

Choicecare 2000 Limited

# Ramsgate Care Centre

## 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

This inspection was carried out on 2 and 3 August 2016 and was unannounced.

Ramsgate Care Centre provides accommodation and personal care for up to 42 older people, some of whom may be living with dementia. The service is a large purpose built property, with accommodation arranged over two floors. A lift is available to assist people to get to the upper floor. The service has 40 single bedrooms and one double bedroom that people could choose to share, this is usually used as a single bedroom. All bedrooms had en-suite toilets. There were 40 people living at the service at the time of our inspection.

A registered manager was leading the service, supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we found there were not always enough staff to meet people's needs. The registered manager had taken action to make sure they were always sufficient staff on duty to provide people's care when they wanted it.

At our last inspection we found that records of people's medicines were not always accurate. At this inspection we found action had been taken to correct this but other medicines records were not accurate. The registered manager took action to make sure that all records were correct during the inspection. People received the medicines they needed to keep them as healthy as possible.

People told us they liked the food at the service but the menu was 'boring' with meals repeated every week. Meals were balanced and included fruit and vegetables. All meals were homemade. People were offered a choice of food to help keep them as healthy as possible.

People had been asked for their views of the service. They had told the registered manager that the menu was not varied enough and they would like to go out on day trips. Their views had not been acted on. Checks had been completed on all areas of the service. These had not identified the shortfalls in the service we found at our inspection.

People told us they did not always have enough to do. Some people were not supported to fully take part in their chosen activities. We have made a recommendation about activities.

Assessments of risks to people were not always accurate. Detailed guidance had not been consistently provided to staff about how to support people to manage risks. However, staff provided the care people needed to keep them safe, in the way they preferred. Action was taken to identify changes in people's

health, including regular health checks.

People were supported to make decisions and choices. When people could not make a particular decision, staff made decisions in people's best interests with people who knew them well. The requirements of the Mental Capacity Act 2005 (MCA) had been met.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Risk to people had been identified and arrangements were in place to apply to the supervisory body for a DoLS authorisation when necessary.

People and their relatives told us staff were kind and caring and treated them with dignity and respect. Staff knew the signs of possible abuse and were confident to raise concerns they had with the registered manager or the local authority safeguarding team. When concerns were raised action had been taken promptly to keep people as safe as possible. Plans were in place to keep people safe in an emergency.

People and their representatives were confident to raise concerns and complaints they had about the service. People were satisfied with the response they received. Systems were in operation to regularly assess the quality of the service.

The registered manager provided leadership to the staff and was supported by a deputy manager and area manager. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs. They were motivated and felt supported. Staff told us the registered manager was approachable.

The provider had a 'philosophy of care' which was shared by the registered manager and staff. This included the values of independence and 'person centred' support. Staff were supported to provide good quality care and support. They had completed the training they needed to provide safe and effective care to people. Most staff held recognised qualifications in care.

Checks were completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not consistently safe.

Assessments of risks to people were not always accurate, however, staff supported people to manage risks and remain as safe as possible.

Guidance had been provided to staff about how to keep people safe in an emergency. Staff knew how to recognise and respond to abuse.

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

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were given the medicines they needed.

**Requires Improvement** 

### Is the service effective?

The service was not consistently effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People made choices in all areas of their life.

Staff had the skills they required to provide the care and support people needed.

People were not involved in planning the menus and told us they were 'boring'. People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

**Requires Improvement** 

### Is the service caring?

The service was caring.

People said that staff were kind and caring to them.

**Good** 

People were given privacy and were treated with dignity and respect.

People were supported to remain independent.

### **Is the service responsive?**

The service was not consistently responsive.

People planned their care with staff. People received their care in the way they preferred.

People were not involved in planning the activities at the service. Some people did not enjoy the activities.

Systems were in place to resolve any concerns people had to their satisfaction.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

Staff were motivated and led by the registered manager. Staff shared the provider's philosophy of care.

Checks were completed on the service people received. These did not always find shortfalls in the service.

Action had not been taken to make sure all people and their relatives shared their experiences of the service so action could be taken to continually improve the service.

Records about the care people received were accurate and up to date.

**Requires Improvement** ●

# 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.

This inspection took place on 2 and 3 August 2016 and was unannounced. The inspection team consisted of two inspectors 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, the provider completed a Provider Information Return (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 looked at previous inspection reports and notifications received by the Care Quality Commission which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with nine people living at the service, four people's relatives and friends, the registered manager, the area manager and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for six people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

We last inspected Ramsgate Care Centre in April 2015. We rated the service Requires Improvement overall. We asked the provider to take action to improve records and staffing at the service.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe at the service. People's comments included, "I have been very safe" and "I really have felt safe and happy".

Risks posed to people from the environment had been identified and assessed. Action had been taken to reduce risks but these were not always effective. For example, the temperature of the water was checked monthly to make sure it was not too hot and people were not at risk of scalding themselves. Checks showed that the water temperature in one bath was much higher than the Health and Safety Executives recommended maximum of 44°C. The handyman who completed the checks told us they had not reduced the water temperature and assumed staff checked the bath temperature before people bathed. Staff told us they did not check bath temperatures with a thermometer. During our inspection the registered manager provided new guidance to staff about monitoring bath temperatures, including the safe maximum temperature. Staff were given a thermometer and instructed to keep records of the temperature of every bath they supported people with. No one at the service bathed without the support of staff. Risks to people had been identified, assessed and were regularly reviewed. Action had not been consistently taken to reduce risks and provide staff with guidance about how to keep people safe while maintaining their independence.

Detailed guidance had not been provided to staff about how to support people with diabetes. For example, staff checked one person's blood sugar levels each day. The person's care plan stated, 'if the recordings are outside the person's normal limits it is important that you take appropriate actions including referral to the GP or district nurse'. Guidance had not been given to staff about what the 'normal limits' were for the person. The person's blood sugar levels had been stable for 6 months but there was a risk of the levels fluctuating. Community nurses visited the service often and told us that staff raised any concerns they had with them or the person's doctor.

The risk of people becoming malnourished had been assessed; however some assessments had not been completed accurately. For example, staff had assessed that one person was at medium risk. The person weighed approximately 30kg and had a low Body Mass Index (BMI) which indicated they may be underweight. BMI is an approximate measure of whether someone is over or underweight. Staff completed a new assessment during our inspection and found the person was at high risk. The incorrect assessment had not impacted on the person and they had not lost weight. They were supported to eat and drink a high calorie diet.

The registered manager had failed to assess and mitigate risks to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to peoples' skin health, such as the development of pressure ulcers, had been assessed. Pressure relieving equipment was available to people who needed it and checks were made to make sure this was used correctly. Guidance was provided to staff about the correct use of pressure relieving equipment, including the settings for pressure mattresses and cushions. Equipment we checked was being used safely.

At our last inspection we found that records of medicines were not always accurate. We looked at the action the registered manager had taken to correct this. Some entries on people's Medicine Administration Records (MAR) had been handwritten. These had not always been checked by a second person to reduce the risk of mistakes. The registered manager put systems in place during the inspection to check all handwritten entries on MARs were correct. Records of the stock levels of most medicines were correct. Accurate records had not been kept regarding a small number of medicines kept at the service. The registered manager corrected this during our inspection and put new processes in place to make sure accurate stock records were kept of all medicines.

Regular checks were carried out on medicines and records to make sure they were correct. These had not identified the records shortfalls we found. The registered manager and area manager told us they would change their checks to make sure they were more robust.

Effective systems were in operation to order, receive and dispose of medicines. Medicines prescribed for short term conditions, such as antibiotics were obtained quickly. Staff had completed medicines management training and their competence was assessed regularly to make sure their practice remained safe. People told us they had their medicines when they needed them. Their comments included, "I get my medication as I should" and "I get medication regularly".

Guidance was provided to staff about where to apply prescribed creams to keep people's skin as healthy as possible. People were supported to manage their own medicines when they wanted to including inhalers and medicines that needed to be taken before food. One person told us, "The staff trust me with the tablets". Some people were prescribed medicines 'when required', such as pain relief. Guidance was provided to staff about each medicine including what it was for and when it should be given.

We observed people receiving their medicines. This was done in a caring and respectful way and staff stayed with people to ensure they took the medicines safely. One person told us, "I get my medication and staff supervise me taking it". Other people told us they took their medicine without staff supervision and felt empowered by staff. One person told us, "I get my medication regularly. They trust me to take it".

At our last inspection we found that staff were not always deployed effectively to provide the support people needed when they preferred. We looked at the action the registered manager had taken to address this. People told us, "There seem to be enough staff because if I call for help, someone comes quickly" and "I think there are enough staff". Everyone told us staff responded quickly to the requests for help. Staff told us they had time to spend with people.

The registered manager decided how many staff were needed to provide the service at different times of the day, taking into consideration people's needs and preferences and appointments. Since our last inspection the registered manager had considered people's preferences in the morning and deployed more staff to support people to get up when they wanted to. Additional staff had been deployed at the weekend. Staffing levels were reviewed and adapted to meet people's changing needs. Staff worked as a team to support each other and cover any staff vacancies, holidays and sickness absence. An on call system was in place and management cover was provided at the weekends and in the evenings, so staff had support when they needed it.

People were involved in the selection of new staff. They were offered the opportunity to take part in staff interviews and met with candidates before they were offered a position. People gave their feedback to the registered manager and this was taken into consideration when selecting staff. The registered manager told us the feedback they received from people about candidates was very important when they were selecting



the right staff to provide people's care. They told us, "I want staff here because they care. The staff here do care and I'm very proud of them".

Checks had been completed on new staff to make sure they were honest, trustworthy and reliable. Information had been obtained about staff's conduct in their last employment and their employment history, including gaps in employment. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Checks on the identity of staff had been completed.

Staff knew the signs of possible abuse, such as changes in people's mood or behaviour. They knew how to report any concerns they had and were confident any concerns they raised to the registered manager or deputy manager would be listened to and acted on. The registered manager was aware of safeguarding procedures and had raised any concerns they had with the local authority safeguarding team. Staff felt confident to whistle blow to the management team or to the Care Quality Commission when they had concerns about their colleagues' practice.

Before our last inspection several people had reported that money had been stolen from their bedrooms. The registered manager worked with the police and local authority safeguarding team to keep people and their money as safe as possible. Action was taken with senior staff and one person to identify who was stealing the money. The person told us they were pleased they had helped identify the person who had taken their money. The registered manager had followed the provider's disciplinary process, reported the staff member to the police and they no longer worked at the service. A referral had been made to the Disclosure and Barring Service (DBS) to reduce the risk of the staff member working with vulnerable people in the future.

Any accidents were recorded and monitored by the management team so they could identify any patterns or trends and take action to prevent further incidents. The building was secure and the identity of people was checked before they entered. Internal doors were not locked and people moved freely around the service and were not restricted.

Plans were in place to keep people safe in an emergency including guidance to staff about how to move people to other parts of the building to keep them safe in the event of a fire.

## Is the service effective?

### Our findings

People told us they liked the food at the service but the menu was not as varied as they would like. People's comments included, "The food menu is too predictable, boring", "The food's OK but the menu is boring" and "The food is very good". Staff told us people became "upset" about the lack of variety in the menus. There was a four week menu in place but meals were repeated each week, including ham and chips every Monday, roast chicken every Wednesday, fish on Fridays and a roast dinner on a Sunday.

People had been asked for their views on the menu but these had not been acted on. People had asked for a more varied menu at the residents meeting in November 2015, including more fish, cod, salmon, fish pie and lamb and pork chops. At the residents meeting in April 2016, people had said they were 'fed up' with the menu, and wanted different meals on different days of the week. They also requested more fish, curry, quiche and pastry dishes.

Food was not provided to reflect people's preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had been recently diagnosed with a food allergy and told us they were hungry. Plans were in place to discuss an individual menu with the person and purchase foods they could eat, however, this had not happened and the food available to the person was limited. The area manager purchased a wide variety of food for the person during our inspection and arranged for foods the person preferred to be made with ingredients they could eat. We checked with the person at the end of our inspection and they told us they were no longer hungry and were enjoying the snacks the area manager had purchased.

Staff monitored people's weight monthly. People who were at risk of losing weight had been referred to the dietician for support and advice. Staff had followed the dietician's advice and some people had gained weight. For example, some people had their meals fortified with full fat milk, cheese and other high fat products.

Meals were balanced and included fruit and vegetables. All meals were homemade. Communication between care staff and catering staff was good, catering staff were aware of any changes in people's likes, dislikes and any food allergies they had.

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the care and support they needed. One person told us, "The staff seem to be well trained, they respond almost instantly". Staff worked through an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities. This included shadowing more experienced staff. New staff had to complete basic training as part of their induction and the registered manager checked they were competent before they worked alone with people.

At our last inspection we recommended that the registered manager consider supporting staff to complete dementia training. They had arranged for all staff to complete a one day dementia training course. The

registered manager, deputy manager and the 'dementia champions' had completed three days training. The registered manager told us she had seen an improvement in staff's practice following the training, including staff "Giving people extra time".

There was an ongoing programme of training which included face to face training and distance learning. The registered manager tracked training staff had completed and arranged refresher training when it was due. The range of training completed by staff included subjects related to peoples' needs including first aid, dementia care and diabetes. Most staff held level 2 or 3 qualifications in social care, other staff were working towards these qualifications. The registered manager worked with local colleges to provide student placements. One student had commented, 'I cannot thank you enough for the help you have given me. I will treasure my experience forever. Working here has proved me completely wrong about working with older people and I'm grateful for the opportunity'.

Staff were knowledgeable about people's needs and health conditions. The registered manager regularly assessed staff's competence to undertake their role by observing and talking to them about their practice. Staff received feedback immediately and at regular one to one meetings. Any changes needed to their practice were discussed and development plans were agreed. All the staff we spoke with told us they felt supported by the registered manager.

Staff had an annual appraisal of their practice and development over the previous year. They agreed goals for the next year with the registered manager. These were reviewed during the year to check staff's progress to their goals.

Improvements had been made to the environment since our last inspection and most areas of the service had been redecorated, including corridors and people's bedrooms. People had been involved in choosing the decor including wall paper and flooring. The needs of people with dementia had been considered and walls and floor coverings were plain and neutral. Everyone had a picture of themselves when they were younger on their bedroom door to help them recognise which room was theirs. Staff said this worked well. A 'bus stop' and bench had been placed in the corridor for people to sit at if they wanted. People and staff chatted about where buses went, such as "The number 57, does that go to Ramsgate?" A telephone box had been installed and one person used it each morning to call their 'employer'. Staff said it was important to the person to call their employer and tell them they would not be in that day.

People were encouraged and supported to make choices about their lives. During our inspection people were offered choices and make decisions which staff respected and supported. One person told us, "Staff discuss things and listen to me".

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 be as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that they were.

Staff assumed people had capacity and supported them to make decisions. Most staff offered people choices in ways they understood, such as showing them two meals at lunch time to help them understand the choices on offer. Most people were able to chat to staff and tell them about their choices and the support they wanted. One person told us, "I can decide when I get up and go to bed". The registered manager had used clocks to help other people tell staff what time they preferred their support to be

provided each day. This detail was recorded in people's care plans for staff to refer to.

When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and doctor. The registered manager was aware of their responsibilities under MCA and knew how to obtain independent advocacy support for people if they needed it. Staff had completed training in the Mental Capacity Act.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of their responsibilities under DoLS. They had made applications to the local authority for standard DoLS authorisations. At the time of our inspection three people were the subject of a DoLS authorisation. Checks were made to make sure that the people were not deprived of their liberty for longer than necessary. People told us they were not restricted and could move freely about the service. Their comments included, "I'm quite independent and I feel I can move around as I wish" and "I feel I can move around if I want".

Care was planned with people to keep them as healthy as possible. People told us, "I get to see the doctor if I'm not well" and "I get to see everyone about my health". A health care assistant who visited the service regularly told us that staff identified changes in people's needs quickly and the doctors surgery for advice and support. They told us staff followed their advice and wounds people had were healing. One person told us, "When I'm poorly, the staff are excellent".

People were offered regular health checks, including eye tests. People were supported to attend health care appointments by their family or staff. This was to support them to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service. People told us a chiropodist visited regularly and they were able to see them if they wanted to.

# Is the service caring?

## Our findings

People and their relatives told us they were happy with the service they received at Ramsgate Care Centre. People told us, "The staff are very friendly and helpful", "The staff are very kind" and "The staff are wonderful and thoughtful. I can't fault them". People and their relatives had written to staff thanking them for the care and support they provided. Their comments included, 'Thank you for looking after [person's name] and making us part of your family' and 'Thank you for all that you do looking after me'.

People told us staff treated them with respect. Staff used people's preferred names and people were relaxed in the company of staff. One person told us, "The staff know everyone and call them by their names". People were able to choose the gender of the staff they preferred to support them. The registered manager planned staffing teams to make sure that there were always male and female staff members available to support people.

Staff knew about people's preferences, likes, dislikes and interests. People and their families had shared information about their life history with staff to help staff get to know them. Information about people's backgrounds was available for staff to refer to in people's care records.

People told us their bedrooms were decorated to their taste and they were encouraged to bring personal items into the service, such as pictures and ornaments. People's comments included, "I'm happy with my bedroom. I can have my own things in my room" and "I can personalise my room, I'm happy with this room". One person told us they had chosen their wallpaper and bed linen from a selection the registered manager had shown them. They told us they liked butterflies and the registered manager had made sure there were butterflies on all the options she showed them. They told us they were very pleased with their new wallpaper and bed linen.

The registered manager had made changes to the morning routine at the service to make it more flexible to people's preferences. Breakfast was served at 9:00am and people were able to eat before this if they wished. One person preferred to have their breakfast in their bedroom at 10:00am and got up later. The registered manager told us, serving breakfast later gave staff more time to support people to get up when they wanted. Staff knew people's routines, for example, staff told us one person would not settle at night if their night time routine was not followed, this included making sure the person had a tissue and their glasses were folded.

People were treated with dignity and received the individual support and attention they needed. Staff offered people assistance discreetly without being intrusive. Staff supported people at mealtimes at their own pace. People told us they saw the hairdresser when they wanted to. A hairdresser visited twice a week and people were supported to make appointments to see them. The service had a hairdressing salon where people had their hair washed and styled in private.

Staff supported people to remain independent. Guidance was available to staff about what people could do without support and the help staff were to offer people. For example, one person's care plan informed staff that the person needed help to wash their back and hair only. Staff told us what each person was able to do

for themselves and how much support they needed.

People told us they had privacy and staff always knocked on their bedroom door before entering. People decided how much privacy they had. Some people preferred to have their bedroom door open when they were in their room and other people chose to have their door closed. Some people preferred the reassurance of staff staying with them in the bathroom, while other people preferred to be alone and called staff when they needed support. One person told us, "The staff help me have a bath and they leave me to enjoy it".

People were not isolated and were supported to spend time in the lounge and dining room with other people. We observed people chatting and spending time with each other. Staff regularly visited people who chose to stay in their bedrooms and stayed with them if they required support.

Staff received guidance on how to keep people's personal, confidential information safe and secure and followed this. People who needed support were supported by their families, solicitor or their care manager. The management team knew how to obtain advocacy support for people who needed or requested it. No one required the support of an advocate at the time of our inspection. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

## Is the service responsive?

### Our findings

People were involved in planning their care and told us staff provided their care and support in the way they preferred. Before they moved to Ramsgate Care Centre people met with the registered manager to discuss their preferences and make sure the service could meet their needs. People were invited to visit the service to meet other people before deciding if they wanted to move in. When people began to use the service they were encouraged to tell staff about their care choices and preferences. Staff wrote a care plan with the person, and their relative if people agreed, everyone signed it to say it was accurate. One person told us, "I have a care plan and they bring it up to date".

Staff provided the care and support people needed. They encouraged people to do what they were able for themselves and helped them to do other things. For example, one person liked staff to give them a clean towel and flannel and wait outside the bathroom while they washed their front. The person called staff when they needed assistance. People's comments included, "The staff involve me in decisions about my care", "I am definitely involved in my care" and "The staff help me to get up when I want".

Information about people's abilities and the support they needed was included in care plans for staff and visiting professionals to refer to. For example, one person's care plan stated the person needed to be transferred by hoist in the morning and evening as they were tired but had more energy during the day and was able to pull themselves up on their walking frame.

People had different opinions about the activities provided at the service. Some people told us they had enough to do, other people told us they did not. At residents meetings in November 2015 and April 2016 people had asked to go on day trips to a local zoo and wildlife park. The registered manager told us people had not gone on these trips because they were too expensive. The minutes of the meeting stated that people had offered to fund the trips themselves. Alternative outings and ways to fund outings had not been explored and people relied on their family and friends to take them out.

We observed people playing bingo with a staff member. We asked people, "Who is going to win?" One person told us they never won. People, including the person we spoke to, did not receive the support and encouragement they needed to take part in the game and each game was won by people who did not need support. People were not congratulated when they won a game. They were given a small chocolate bar as a prize but were not offered a choice to make sure they liked their prize.

We would recommend that the registered manager seeks advice from a reputable source about activities for people with living dementia and involve people in planning the activities on offer at the service.

A process was in place to receive and respond to complaints. People and their relatives told us they had "No serious complaints" about the service and were confident any concerns they had would be taken seriously. They told us small concerns were addressed promptly. One person told us, "If there is something I'm not happy with, they sort it out quickly". The registered manager told us they encouraged people and their relatives to raise any concerns they had to help them improve the service.

Information about how to make a complaint was available. The provider's complaints policy was on display outside the dining room and was available to people and visitors. The registered manager made a large print version of the process available to people during the inspection on our advice.



## Is the service well-led?

### Our findings

People and their relatives told us the service was well run. Their comments included, "I think the home is run smoothly", "The home is managed well" and "I think this place is run well".

The registered manager had been leading the service for many years. They were supported by a deputy manager. Many of the staff had also worked at the service for many years and the staff team was stable. The registered manager told us the staff were "loyal".

People and their relatives were asked for their views and opinions about the service. An annual quality assurance survey was sent to people and their relatives but only two responses had been received. The registered manager had not looked at other ways of gathering people's views about the service. Residents meeting were not held often and issues people had raised such as the lack of variety on the menu, had not been addressed.

The provider had introduced a new staff survey process shortly before our inspection. Completed surveys had been returned to the provider and the registered manager was awaiting feedback from the provider. Action was taken to address any concerns raised by the surveys. Staff told us the registered manager listened to their suggestions and made changes as a result.

The registered manager and area manager completed regular checks on all areas of the service to make sure that it was of a good standard, such as medicines management and cleanliness and staff practice. These checks were not consistently effective and shortfalls we found during the inspection had not been identified.

The registered manager and provider had failed to assess, monitor and improve the quality and safety of the service provided to people. Action had not been taken to seek and act on feedback people and other persons on the services provided to continually evaluate and improving the services. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the registered manager and staff were approachable and they were confident to raise any concerns they had with them. People's comments included, "The manager's very nice. We have a good banter. Nothings too much trouble for her" and "The manager is very good. I think she is a listener. She would do anything for you". Staff told us they felt supported by the registered manager. The registered manager and deputy manager were available to give staff advice and support, including overnight and at the weekend.

The registered manager had explained the Care Quality Commission (CQC) inspection process to staff so they would feel at ease and know what to expect. People were encouraged to chat to inspectors and tell them about the service and how they felt about living there.

The provider had a clear 'philosophy of care' which was on display in the home where everyone could see it.

This included the values of independence and 'person centred' support. The registered manager and staff shared the provider's vision of the service. All the staff we spoke with told us they would be happy for a relative of theirs to receive a service at Ramsgate Care Centre. One staff member told us, "I would trust the staff to look after my family". Staff worked together as a team to provide the care and support people needed.

The registered manager completed checks on staff and held them accountable for their practice. Staff were supported to develop their practice to address any minor shortfalls quickly. Important information was shared between staff members and the management team during handover meetings at the beginning of each shift. Staff told us that they were able to share and receive information about people's changing needs in the handover meeting. They said they also caught up following leave or days off at these meetings.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager had notified us of significant events that had happened at the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Food was not provided to reflect people's preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered manager had failed to assess and mitigate risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered manager and provider had failed to assess, monitor and improve the quality and safety of the service provided to people. Action had not been taken to seek and act on feedback people and other persons on the services provided to continually evaluate and improving the services.