

Ramsgate Care Limited

Ramsgate Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 July 2018. We found that improvements had been made at the service and there were no breaches of legal requirements

We undertook this focused inspection to check that the improvements made at the last inspection had been embedded and sustained. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk

Ramsgate Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates 42 people in one purpose built building. There were 40 people living at Ramsgate Care Centre at the time of our inspection.

Improvements seen at our last inspection to the way medicines were managed had been sustained. The stocks of medicines were correct, records were accurate and detailed guidelines were in place for the administration of each person's medicines. Effective checks had been completed on medicines.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission 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.

The provider and registered manager had oversight of the service. Effective systems were in place to continually improve the service and act on information received about changes to best practice. The registered manager and the provider checked the service regularly to make sure it met the required standards. The views of people, their relatives, staff and community professionals were asked for and acted on.

Staff felt supported by the registered manager and were motivated. The registered manager or deputy manager were always available to provide the support and guidance staff needed. Staff worked together as a team to support people. Records in respect of each person were accurate, complete and kept secure.

Assessments of risks to people had been completed and care had been planned with them, to meet their needs and preferences and keep them safe. Accidents and incidents had been analysed and to look for patterns and trends.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager or provider. People were not discriminated against and received care tailored to them.

There were enough staff to provide the care people needed when they wanted. Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed to make sure staff were suitable for their role.

The service was clean and staff followed infection control processes to protect people from the risk of infection. The building was well maintained

The registered manager had informed CQC of significant events at that had happened at the service, so we could check that appropriate action had been taken.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Risks to people had been identified and staff supported people to be as independent and safe as possible.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

Action was taken to reduce the risk of accidents and incidents happening again.

There were enough staff who knew people well, to provide the care people needed.

The service was clean.

Checks were completed on staff to make sure they were honest, trustworthy and reliable.

Is the service well-led?

Good 

The service was well-led.

Checks were completed on the quality of the service and action was taken to remedy any shortfalls.

People, their relatives and staff shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of good quality care.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were held accountable for their actions.

The registered manager worked with other agencies to ensure people's needs were met.

Ramsgate Care Centre

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Ramsgate Care Centre on 4 January 2019. This inspection was done to check that improvements to meet legal requirements made by the provider had been sustained and imbedded after our 11 July 2018 inspection. The team inspected the service against two of the five questions we ask about services: is the service well led, is the service safe?

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection was undertaken by an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information, we held about the service. We used information the provider sent us in monthly report. We also reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury. We did not ask the provider to send us in the Provider Information Return (PIR) as we inspected at short notice. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with a clinical nurse specialist for older people who supports care homes.

During our inspection we spoke with 10 people and their relatives and a visiting care manager. We spoke with the registered manager, area manager and four staff. We looked at care records and associated risk assessments for two people. We looked at management records including staff recruitment, training and support records and health and safety checks for the building. We observed the care and support people

received. We looked at their medicines records for everyone and observed people receiving their medicines.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection we found that people's medicines were managed safely and effective systems were in place to order, receive, store, administer, record and dispose of medicines. However, as the provider had a history of shortfalls in medicines management we needed to be confident that the systems were embedded in staff practice and continued to be effective. At this inspection we found that a good standard of medicines management had been maintained.

People told us they received their medicines as their doctor prescribed and were supported to understand what each medicine was for. Records and our observations of staff supporting people to take their medicine confirmed this. People's comments included, "I have pain killer morning and night to make the pain more bearable" and "Without fail I always get given my pills morning, during the day and evening".

Guidance was available for staff about the use of 'when required' medicines, such as inhalers to help people breath more easily. This included the maximum does people could have each day and how long needed to be left between each dose. People told us they were supported to take their hailers quickly when they needed them. When people moved into the service the staff arranged for their medicines to be reviewed by their GP to make sure that their illnesses and symptoms were well managed. This included pain management and no one was prescribed when required pain relief at the time of our inspection.

Staff had contacted people's GPs and followed their advice about the administration of homely remedies, over the counter medicines for the treatment of minor ailments. One person had requested pain relief for a headache. Staff had followed the GPs guidance and checked the person was not taking any other pain relief before administering the medicine. People's medicines were stored safely. The provider had fitted air containing in medicines rooms and the temperature of the rooms and medicines fridges was checked daily and was within recommended limits.

People felt safe at Ramsgate Care Centre. Arrangements were in place to keep people's money and valuables safe and people told us they always had access to their money if they wanted it. People were confident to raise any concerns with the registered manager and told us they were approachable. Policies were in operation to safeguard people from abuse and available to staff. Staff knew how to identify concerns and were confident to whistle blow inside or outside of the service. When concerns were raised the registered manager informed the local authority safeguarding team and worked with them to protect people from harm.

Risks to people had been identified and people had been involved in planning how to manage these. Details of what had been agreed was in people's care plans and was followed by staff. For example, one person was at risk of choking but had decided not to have their meal prepared in a way that would reduce this risk. Staff discreetly monitored the person while they ate and were ready to support the person if they began to choke.

People were supported to take assessed risks to regain their independence. One person told us, "Staff asked

me if I wanted to get out of bed, from then they have got me on my feet again. With one of the staff giving me support I started walking a few steps. Now I am able to walk and down the corridor with them there to stop me falling. Staff go over and above their duties to encourage me to try".

People were protected from the risk of the spread of infection. The risk of people developing an infection had been assessed. Where people were at risk of developing regular infections, guidance was followed by staff to identify changes in the person's health and refer them to their GP. The service was clean. Staff had completed infection control and food hygiene training and their skills were checked regularly.

Accidents and incidents had been recorded and analysed to look for patterns and trends. No trends had been identified and people were not regularly having accidents.

Plans were in place to keep people safe in an emergency and had been practiced by staff. Staff told us they were confident to follow the plans in an emergency. Staff had completed fire training. Regular checks had been completed of the building and equipment, including fire safety equipment to make sure they were safe.

Staff were recruited safely. Full employment checks were completed before staff started work, including a full employment history and checking references from candidate's previous employers. Each staff member had a Disclosure and Barring Service (DBS) criminal records check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

There were enough staff on duty, who knew people well, to meet their needs and support them to do things for themselves. One person's relative told us, "The quality of care provided by staff is good. My loved one is cared by staff with feeling, they know that my loved one always likes to have their nails done. I don't need to prompt staff". Since our last inspection the registered manager had increased the number of staff providing people's care from four to five between 2pm and 8pm. Staff told us this gave them more time to spend with people and respond to their requests, such as to have a bath in the afternoon. Staff responded quickly when people asked for assistance, they were not rushed and supported people to do things at their own pace. The registered manager and deputy manager were on call out of hours to provide any advice and support staff needed.

Is the service well-led?

Our findings

In November 2017 we added a condition to the provider's registration requiring them complete monthly checks on medicines and send us a report any actions they had taken or planned to take to correct any shortfalls and prevent them from occurring again. We received these reports as required and they showed no shortfalls had been identified. Our checks during the inspection confirmed this information was correct.

Regular checks were completed on all areas of the service to make sure it was operating at the standard required by the provider. Improvements made to medicines checks had been maintained and they continued to be robust. Staff confirmed that completing daily medicines checks was part of their daily routine and described to us how this supported them to make sure improvements in medicines management were maintained.

The registered manager kept staff practice under review, this included working alongside them. Any shortfalls identified were addressed immediately and staff were held accountable for their practice. Mistakes were used as learning opportunities and staff were supported to develop their skills and knowledge.

People told us they felt the service was well led. They told us the registered manager was approachable and they spoke to her whenever they wished. One person told us, "The manager came up to see me when I made the complaint about the way staff talked to me, she very easy to talk to, totally understood what I was saying". The registered manager had acted on what the person had told them and the person had not raised any further concerns.

People, their relatives, staff and visiting professionals continued to be asked for their views of the service. No responses had been received to the 2017 quality assurance survey. The provider had changed the process in 2018 with the aim of getting responses, however this had been unsuccessful. People told us they were able to share their views at resident's meetings and other times and these were acted on. When people chose not to attend resident's meetings staff spoke with them outside of the meeting to get their views. One person told us, "I told them the food was very up and down. The new caterer seems to be doing a lot better, more variety and well cooked".

The provider and registered manager had plans in place to improve the service, these included an extension to the building and better facilities for people. The registered manager received information about the local clinical commissioning group (CCG) about local service improvements and acted on these. For example, the CCG had introduced a 'red bag scheme' to support hospital staff have key information about people and prevent things which were important to people, such as their hearing aid and glasses to stay with them while they were in hospital. The registered manager had hosted an information sharing event at the service for their staff and other providers. They had collected their red bags and were completing the required paperwork so that anyone who went into hospital had all their information and possessions with them.

The registered manager had been working at the service for many years. They were supported by an area manager and deputy manager. A new deputy manager had been appointed shortly before inspection. They

had been promoted from the staff team. Staff told us they had knowledge of the provider's processes and people and gave them the support they needed. There was a culture of openness; staff and the management team spoke with each other and with people in a kind and respectful way. There was a strong teamwork ethic and we observed staff working well together. Staff we spoke with were confident to challenge their colleagues about their practice and trusted each other's integrity.

The provider continued to have a clear vision of the service which included supporting people to be as independent as they could be. Staff and the registered manager shared this philosophy and provided the service as required. Staff were clear about their roles and responsibilities and the registered manager held them accountable. Staff were reminded of their roles at regular staff and supervision meetings. Staff and the visiting professional we spoke with told us they would be happy for their relative to receive a service at Ramsgate Care Centre.

Records of people's needs and the care they had received were accurate and up to date. All staff had access to information about people when they needed it.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or death. This is so we can check that appropriate action had been taken. The registered manager knew when notifications needed to be sent and we had received notifications when they were required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating in the entrance to the service and on their website.