

Grace Care Service Limited

Ramping Cat Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 30 and 31 March 2016. This inspection was unannounced. Ramping Cat is a care home with nursing providing care and accommodation to 39 older people older people requiring personal care. Some people at the service were living with dementia. On the day of our inspection there were 27 people living at the service. This included six people who were staying on a short term placements as an interim stage between hospital stay and further assessment needs of their care.

At our inspection of 1 September 2015 we found the provider did not always have effective systems to monitor the quality of the service people received and people's care records were not always current and accurate. We also identified there were no 'as required' medicine protocols in place and there was a lack of medication competencies for the staff. We also found not all allergies were recorded, there were issues noted around records found on Medicines Administration Records (MAR) that related to use of incorrect codes and people's medicines were not always stored appropriately. We also identified staff did not always receive the training required to meet people's needs and the medication competency observations had not been carried out to ensure their practices were safe. Additionally, we found the environment was not always safe and people were at the risk of undue harm.

Following our inspection on 1 September 2015 we issued a warning notice to the registered manager. We told them they must take action to ensure their audits and governance systems were effective and records were accurate. Additionally we asked the provider to send us an action plan telling us how they would meet the standards relating to the other areas of concern.

At this inspection we found some improvements had been made. We found the issues around environment had been addressed and the staff training was ongoing. The provider improved their systems to manage people's medicines however we identified a lack of control of people's topical medications.

The service was not always safe. We identified provider did not ensure people were prevented from receiving unsafe care and treatment and from avoidable harm or a risk of harm.

We identified the provider's systems to monitor the quality of the service were not effective. The concerns we found on our inspection in March 2016 had not been identified by the provider through their own quality assurance processes. Additionally, we identified where the issues had been identified by the provider these were not addressed.

There was a registered manager in post. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Ramping Cat Nursing Home. People's relatives also told us they felt the

service was safe. Staff were aware of their responsibilities in keeping people safe from harm and suspected abuse.

There were enough staff to meet people's needs. People were assisted promptly and with no unnecessary delay, we noted that the call bells were answered in a timely manner. The service had appropriate recruitment system in place that helped the management make safer recruitment decisions when employing new staff. The staff told us they felt supported however the supervision process required embedding to be more effective.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS enable restrictions to be used in a person's support, where they are in the best interests of a person who lacks capacity to make the certain decision themselves. We identified the registered manager made referrals to the supervisory body. However no evidence was available that the person's capacity had been assessed prior to making the referral. Therefore the registered manager was not acting within the principles of the Mental Capacity Act (2005).

People were complimentary about the manager and staff. Throughout the inspection there was a calm atmosphere and we saw people being supported in a mostly kind and caring manner. People were supported to make choices. Staff ensured people's privacy was respected. We however found the service was not always responsive to people's needs and people did not always receive support that was appropriate for them. People were supported to access healthcare professionals when required. External professionals were complimentary of the manager and of the care provided at the service.

People were supported to maintain a balanced diet. People who required assistance with their meals were supported appropriately. People complimented the food and told us they had a choice of meals.

The people we spoke with said they knew how to make a complaint and would feel comfortable speaking to staff if they had any concerns. The registered manager ensured when complaints had been raised these had been investigated and responded to in a timely manner. The provider used surveys to gather people's views about the service however they did not always act on feedback received.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the end of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were not always protected from receiving unsafe care and treatment and were at risk of harm.

People received their medicines as prescribed but there was a lack of control of people's topical medications.

People felt safe at the home. The staff had good knowledge of safeguarding.

There were enough staff deployed to meet the needs of people living at the home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Records did not always reflect people were supported in line with the principles of the Mental Capacity Act and associated codes of practice.

The staff felt supported however the supervision process required embedding to be more effective.

People were supported to access health services when needed.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

People were supported to make choices.

Staff ensured people's privacy was respected, people's confidentiality was maintained.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not always receive support that was appropriate for their needs.

There was a choice of activities provided for people who wished to participate.

There was a complaints procedure and people were comfortable to raise concerns.

Is the service well-led?

The service was not always well led.

The provider implemented some systems to monitor the quality of the service however we found these were not always effective. We also identified instances when the issues had been identified by the provider but these had not been addressed.

There was a registered manager in post.

People, relatives and staff felt the management team at the home were approachable and positive.

Requires Improvement ●

Ramping Cat Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This inspection took place on 30 and 31 March 2016 and it was unannounced on the first day. The inspection team consisted of two inspectors and a nurse Specialist Advisor on day one and a single inspector on day two.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about.

In addition, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority commissioners of the service to obtain their views.

On the day of our inspection we spent time observing care throughout the service. We spoke to eight people and four relatives. We also spoke with the registered manager, deputy manager, one nurse, four care staff, activities co-ordinator, a member of the housekeeping team and the chef.

We looked at records, which included nine people's care records, the medication administration records (MAR) for people living at the home and five staff files. We also looked at other information related to the running of and the quality of the service. This included audits and maintenance checks, staff training and support information and complaints management documentation.

Following the inspection we contacted three external professionals obtain their feedback.

Is the service safe?

Our findings

The service was not always safe. We identified provider did not ensure people were prevented from receiving unsafe care and treatment and from avoidable harm or a risk of harm.

For example, one person had been prescribed a thickener to be used in their drinks. Thickening agents are used to reduce the risk of choking for people with swallowing difficulties. The container did not have details of the consistency required for this person. We saw the directions were recorded on the Medicines Administration Records (MAR). The MAR charts referred to 'scoop as per administration'. However only nurses have access to MAR charts. The staff who added thickener to people's drinks did not have access to this information. We asked staff to check if they were aware of what 'an administration' was and how much thickener should be added to the person's drink. One of the senior staff told us this meant one scoop per drink e.g. cup of tea. A care staff member said they would add a "spoon and a half to two spoons" to the person's '150 ml beaker' when making drinks for this person. There was no reference to the use of the thickener in this person's care file and no professional assessment or guidance such as an assessment by SALT (Speech and Language Therapist). Therefore, staff may not be aware of the correct thickness of fluids needed to keep people safe, which meant the person could be at risk of choking due to inconsistent use of the thickener.

We also found a container of a powder thickener in one person's bedroom. The label confirmed the thickener was issued for this person and it was issued in April 2015. When we raised this with the registered manager and the staff, they were unable to explain why and how long the container was in the person's bedroom. The registered manager advised the person was not prescribed a thickener since their admission to the home and they were not currently using it. The staff told us this was most likely brought in by a relative of the person. This could put the person and others at risk as people at the home had access to this person's bedroom. The registered manager told us they were going to investigate this incident further.

Another person's file contained a bed rails assessment which stated the person was not safe to use the bed rails as they were at risk of climbing over the rails and falling to the floor. One member of the inspection team found this person, partially clothed in another person's room. We raised this immediately with the staff who returned the person to their bedroom where we observed that bedrails were in place contrary to the information recorded in their care plan. This meant the person, if they had been in their room prior to entering another person's bedroom either climbed over the bedrails or climbed to the bottom of the bed to get out of the bed. This would be a potential hazard as the care plan clearly stated bed rails should not be used for this person's safety. Following this incident we saw in the person's care plan that they should be checked every half hour for safety reasons. The staff were unable to tell us when the person was last checked. We were therefore unable to determine this person's whereabouts prior to entering another person's room and establish for how long they had been there. We raised this with the registered manager and they informed us staff walked around the home every 30 minutes to check but there were no records of these checks.

We observed a member of staff using a wheeled walking frame with an upholstered seat to transfer a person

to the lounge. This type of equipment is not designed for transferring people. We raised this with the member of staff immediately and they told us they knew 'they were not supposed to do so'. We spoke about this to the registered manager who informed us the person was normally able to walk unaided and they were going to reassess their mobility.

We also identified there was a lack of control of people's topical medications. For example, we found one person's half used tube of topical cream in another person's bedroom. Additionally the cream had no opening date recorded. We also found another topical cream in another person's bedroom. This person was not prescribed this specific cream. This meant people were at risk of not only having the correct prescribed cream applied. There was also the risk of infection control implications. We raised the above with the registered manager who immediately disposed of both creams and issued a new tube from the stock.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in September 2015 we found the registered manager had not ensured there were effective systems in place to manage people's medicines. We identified there were no 'as required' medicine protocols in place and there was a lack of medication competencies for the staff. We also found not all allergies were recorded, there were issues noted around records found on Medicines Administration Records (MAR) that related to use of incorrect codes and people's medicines were not always stored appropriately.

At this inspection we found the people's medicines including controlled drugs were stored securely and appropriately. We found 'as required' medicine protocols had been put in place and these were signed by the doctor. We observed the nurses administering medicines and we were satisfied the medication was given to people in a safe way. The nurse wore a red 'do not disturb tabard' whilst administering medication which reflected good practice in order to reduce disturbances during the medication round. We saw nurses appropriately signed the records when people were administered their medicines. The stock of medicines corresponded with the stock recorded. There were no signature gaps in drug administration on the Medicines Administration Records (MAR) observed. One person told us "I get my tablets on time and I get medication for pain when I ask".

At our last inspection we found people were not protected from the risks within the service's environment. Areas of the home which should be locked, such as the home's laundry, lift motor room and plant room, were left open. Wires were hanging from the ceiling, some rooms on the first floor and ground floor of the home did not always have window restrictors in place or these restrictors were broken. These are devices which stop windows from opening fully to prevent the risk of someone falling. At this inspection we found the above concerns have been addressed. We randomly checked the doors that should be kept locked and found these were secure. We found no further concerns about the environment.

People's care files contained individual risk assessments relating to moving and handling, falls, nutrition and skin integrity. Risk assessments were reviewed each month; these were recorded on electronic system which would flag up when the documentation was due a review. One person was assessed as needing oxygen. We found there was a detailed care needs summary which included oxygen concentrator settings, management of the filter, availability of spare cylinders in case of power failure and actions to be taken in the event of machine problems and deterioration in the person's condition.

People we spoke with told us that they felt safe and secure within the service. One person said "Oh yes, I do feel safe here". One relative told us they felt safe for their family member to be at the service, they added "I have never seen anything that would worry me". Another relative said "I visit quite a few times in a week,

definitely safe, I have no concerns". We asked an external professional if they felt people were safe at the service, they commented "Yes, I have no concerns".

People were cared for by staff that understood their safeguarding responsibilities. Staff we talked with demonstrated a satisfactory knowledge of processes surrounding safeguarding people. They knew what to do if they had any concerns and told us they would have no hesitation in reporting these concerns. One staff member said "I would report any concerns to the manager, owner, Care Quality Commission (CQC) or Social Services if needed". We saw safeguarding procedure flow chart outlining what to do in an event of suspected abuse was displayed at the service. This provided staff with a quick reference guide as to what action to take if they suspected abuse.

There were sufficient staff on duty to meet people's needs. Throughout the inspection call bells were answered promptly. We saw that people had call bells in their bedrooms and that these were in reach. The staff we spoke with confirmed that there was sufficient staff to ensure that residents received appropriate care. One person said "Yes, we have enough staff". The registered manager informed us they recently increased a number of nurses on duty and increased the number of care staff during the busiest morning and afternoon times.

People were protected against the employment of unsuitable staff as the good practice guidelines around staff recruitment were applied. There was evidence in all staff files we looked at that the required checks had been completed which ensured that staff were of good character. The files contained a written application, satisfactory references, proof of their identity and a Disclosure and Barring Service (DBS) checks. DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The registered manager informed us that the service still used the agency that provided permanent workers who worked regular shifts. This meant the continuity of care was maintained and the staff were able to get to know people's needs.

Is the service effective?

Our findings

At our last inspection in September 2015 we found staff did not always receive the training required to meet people needs and the staff medication competencies had not been carried out to ensure their practices were safe.

At this inspection we found the medication competencies had been carried out and the training was ongoing. The registered manager told us a significant number of new staff commenced in their roles throughout January 2016 and they were still in a process of completing their induction. The registered manager also informed us the additional training covering areas such as dignity in care and supervision of staff had been booked for March 2016. However this was cancelled by the training provider due to circumstances beyond the service's control. The registered manager informed us the training provider rescheduled this for April 2016.

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 Act 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. We found the provider did not always work to the principles of the act.

People's care plans did not always contain clear information about the person's capacity and did not contain evidence of best interest decisions being made where necessary. We had identified people's care plans did not contain information around their mental capacity or for specific decisions during our previous inspection in September 2015.

One person's care plan identified the person had bed rails in situ. The bed rails assessment stated they had bed rails due to 'confusion and dementia'. There was no capacity assessment relating to the decision to use bed rails. There was no record of a best interest process being followed and a bed rail consent form had not been signed by the person or their representative. We raised this with the registered manager who told us the person used bed rails previously when in hospital. They were unable to provide any further details as to why the person was deemed as needing the bed rails.

We found the registered manager did not fully understand their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be restricted of their liberty for their own safety. The registered manager made the referral to the supervisory body for one person. We looked at this person's care record and found no corresponding mental capacity assessment had been carried out. We raised this with the registered manager who advised the person's capacity was assessed by an external professional prior to them coming to live at Ramping Cat. This meant the principles of the MCA were not being followed as it clearly states capacity assessments must be decision and time specific. Due to the lack of understanding by the manager, we could not be confident people were being supported in line with the principles of the MCA.

When we talked with the care staff about capacity issues, staff were aware how to protect people's rights. One person told us they ensured people were 'given choices'. They said "[name] got dementia and gets confused but they have the same rights as everyone else". When we asked the registered manager whether the service conducted mental capacity assessments they told us "I can't do it. I wouldn't be happy to do it." The registered manager told us that, if an assessment was required, they would "refer to the Community Psychiatric Nurse". Also, when we asked one of the senior staff about capacity assessments they told us "we don't do them, it's a psychiatrist's or GP's role to do it", and they added "maybe they will change it and we will do it in a future".

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt the staff were well trained and able to meet their needs. One person said "Some staff know me well, some (staff) are new". One relative said "They appear to be well trained". An external professional commented "They are well trained and there is a good level of knowledge about the people".

We however observed two instances of incorrect moving and handling techniques being used by staff. However, no harm had come to the people during these incidents. The registered manager told us they immediately scheduled a refresher of moving and handling training for April 2016. They also told us they had recognised the need for a moving and handling in house trainer and one of the permanent nurses has volunteered to take on this role. The registered manager was in a process of scheduling this course.

We spoke with one recently employed member of staff about the training and told us about their induction. They commented as they had previous experience in care they found the training to be 'a good refresher'. They said they shadowed an experienced member of the team for three days and they made the decision when they felt they were ready to 'go solo'. They told us induction included safeguarding awareness, infection control, health and safety and dementia awareness.

Staff told us they felt well supported. One person said "I have my one to one, they are more regular now". Another member of staff said they had a 'one to one every three to four months'. We saw the supervision matrix had been introduced and that most of the staff had supervision within the last two months. We however noted staff supervision records did not reflect staff understanding and knowledge were assessed and discussed. Supervision records we saw reflected the lack of staff input therefore the supervision given to staff was not always meaningful. We raised this with the registered manager who told us they "Haven't had chance to check the quality of the supervision".

People were complimentary about the food they received at the home. One person said "The food is very nice; I had porridge, tea and toast today". Other comments included "I am on a soft diet, they try to give me something I like", "The food is very good and there is a good choice of meals, the beef stew was nice, lean and lovely" and "The food is quite good".

We observed the lunch service and we noted the atmosphere was calm and people were assisted appropriately and encouraged to eat if necessary. We saw most people had their lunch in the dining room and one to one support was provided in an unhurried way. We observed staff explained the food choices available to people. We observed people who were in their rooms had a drink within reach and were offered drinks regularly. A pictorial menu was on display in the unit to enable people to make visual choices of their meal.

The chef had a list of people's requirements such as allergies and foods suitable for people with special

dietary requirements. Meals were fortified with milk or cream to increase calorie intake when needed. The kitchen was awarded five stars on their last Environmental Health Inspection.

People were supported to maintain good health and access health care professionals. A range of professionals were involved in assessing people's care and treatment. These included the GP, the Care Home Support Team and Community Mental Health Team. We received positive feedback from external professionals involved with the service. One person said "We have a very positive relationship with the home". We asked another professional how receptive the provider was to advice they had provided. They said "Yes, this is a real strength of the team, particularly the manager, who has an excellent knowledge about her patients and when to seek help".

Is the service caring?

Our findings

People were looked after by staff that developed positive caring relationships with them. People told us staff were very kind and they commented positively on the support received. Comments included "It's very pleasant on the whole", "They're all very pleasant and helpful", "They are very good, they are polite", "If you're taken ill, they're there for you".

People's relatives were complimentary about the caring attitude of the staff and manager. One relative said "I have no issues and I am thrilled with care". Another relative commented "I have not seen anything I'd be worried about". One of the external professionals commented "Every time I go all in appropriate, all clients are happy there".

People and visitors were treated politely and with respect. We saw visitors had free access to the home during our inspection visit. People were appropriately dressed, their clothes were clean and their hair and personal care was maintained to a high standard.

We saw some good examples of kind and caring interactions. Staff were observed approaching people in a professional manner and giving people choices. We noted staff were proactive in their approach when caring for people. For example, one member of staff recognised that a person appeared uncomfortable. We observed them asking the person "Do you think it would be better if we changed your chair to a more comfortable one as I am afraid you will fall and bump your head?" We noted the member of staff also asked the person for their choice of where they prefer to sit in the lounge.

We observed that there was a positive rapport between the people and the staff. There was much laughter as they communicated. People confirmed they had good relationships with staff. One person told us "Staff are nice and friendly and I can have a laugh, the lads and girls are very nice, they don't make you feel uncomfortable". Another person commented "You can have a laugh with them. They're a lovely bunch".

We observed staff respected people's privacy and dignity, for example by knocking on people's bedroom doors before entering their room. One person told us "Staff always knock on the door, they are very good and very nice". Staff were able to tell us how they would promote dignity. One member of staff said "I'd always give a choice of how people like their personal care to be delivered, one person like to be sat in bed whilst we get the water ready, we respect their routine".

People told us the staff respected their choices. One person said "We chat about what I'd like, I may say, keep my clothes for tomorrow". Another person when asked whether staff asked their permission and explained before giving care said "Yes". We also noted that people's documentation reflected the importance of these choices. For example, one person's file said 'the resident can choose when they go to bed'.

People's confidentiality was respected. We noted that conversations about people's care were held privately and care records were stored securely.

The registered manager informed us that no people living at the service received end of life care on the day of our inspection.

Is the service responsive?

Our findings

At our previous inspection of 1 September 2015 we found people's care plans did not always accurately reflect people's needs. We also found there were no care plans or risk assessments for two people who were staying at the home at the time for a period of respite. At this inspection we saw the people who were recently admitted to the service had care plans in place.

We identified the service was not always responsive to people's needs. For example, one person complained of a pain in their leg and the staff were going to assist the person to their bedroom so the person could be assessed by the nurse. The staff were observed placing a handling belt behind a person to transfer them from their armchair to a wheelchair. The staff were heard to talk between themselves in a foreign language in front of the person. The person got anxious and became uncooperative and they were heard saying "You can't do it to me". The two staff continued regardless and one of the staff responded to the person "Oh yes, we can". The inspector intervened and asked the staff to stop the transfer. This incident showed that staff had failed to provide person centred care that was appropriate to this person's needs. We asked the registered manager to attend immediately, the manager did and they attended to the person. The registered manager reassured us this was an isolated incident. However, this incident showed that staff had failed to provide person centred care that was appropriate to this person's needs.

We however identified further issues around records. We found some records were lacking information. For example, whilst fluid intake charts for people were mostly completed, the fluid intake for the individuals was not totalled. This meant there was lack of monitoring if a person received sufficient fluid throughout the day. There was also no target amount of fluid intake stated. This meant there was no guidance of how much fluid each person required to meet their hydration needs. On occasions entries such as 'cup of tea' were recorded without further details of the actual intake or amount. When we raised this with the registered manager they told us "The relatives were writing on charts too". This meant the records were not complete and would not provide reassurance that people had sufficient fluid intake if they were at risk of being dehydrated. However, throughout the day people had access to drinks of their choice at all times and we saw staff actively offering drinks to people.

Another person was diagnosed in 2013 with type 2 diabetes. This was not reflected in their care plans. We raised this with the registered manager who informed us they were not aware the person had been previously diagnosed with diabetes. The registered manager immediately contacted a health professional for clarification. They told us they were advised that this person did not require regular blood sugar monitoring or treatment, only an annual screening. This person may be at risk as the records were not clear what support they required for their diabetes for staff to follow. The lack of information meant the staff were not aware of what diabetic symptoms they should look for. This included any complications or symptoms that could have long-term damaging effects for this person, including infection and skin integrity.

People had needs assessments undertaken before they were admitted to the service. This was to ensure the provider had enough information to ensure they could meet this person's needs. We noted care plans included care objectives that related to communication, continence, mobility, personal care and skin

integrity and other areas. There were folders kept in people's bedrooms that included information such as personal care records or records of applications of topical creams.

One person was diagnosed with Parkinson's disease and we noted comprehensive details were recorded in their care plan. The document stated 'staff to ensure that the resident has their medicines at precise times to reduce symptoms and anxiety'. We noted there was good documentation with regards to the management of this person's condition including mobility, nutrition, skin integrity and sleeping, and there were appropriate risk assessments and risk plans around falls due to their condition.

People had access to activities of their choice. We saw that a programme of activities was displayed in the home. Two activity coordinators were employed by the service. One of the activity coordinators told us that they did one to one sessions with people during the morning period, while group activities were held in the afternoon. We saw people engaged in the group activity. We noted there were monthly meetings held by the activity coordinators with people using the service. We saw the minutes of these meetings and people's views in relation to activities were sought. One person told us "[name of the activity coordinator] comes to me on most days, I go there (the communal area) sometimes, I could do more but choose not to". Another person told us "My choice is to be on my own and watch telly".

We reviewed the complaints log and saw that written and verbal complaints were recorded. There was evidence that complaints received were promptly responded to by the registered manager. A new complaints log had been introduced and this was noted on the residents' meeting minutes. People told us they were confident about how to complain. Comments included "I'd speak to a nurse or to the staff", "I would speak to the manager". One relative told us "We never complained before, we raised little concerns that were addressed immediately". Another relative told us "I never had a reason to complain".

Is the service well-led?

Our findings

At our previous inspection of 1 September 2015 we found the provider did not always have effective systems to monitor the quality of the service people received and people's care records were not always current and accurate. We took enforcement action which detailed why the service was failing to comply with the regulations.

The registered manager informed us that following our last inspection in September 2015 they sourced an external consultant to assist them with quality assurance processes. The service also expanded the management team and employed an additional nurse to support and deputise the registered manager. The registered manager was open and transparent with us. They told us they felt although some improvements were made the service required further improvements. The registered manager commented "We're not there yet".

At this inspection we identified further issues around care records. We asked the registered manager about their system of auditing care documentation. They told us their electronic system would flag a prompt seven days before a review date was due. When we asked about how the quality of the information inputted onto the system was being audited, the registered manager told us they were 'reading the care plans' to check for quality. However, there was no record that these audits had been carried out.

Some areas of concerns identified at our inspection in September 2015 had been completed by the registered manager and provider. For example the issues around environment. We found that some audits such as wheelchair checks, nurse call bell checks or windows restrictor checks had been implemented.

However, we found that some audits undertaken by the provider were not robust as they had not identified concerns found at our inspection in March 2016.

For example, we saw the records of the last medicine audit that had been carried out on 24 March 2016. The audit covered areas such as the clinical room, a sample of Medicines Administration Records, medication trolley and its cleanliness, controlled drugs and the disposal of medicines. The audit had not identified concerns regarding the management of topical medicines which we found on the day of this inspection. We also noted that the medication audit template form did not include areas of concern identified on our previous inspection. For example the incorrect use of codes were used on medicines charts when people refuse or are not given their medicine. This meant that there remained shortfalls in the effectiveness of the provider's governance of people's medication. We discussed this with the registered manager who told they were going to amend the template to reflect these areas.

At our last inspection we also identified poor moving and handling practices and further issues were found at this inspection. This meant that the action taken to address these concerns had not been effective. When we discussed our findings from this inspection with the registered manager they said they "Didn't know how these things could slip". We also found a concern about moving and handling was recorded on the quality survey form that was completed in February 2016 by people who used the service. One of the questions on

the feedback form asked 'how gentle and respectful the staff are?'. One person responded 'handling could be more gentle at times'. When we asked the registered manager if this comment had been investigated they stated they were unable to address this due to the surveys being completed anonymously. This meant the provider was not following up on concerns raised by people to improve the service provision.

Additionally we identified that even when the provider had identified issues through their own audits, there was no evidence that these had been actioned. For example, the provider's own audit carried out in January 2016 resulted in a recommendation that temperature of (medication) room should remain at safe level at all times, this should be taken and recorded at least daily. This had been recorded on the provider's action plan and the target date for completion was 14th February 2016. At our inspection we found the provider had not followed its own action plan as this was still outstanding and the temperature of the medication room had not been checked.

At our last inspection we identified the service did not have effective or current policies and procedures in place. The provider submitted their response which stated 'all policies have been updated and signed and dates already made when they need to be reviewed'. We asked the registered manager about their policies and procedures and they informed us that they had sourced templates from an external source. We viewed the Quality Management policy and Infection Control policy. We found that although a template had been sourced, the relevant information had not been included in the template to reflect the information specific to the service. The service had not met its own target of having appropriate policies and procedures in place.

The provider showed us a copy of their own audit of 'the meal experience' carried out on 20 January 2016. This identified the evening meal experience needed improvement. The report stated there was 'a feeling of chaos and noise' and 'people were balancing hot soup bowls on their laps', which posed a risk to their safety. When we asked the registered manager what action had been taken to address this, they told us that extra tables were purchased and these concerns had been raised at the staff meeting. We saw staff meeting minutes from a meeting held on 5th February 2016 which said people should either sit at a table to have soup or use a bedside table as they were at risk of scalding if they were balancing a bowl of soup on their laps'. We asked the registered manager have they carried out another audit of the evening meal to satisfy themselves these concerns have been addressed. They said although staff had been given instruction on what actions to take, they (registered manager) had not undertaken another audit to ensure their advice had been followed.

They told us another survey had been carried out in February 2016, but this survey did not include what people thought of the 'meal experience'. It only asked about the food quality. The providers' quality checks were not robust as they had not given people the opportunity to report on changes made to people's mealtime experience as they had not asked the same survey questions. This meant we were not confident the registered manager had protected people's safety when eating their meals.

The same audit identified the need for the 'dynamic' mattresses to be set appropriately for people's weight and a chart should be used to record these settings to ensure they were correct. The chart was to be signed by a shift leader or designated staff member. The target date on the providers' action plan was for this to be signed off by 14 February 2016. However, this action had not been signed off as completed. During our inspection we had identified that the mattresses had not been set to the people's specific weight and charts in people's bedrooms had not been completed with the specific settings for the person. Therefore the provider had failed to meet their own action plan target dates.

We saw evidence of the recently introduced 'Quality Monitoring Visit' by the provider. The registered

manager shared with us a copy of the visit carried out on 5 February 2016. No concerns were identified during the providers audit or monitoring visit. This meant that the provider's audit had failed to identify areas of concern we found at this inspection. The service did not have a robust governance procedure or arrangements in place to ensure safety and quality of care for people at Ramping Cat.

We found the CQC inspection ratings from our inspection in September 2015 had not been displayed according to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. When we raised this with the registered manager they immediately displayed these ratings in the reception at the home. They also arranged for the link to the report to be added to their website. Following our inspection we have checked the provider's website and found they did not follow the guidance in relation to how to display the ratings.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives spoke positive about the management and how the service was run. One person said "It seems to run smoothly". Another person said "I can't think there is anything wrong, the manager comes round". Comments received from relatives included "The home is brilliant, manager provides excellent leadership, can access at any time", "First impressions were very good and the staff are very welcoming".

The staff also spoke positively about the registered manager and told us they felt she was approachable. One member of staff said "Manager is very supportive, and always around and that there is support and good teamwork". Another member of staff said "It's a good place to work, the manager is very supportive". Another staff member told us "Senior staff support me very much".

We also received excellent feedback from external professionals. One person commented "They (staff) seem to understand their roles and morale doesn't appear to be an issue". Another person said "We have a professional relationship with the manager and an open and transparent communication, they are keen to improve".

We saw evidence that staff meetings were regular. One member of staff told us "We have more meetings now and they are more in depth". Staff commented they felt involved in the running of the service. One nurse told us "I suggested an idea for auditing medicines which was implemented". One member of staff felt the service hugely improved and they told us "This place in my eyes went from two stars to four stars in two years".

The registered manager introduced a set of values the staff were expected to work against to ensure the quality care was delivered. We noted the staff files contained a copy of the values and that staff had signed to confirm they had read these. The staff confirmed they were aware about these values, one member of staff told us "My senior discussed them with me". One nurse commented that regarding the service's values 'residents come first'.

There was a system in place to enable the provider to have an overview of all accidents and incidents and identify any trends. The registered manager implemented an incident log and carried out a monthly analysis of accidents and incidents to identify any trends or patterns and to identify how to manage any risks to people. We viewed the log and found that a small number of accidents had been recorded and a monthly summary of these were in place. We noted that appropriate action had been taken where necessary for example; professional advice was sought if required following incidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The provider did not have appropriate systems in place to ensure care and treatment is only provided with the consent of the relevant people.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider did not ensure people were prevented from receiving unsafe care and treatment and from avoidable harm or a risk of harm.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered manager and provider did not always have effective systems to monitor the quality of the service people received. Regulation 17 (1)(2)(a)(b)(c)(e)(f)
Treatment of disease, disorder or injury	

The enforcement action we took:

We have issued a warning notice informing the provider they must make improvements by 31 July 2016.