

# Randolph Hill Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 June 2023

**Service provided by:**  
Randolph Hill Nursing Homes  
(Scotland) Ltd

**Service provider number:**  
SP2003002451

**Service no:**  
CS2003011601

## About the service

Randolph Hill is a care home for 60 older people. The service is provided by Randolph Hill Nursing Homes (Scotland) Ltd who have other care homes in Scotland.

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 sitting rooms available to people living in the home with opportunities for private or small group visiting.

## About the inspection

This was an inspection which took place on 20, 21 and 22 June 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spent time with 20 people using the service and received feedback from a number of their family representatives;
- spoke with 23 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals from health and social care.

**Key messages**

People experienced support that was not rushed and staff had time to provide care with compassion, dignity and choice.

People living in the care home and their families were very happy with the care and support.

People's health needs were escalated quickly to other health professionals when needed.

The management team had a clear oversight of care, which supported good outcomes for people.

Some aspects of personal plans and risk assessments needed improved.

**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?	5 - Very Good
How good is our leadership?	5 - Very Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided at Randolph Hill and how these supported positive outcomes for people living there, therefore we evaluated this key question as very good.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, which promoted a culture of respect. Relationships between people and staff were warm and staff from all departments demonstrated kind and caring support and were genuinely interested in people. This meant that people experienced care that promoted their dignity and choice. One person told us "staff are very kind and caring" while a relative said "the attention and care given to (my relative) is outstanding"

People living at Randolph Hill were able to choose where and how they spend their time and there was a range of activities and experiences that people were encouraged to participate in, as well as individual activities for those who preferred to spend time in their own room. The home employed enough activity staff to organise events every day and most evenings, and although people were offered choice, this was sometimes limited to staff suggestions, which meant that specific interests or preferences were not always included. When we spoke to the service about this, we were very encouraged by their plans to develop the environment and activity arrangements to respond to people's aspirations, wishes and preferences on how they would like to spend their time.

People could be confident that their health needs were reviewed timeously because the service had developed good links and relationships with medical professionals, particularly the local GP practice. The management of medication followed good practice guidance and the service had a robust process to manage any medication errors.

People said there was plenty to eat and the food was good, there was enough choice and we saw people being offered plenty of fluids throughout our visits. Staff were very knowledgeable about people's dietary needs, especially where people could benefit from food fortification to support those at risk of weight loss.

The service supplied a range of equipment to support people who might fall, including sensor alerts and pendant alarms. The service was responsive when people fell but could improve outcomes for people by introducing a proactive approach to falls management, including more regular falls risk assessments. The management team planned to improve outcomes for people that may fall by reviewing assessments in conjunction with good practice guidance (Managing Falls and Fractures in Care Homes for Older People).

## How good is our leadership?

5 - Very Good

We found significant strengths in leadership and saw how these strengths supported positive outcomes for people, therefore we evaluated this key question as very good.

People and their families were confident giving feedback and raising any concerns because the management team welcomed feedback and acted on any issues raised. Families said that communication from the care home was good and that the management team were in regular contact about their relative and about the care home in general. One relative told us "We just can't praise Randolph Hill highly enough" while others said that staff "all seem very happy in their work" and "I'm deeply grateful for the high levels of kindness and care all staff have for (my relative), the real team ethos, openness and friendliness among the staff and the ease of communication with all staff at all times".

Staff told us that management were approachable and supportive. Staff had not all received regular supervision but said that this was available if there were any concerns. A regular programme of supervision was in place for staff who were new in post and they said that they felt well supported.

The service had a programme of robust and comprehensive quality assurance activity and there were clear systems for monitoring standards of care including clinical governance. The management team had a good oversight of care and support and were able to demonstrate a clear understanding about what is working well and what improvements were needed. Because of this, people living at Randolph Hill had very good outcomes, particularly in relation to clinical care and support.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People living at Randolph Hill and their families were fully involved in developing their personal plans which were clearly written and person-centred.

People were helped to live well right to the end of their life by making it clear to others what is important to them and their wishes for the future. This included where they wished to receive care, should they become unwell. Where people may, at times, experience stress and/or distress, their care plans were clear and included individualised support strategies. We could see from daily records how these strategies were put into practice, which meant that people were well supported with techniques that were meaningful to them and there was less reliance on medication at times of distress.

Personal plans should be reviewed six monthly or when needs change and although reviews with people and their families were being undertaken, we saw some plans where risk assessments had not been reviewed for some time. Care plans were not always updated when people's needs changed and audits were not always picking up these issues. There was limited recording in supplementary charts and no oversight or evaluation of these by the senior care team (see area for improvement 1).

### Areas for improvement

1. To ensure that people are supported well, and to reflect their individual needs, rights, choices and wishes, the service should ensure that care planning takes account of good practice guidance.

This should include, but is not limited to ensuring that:

- a) people's personal plans are regularly reviewed and changed where necessary to direct care based on people's current situations;
- b) all risk assessments are accurate and updated regularly; and
- c) supplementary charts are completed timeously, then reviewed and evaluated by suitably experienced staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'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 3.07); and

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.08).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support people with their nutrition and hydration. The service should, at a minimum:

- a) Ensure that those identified as requiring their fluid intake monitored are overseen by senior staff to ensure that charts and outcomes are meaningful.
- b) Ensure that all staff are aware of the arrangements each day for ensuring people are offered a drink and snack between meals.
- c) Ensure that personal plans clearly record the agreed level for food and drink and the rationale for anyone on a texture modified diet.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37).

**This area for improvement was made on 22 September 2022.**

#### Action taken since then

We reviewed this area for improvement during our inspection.

Food and snacks were in good supply and people were offered choice of drinks throughout the day. Jugs of water and juice were replenished in the morning and again in the afternoon, with top-ups as required.

Charts monitoring food/fluid were not kept up to date and were not evaluated by the senior care team. Sometimes staff were not sure why charts were in place. The service had submitted an action plan to address this area for improvement but had not managed to fully meet the actions identified. We made a new area for improvement that included this (see How well is our care and support planned).

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	5 - Very 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 and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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