found that these had been rewritten since the complaint was investigated. They now contained a very good standard of information with regards to the needs and preferences of residents. Therefore the requirements made as a result of the complaint had been met at this inspection.

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
11 Nov 2014	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
3 Dec 2013	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good

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

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Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

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