

Randolph Hill Nursing Home Care Home Service

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Type of inspection:

Unannounced

Completed on:

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Service provided by:

Randolph Hill Nursing Homes (Scotland)
Ltd

Service provider number:

SP2003002451

Service no:

CS2003011601

About the service

We used the new quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in Randolph Hill experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

Randolph Hill is a care home for 60 older people and was registered with the Care Inspectorate 1 April 2011. The service is provided by Randolph Hill Nursing Homes (Scotland) Ltd who have other care homes in Scotland.

Nursing and social care staff care for people living in Randolph Hill.

There are enclosed garden grounds and car parking is available at the front and side of the home. The home has two floors with stair and lift access. Each floor has three units. There is a lounge and dining areas in each unit, with two units sharing an L shaped lounge on the ground floor. There are various small rooms available to people living in the home, for example a small tea room. The home has a hairdressing room for people to use.

The services aims and objectives include:

"We take a holistic approach to caring for older people; we believe in celebrating life to the full and focusing on what individuals can do rather than what they can't."

For more information about the service visit the Care Inspectorate website at <http://www.careinspectorate.com/index.php/care-services>

And the provider's website at <https://www.randolphhill.com/our-homes/randolph-hill>

What people told us

We took account of what people told us, seeking views from 40 of the 53 people living in the home, six relatives/friends and 20 staff working in the home. We also took account of views from two people experiencing care, 19 relatives/carers and four staff who returned questionnaires to us.

To make sure we involved as many people as possible we used the short observational framework for inspection (SOFI). This observes staff interactions with people and helps us evaluate experiences of people who cannot always tell us what it is like to live in the care home. During one lunch time SOFI observation we saw people being well supported to enjoy their meal, with some very positive interactions taking place.

Overall people spoke positively about living at Randolph Hill. People spoke about the kind and courteous staff. Many felt the facilities in the home were very good. Comments included:

"What more could I want - sunshine, a cup of tea and a good book!" (person enjoying the sunshine in the garden).

"It's absolutely superb; the food is good; being purpose built helps; and we go out in the garden a lot".

"It's a lovely place this, we are well looked after. I've no complaints at all".

"They are extremely nice; nothing is a bother".

"some staff do and some staff don't" ...(referring to staff having the knowledge and skills to care for them).

"The staff are good, there is the odd one.....that aren't too good".
 "Staff are good, no complaints".

Relatives/friends commented;

"Cannot fault the home, care and facilities".

"Very high quality of care from well trained and professional staff".

"I have absolutely no concerns about my relative's care, they are very content in the home".

"Relative gets upset when other residents go into their room".

"They keep me informed and always appear cheerful and approachable".

Other comments are highlighted in the report along with comments from staff where relevant.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated how well people's wellbeing was supported and concluded that there were important strengths with one area for development.

People experienced very good care from respectful staff who had clear purpose and values that aligned with the principles of the Health and Social Care Standards. People commented on their experiences;

"Everyone is smiley and happy; I am really very happy".

"We all get on, we are friends.....it feels like home".

There were many examples of staff supporting people well; warm interactions during lunch with laughter and banter about the chocolate pudding. During the sunny afternoon people relaxed on the veranda where staff engaged them in chat and reflected on the past while eating lolly ices.

There was very good support for people, helping them to get the most out of life. Sometimes by supporting them to access community facilities and remain active in things they used to do, other times by direct support to, for example, visit the dementia café. There were links with the local nursery and people spoke enthusiastically about the children's visits. Many people said they were kept busy;

"There's certainly enough to do, if you can be bothered!"

"The activities team do a great job. There are many great connections with the local community such as school and nursery visits, local church involvement and participation in the Dementia life".

One person said;

"If you have to be in a place when you're old, then this is the place to be".

People were able to venture outside and potter around the garden and we saw that staff were working hard at promoting people's independence by enabling them to take risks that made life interesting. We asked the staff to be even braver and make sure they included everyone's wishes in risk enablement, some people still wanted to be free to do more, for example;

"I'd really like to get out more...".

Comprehensive health assessments were undertaken and staff sought help from other professionals to promote people's wellbeing. Risk enablement processes to some extent informed planned care that reflected people's wishes.

The majority of people felt safe, a few people mentioned others who wandered into their rooms and the manager explained she was trying different ways to manage this. Family felt reassured by the good care and support that helped to promote people's health. There was a range of well maintained specialist equipment which supported people to stay healthy such as specialist beds, mattresses and chairs. Nurses undertook wound care and monitored/reviewed people's medical conditions.

The majority of people described the food as good.

"The food is good" - "The food is always good, there is a choice available" and "food's good"

Fresh fruit and vegetables were used in the kitchen, some home grown in the garden. Snacks were available and we saw people helping themselves during the day. The chef was keen to improve meals and was looking forward to kitchen equipment to assist preparation and presentation of soft diets.

Areas to develop would include greater promotion of the Health and Social Care standards so that people know what to expect and can ask more of the service. The principles of the standards, especially compassion, dignity and respect can also help develop staff recruitment, induction, supervision and training.

Continued improvements in medication management and administration were needed. (See area for improvement 1).

We asked the staff to consider assessing people's ability to take their own medicines. We also felt that the drug trolley was kept in the dining area, along with bins, this did spoil the ambiance of the dining room experience a little. We discussed the potential to have people's medication kept in their own room. The manager agreed to give these areas some thought.

While there was a good baseline taken about people's health, some re-assessments were done monthly even when there was no risk identified. We discussed the promotion of person centred care and this is considered further under key question five.

Areas for improvement

1. To reassure people that the staff manage, administer and review medicines that people need to take to support them to stay well, some improvements would be important to consider. These could include, but not be limited to;

- i) making sure reviews of medication that people receive covertly are undertaken when needed or at least six monthly;
- ii) having information about what to try before using as required medicines and evaluating the effect of medication taken as required, for example for anxiety or pain;
- iii) recording the administration of prescribed creams in accordance with the application instructions to ensure skin remains healthy;
- iv) planning timely evaluation of new or changed doses of medication that also considers any possible side effects, for example increases in antidepressants and if they improve mood alongside a check of blood pressure for postural hypotension; and
- v) make sure everyone who might wish to continue taking their medicine themselves is assessed and the right support put in place to help them self medicate.

This is in keeping with the Health and Social Care Standards which state:

- The Principle of Responsive care and support:
My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.

The standard: If I need help with medication, I am able to have as much control as possible. (HSCS 2.23)

How good is our leadership?

5 - Very Good

We evaluated that there were major strengths with few areas for development related to leadership in the home. Everyone was clear that celebrating people's life to the full and focusing on what they could do underpinned the care and support they offered people.

From the care and attention given to making the home clean, to the fondness for the people they cared for it was evident that the vision and values of the home informed staff practice. For example several people spoke fondly about the maintenance man:

"....he is always very helpful and we have a good chat too".

People spoke about being able to raise ideas and suggestions which for the most part were taken forward.

"I have found the home open to discuss matters and has always followed up on decisions".

Staff were well supported and spoke fondly about their work;

"I really enjoy working for Randolph Hill.....I feel management is very approachable if I have any problems".

"I enjoy my job, they look after me so I don't mind at all helping out when there are staff difficulties, I really enjoy caring for the residents".

People spoke about the investment in the home, making it a lovely place to be;

"The ethos of the home is clearly aimed at ensuring the residents take precedence over everything else".

"I have been very impressed with the quality of the environment, management and staff".

The management team had used the Care Inspectorate's quality framework for care homes for older people to help them evaluate the service they gave. We felt this was a very good way for the team to critically reflect on their service. By including dates, timescales for improvement and engaging more with people using the service to inform the evaluations, the improvement plan would be more robust and person focused. The managers were keen to revisit and do this.

The main areas for development relate to making sure staff continue to promote a strong culture of positive risk taking. This will inspire people to be as independent as possible, this might even include allocating small jobs to people or thinking about having pets with key people responsible for their care. As suggested in other parts of the report, facilitating risk enablement for people will be important to continuing improvements.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

We evaluated that there were important strengths with some areas for development related to assessment and care planning.

Comprehensive assessments of people's health needs were undertaken by nurses. These included nutrition, skin integrity, mobility and falls risk assessments. Assessments to some extent informed the development of the care plan for people. The plan was reviewed regularly and some people spoke about being involved in their care plan;

"I know about my care plan, my nurse ...(nurses name) she does it with me".

Other people were less familiar with their care plan;

"I think they may have asked me about that when I first came in".

"I might have heard about that, but I can't remember".

Some relatives knew about the plans and felt able to contribute to them.

Anticipatory care plans informed staff about people's wishes and the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT system) was being used. This helps everyone involved in a person's care know about how best to look after them towards the end of their life.

Although personal plans were kept in people's rooms, many didn't know about them. There were nursing plans kept in the nurses' office and this did mean some things were repeated in both plans un-necessarily. Evaluation of the plans was difficult to follow, sometimes one document referring to another and visa versa, without clear evaluations in one place.

Including strengths, wishes and more supportive risk enablement would help make the plans more dynamic. Key to this is allowing people to influence planned care whenever they want to so that it is about what is important to them. Completing evaluations of care given each day should include discussion about the plan. The evaluation/daily entry was not kept with the plan in people's rooms. We discussed how it could facilitate involvement of the person and everyone important to the person if it was more accessible. People should feel like the plans belong to them, are a means of communication, and important individuals to people could also write in the plan or the evaluation/daily entry sheet. We have suggested an area for improvement that could facilitate more person focused care and support planning.

The meaningful and measurable work available at the personal outcomes collaboration could help with the development of a more person focused approach, see <https://personaloutcomescollaboration.org/>

Areas for improvement

1. To make sure people's assessments and planned care reflects their strengths and things that are important to them they should be involved and central to planning and evaluating care and support. People should feel like the plan belongs to them, have easy access to the plan and determine who else can access and write in it. They should influence when and how often assessments and plans are reviewed and changed. The plans should focus on needs and wishes and be concise and easy to read. The plans should include, but not be limited to supporting people to:

- a) maintain hobbies or develop new ones which may involve positive risk taking;
- b) be as independent as possible which will involve risk enablement; and
- c) highlight what is important to them and understand care processes that staff feel must be included in their plan, like a need to monitor weight or skin integrity.

This is in keeping with the Health and Social Care Standards which state:

I am supported to participate fully as a citizen in my local community in the way that I want. (HSCS 1.10)

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change. (HSCS 1.12)

My future care and support needs are anticipated as part of my assessment. (HSCS 1.14)

My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be

met, as well as my wishes and choices. (HSCS 1.15)

My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected. (HSCS 1.23)

I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made. (HSCS 3.22)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.1 Vision and values positively inform practice	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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