

Grace Care Service Limited

# Ramping Cat Nursing Home

## Inspection report

White Hill  
Burford  
Oxfordshire  
OX18 4EX

Tel: 01993822088

Date of inspection visit:  
06 December 2017  
13 December 2017

Date of publication:  
14 May 2018

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

We inspected this service on 6 and 13 December 2017. Ramping Cat Nursing Home provides personal and nursing care and accommodation for up to 39 older people. On the day of our inspection there were 34 people using the service. That included six people staying in Hub beds. Hub beds are placements following a hospital stay when people await a care package to be put in place for when they go back to their own homes.

The service has not been fully compliant with all regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations and has been rated as not well-led since December 2014. The provider had been previously issued warning notices around their poor governance following our inspections in September 2015 and March 2016. Systems and processes to monitor and improve the quality of the service have remained ineffective. The consistency of the quality of the governance systems operated by the provider has been a repeated concern. Sufficient improvements have not been made and sustained to ensure the provider was able to meet the requirements of the regulations.

As a result of this people have not always been protected from a risk of harm. The provider was issued a warning notice around poor medicines management in June 2015. This was followed by subsequent requirement notices in relation to other aspects of medicine management and safety. Ramping Cat Nursing Home was rated Requires Improvement in the Safe domain in all of the last five consecutive inspections. The service has been repeatedly rated as not always safe since December 2014.

At the last inspection on 22 November 2016, we found a repeated breach of Regulation 17 in respect of good governance and quality assurance systems. We asked the provider to take action to make sure their quality assurance systems became effective. At this inspection we found the provider had again failed to make and sustain sufficient improvements to the service to ensure their governance systems remained effective.

People were still not always protected from the risk of harm such as a risk of choking and malnutrition. The provider did not ensure people were protected from the risk of harm in case of an emergency such as a fire. People's medicines were still not always managed in line with the good practice guidance. The provider did not ensure the necessary improvements were made, sustained and lessons learned where necessary.

We also identified further concerns such as staff did not always have a good understanding of equality and diversity and did not always provide a meaningful approach to people.

There was a registered manager in post. A registered manager is a person who has 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 were supported to have control of their daily lives and we observed staff giving people choice. We

however found some best interest decisions were not always made in line with good practice guidance. We identified when complaints could not be successfully resolved at the service's level there was a lack of provider's involvement to ensure the complainant's satisfaction.

There were sufficient staff and staff received ongoing training and supervision however this was not always fully effective. Staff were encouraged to attend team meetings and they complimented the team work. The provider followed safe recruitment practices.

People complimented the food and the observed meal service was positive. People were supported to access external health professionals when required. We received positive feedback from external professionals that worked with the team at the service.

People that were supported by the team at the service told us they felt safe. People told us they received service that met their needs and they spoke positively of staff. People's confidentiality was respected.

People complimented the atmosphere at the service, they told us staff worked well together and there was a 'very nice feel around'. The management and the staff demonstrated positive approach and responsiveness to our feedback.

The overall rating for this service is 'Inadequate' and the service is in special measures. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel their provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months.

If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have worked closely with our partner agencies and the home and have identified significant improvements to the service provided. We will continue to work with our partner agencies and to monitor the service through the condition we have already placed on their registration which requires them to send us monthly updates in respect of their quality assurance processes to ensure this improvement is sustained.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service remained unsafe.

People were still not always protected from a risk of harm.

People's medicines were still not always managed in line with the good practice guidance.

The provider had not ensured necessary improvements were made, sustained and lessons learnt where necessary.

There was enough staff to assist people without an unnecessary delay.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People were supported in line with the Mental Capacity Act. However, some mental capacity assessments were not always recorded in line with the principles of the act.

People complimented food and meal service was positive.

Staff received ongoing training and supervision which was not fully effective.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People were not always addressed in a dignified manner and people's choices and background were not always respected.

Staff knew the people they cared for and respected people's confidentiality.

People were supported to be independent.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Provider did not ensure the proper management of complaints that had not been resolved by the registered manager.

People plans reflected the support required.

People had access to a range of activities to maintain their social stimulation.

**Is the service well-led?**

**Inadequate** 

The service was repeatedly not well-led.

Provider's systems and processes had still not been improved to ensure the service was safely and effectively monitored to ensure compliance with regulations and the quality of the service provided to people. This was a repeated concern identified on all our last five inspections.

The provider engaged people who used the service and sought their views.

Management demonstrated positive approach and responsiveness to feedback.

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

Ramping Cat Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 39 people across two separate units, each of which contains of two floors.

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. The provider did not meet the minimum requirement of returning the Provider Information Return (PIR). PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. The provider completed the PIR but due to technical problems, they did not submit it. We took this into account when we inspected the service and made the judgements in this report.

The first day of this inspection took place on 6 December 2017 and was unannounced. The inspection team consisted of three inspectors, a nurse Specialist Advisor 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. One inspector returned on 13 December 2017 to complete the inspection and to provide feedback to the registered manager and provider.

We spent time observing care throughout the service. We spoke to nine people and four relatives. We also spoke with the registered manager, the provider, two nurses, three care staff, an activity co-ordinator, a member of housekeeping team and the chef.

We looked at eight people's care records, the medication administration records (MAR) for eight people, four staff records including training and recruitment information. We also looked at a range of records about

how the service was managed. Following the inspection we contacted a number of social and health professionals and commissioners to obtain their feedback and view about the service.

## Is the service safe?

### Our findings

The service remained unsafe as people were not always protected from a risk of harm. For example, one person was identified as at high risk of losing weight. This person was admitted to the service following a hospital stay caused by ill health. The person had already lost weight since admission to the service. Staff said the person "should be weighed weekly." However their weight was last checked over two weeks earlier and no further records of this person's weight were available. We asked for this person to be weighed on the day of our inspection and further weight loss was noted. This person's care plan stated they needed 'encouraging eating and drinking', but there was no system to monitor the person's food intake such as food and fluid chart. A food and fluid chart was implemented after our intervention during the course of our inspection. We observed this person around a midday meal time and we saw staff put a meal in the person's bedroom. The meal was put to the side of the person and no assistance was given by staff to the person with eating their meal. We then observed staff took all the food, uneaten, away. However, staff had recorded on the food and fluid chart that the meal had been 'all' consumed. This poor practice put the person at risk of further malnutrition. We could not be reassured that when food and fluid charts were in place these reflected the factual information.

Another person's risk assessment stated they were 'at risk of choking' and they needed 'thickened fluids'. The same instruction in relation to the consistency of fluids was outlined in a letter from Speech and Language Therapy (SALT) available in this person's file. Drinks that have a thickening agent added to them may be recommended for people who can no longer swallow normal fluids safely, because drinks could go into their lungs, causing coughing, choking or more serious risks. The Medicines Administration Records (MAR) for this person showed the thickener was not on the MAR. This meant the person was not prescribed it. When we asked the staff about this we received mixed messages from them. One staff member told us, '[Person] refuses thickener, family are aware'. Another staff member said '[Person] doesn't really like that thickening powder, we'd use it if [person] wasn't well'. There was no evidence this person's had been reassessed in relation to their risk of choking. This meant the person could be exposed to the risk of harm through choking or aspiration.

Another person's medicines care plans stated they were prescribed a medicine for epileptic seizures. There was however no specific care plan around epilepsy and no information about the length and type of seizures the person could experience. This meant there was no guidance for staff what to do in an event of the person having an epileptic seizure. The person could be at risk of harm and not receive appropriate support in an event of them having a seizure. We raised this with the staff who contacted the relevant professionals to obtain further information. One of the senior staff told us they established the person had experienced a seizure whilst their recent stay at the hospital and they arranged for this information to be reflected in person's care plan.

People were not always protected from risk due to environmental hazards. For example, on the day of our inspection a member of the inspection team found unrestricted access to kitchen on two occasions. The stove was on and knives were within a reach which could put people at risk should people walked in. The management immediately addressed this and told us the kitchen door was normally shut.



People were not always protected from a risk of harm in case of an emergency. We found there was a 'clients' evacuation list' on the board in the office. The list stated whether people were able to 'walk unaided' or 'needed assistance'. One of the senior staff told us this was to be used as a 'grab file' in case there was an emergency such as a fire. This meant this information would be used by emergency services such as a fire service should there was a need to evacuate people urgently. We found four people's needs were not reflected and when we cross referenced the list with people's individual Personal Emergency Evacuation Plans (PEEP) kept in the fire folder and found 11 discrepancies relating to people's room numbers or assistance required. This meant people were at risk of delayed evacuation and not being assisted as per their assessed needs if there was an emergency. On the second day of our inspection the registered manager told us they addressed these discrepancies.

At our last inspection on 22 November 2016 we identified continuous concerns around medicine management. We found liquid medicines did not always have the date of opening recorded on the bottles and where medicines required cold storage these had not always been kept within the safe range of temperatures as per manufacturer's instructions. This meant people were at risk of their medicines not being effective. At this inspection we found the above concerns had been addressed by the provider. The medicines were stored securely and in the right temperature. When people were prescribed 'when required' medicines relevant protocols were in place. Controlled drugs (CD) were stored and administered correctly.

We found, however, when people had their medicines given covertly there was no evidence of a pharmacist's involvement. Covert is when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example hidden in food or in a drink. The purpose of a pharmacist involvement is to ensure medicines can be put in certain food or drink and this would not affect its effectiveness. We observed a member of staff administered medicines to two people covertly by putting them in yoghurt. There was no evidence to reflect that this has been assessed as safe to mix these medicines with yoghurt. This was not in line with the good practice as per The National Institute for Health and Clinical Excellence (NICE) guidelines. The guidelines state 'The medicines must be reviewed by the pharmacist to advise the care home how the medication can be covertly administered safely'. This meant the service did not follow correct procedures when people's medicines were administered without their consent. This meant people could be at risk of receiving medicines that were no longer effective because of being mixed with food.

We also found staff did not always ensure people's MAR's gave clear guidance. For example, one person's medicine chart stated one of their medicines should be given till June 2017 but on the day of inspection this was still being given daily. Staff showed us a recent hospital discharge letter where this medication was included in those to continue, however, this did not include the period from June 2017 and before the person was admitted to hospital. When we checked the stock of medicines, two medicines did not tally. This meant we could not be reassured people received their medicines as prescribed.

The service had been previously found in breach of regulations in relation to both medicines management and not always protecting people from the risk of harm. We previously issued the service with a Warning Notice around poor medicines management (in June 2015) and subsequent requirement notices. Ramping Cat Nursing Home was rated Requires Improvement in Safe domain on all of its last five consecutive inspections. We found further concerns around medicines management and people's safety at this inspection. This meant the provider did not ensure the necessary improvements had been made, sustained and lessons learnt where necessary.

These concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the level of concern that we identified during our inspection we wrote to the

provider asking them what immediate action they were taking to address these concerns to ensure people who used the service were safe. The provider sent us an action plan telling us how they would address these concerns.

People told us they felt safe in the service. Comments included, "Not nice living on your own. Much safer with people around all the time" and "No worries here, (I am) safe - feeling that".

There were sufficient staff to meet people's needs. People told us their care was not rushed. Comments received from people included, "Always plenty of staff around" and "Always get to me reasonably quickly, the odd time when they take a bit longer". Records relating to the recruitment of new staff showed provider followed safe recruitment practices.

There was a safeguarding policy in place and staff knew how to report concerns. The registered manager was aware of the local authority's safeguarding team procedures and we saw they ensured when an investigation report was requested that was submitted promptly. The provider had a system to record accidents. The registered manager ensured appropriate action such as a referral to external professionals, when needed.

Staff received training around infection control procedures. Following concerns raised by a person's family earlier this year the registered manager arranged for a cleanliness survey to be done with people and they employed additional housekeeping staff to ensure the standards. Staff received training around infection control. On the day of our inspection we saw the service was being cleaned and there was no unpleasant odour in the building. We observed staff mostly followed good hygiene practice guideline; we however observed on two occasions staff carried un-bagged soiled linen without using any personal protective equipment (PPE) such as gloves. People did not raise any concerns around cleanliness at the service. Comments included: "Very nice room, always keep it clean and tidy", "Lovely room, spotlessly clean, laundry very good" and "Very, very clean, cleaners lovely to me".

## Is the service effective?

### Our findings

At our last inspection on 22 November 2016 we found that the documentation surrounding the Mental Capacity Act 2005 (MCA) needed further improvement. Where people were not able to make certain decisions a decision specific capacity assessment was not always in place. We made a recommendation that the provider ensured the recording of capacity assessments and best interest decision was in line with the MCA code of practice.

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.

At this inspection we found the provider had made some improvements and people's care files contained some decision specific capacity assessments. For example, if people were unable to make a decision about their placement at the service. However, we found that where people received their medicines covertly the correct process had not always been fully followed. One person's care plan stated they were 'at risk of non-compliance with their medication and doctor given written permission to covert medicine if needed'. There was however no decision specific capacity assessment for this. Another person's records which stated their medicines should be given covertly showed the person had an assessment that concluded they did not have capacity to make this decision. A best interest decision was made involving the nurse, the GP and family. There was no evidence that as a part of the best interest process the pharmacist had been consulted to ensure that it was safe to administer the medicines covertly. This was not in line with national guidelines that state 'a best interests meeting should be attended by care home staff, relevant health professionals including the prescriber and pharmacist'. We raised this with the management and they promptly addressed this concern and ensured the correct process was followed. This meant we could not be reassured people's rights were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the (DoLS). The registered manager had made Deprivation of Liberty Safeguards (DoLS) referrals for people who had restrictions in place in relation to their care and support.

People were able to make their own decisions and we observed staff offered choices to people. For example, one staff member was observed asking a person, "(Person's name) would you like water or squash?" This person was living with a hearing impairment the member of staff showed them a jug of squash and a jug of water to aid the decision making. The staff member told us the person would at times ask for a particular drink and it was easier for them to choose when shown the choices. Another staff member offered to assist one person from their wheelchair into an armchair, but the person declined. The staff respected this choice and said, "OK, we will ask you a bit later on just to make sure you are comfortable".

People's needs were assessed prior to admission to the service. The registered manager told us one of the

senior staff would always assess people to ensure their needs could be met. We however identified the initial information was not always explored and we reported on this in safe domain.

Staff received ongoing training that included areas such as infection control, safeguarding, moving and handling, safeguarding and other. Registered nurses had training in clinical issues such as catheterisation or verification of death. Staff received regular supervision with their line manager. This was however not always fully effective. For example, despite the management organising numerous training around MCA and checking staff awareness around MCA we found the records were still not always in line with the Act. One senior staff when asked about MCA told us, "You need to remember they (people at the service) are people with mental problems like dementia or Parkinson's. They won't be able to make decisions for themselves, they may self-neglect and can't choose (make) daily basis decisions".

People told us they liked the food at the service. Comments included, "Food alright. Lots of choice. (They) will make other things if don't like anything", "Very good food, just the sort I enjoy eating" and "Brilliant food". We observed the lunch service and saw the food was well presented. People were supported with their meals and spoken to by staff throughout the meal. The dining room was calm, there was pleasant ambience and people were had conversations with each other. There were systems in place that ensured people receive meals in line with their likes, dislikes, special diets, type of meal, for example, pureed and allergens. We observed the kitchen was clean, the food was stored in line with the good practice guidelines, for example, freezers temperatures were monitored and recorded. People were not always supported appropriately to maintain their nutritional needs and we reported on this in safe domain of this report.

People's care records reflected relevant health and social care professionals were involved when needed. One external professional said, "Ramping Cat always supports patients to access the correct healthcare. Recently a patient has required dental and eye appointments. The deputy manager has arranged for her to attend the dental appointments and arranged for the relevant services to visit the patient in the nursing home". Another professional said, "Our advice is taken on and carried forward to support patients".

The service consisted of two sections, an old build and a new wing, the environment was spacious and adequately decorated. The building was free of trip hazards and non-slip flooring was used in bathrooms and toilets areas. People were able to personalise their bedrooms as they wished. The provider ensured checks were done so the décor was maintained and updated when needed, for example, when people moved out.

## Is the service caring?

### Our findings

People we spoke with did not raise any concerns about how staff treated them however we found the service was not always caring. We found some of the language used by some staff was not always appropriate. This meant people's rights were not always protected in relation to discrimination under the protected characteristics of the Equality Act. For example, one staff member made a derogatory comment about one person's assumed religious background which was based on their diet and refusal to eat a certain food. We asked a member of management team who also assumed the person's dislike was to do with their religion. However, when we checked this person's file we found this was not factual. The person's file stated they were of another religion than assumed by the staff and their dietary preference was due to a simple dislike and not on cultural background.

We also viewed a record of a complaint made by a person's relative who complained about poor interactions between staff and people. The record outlined the concerns raised and in the 'action' section a senior staff recorded: "I've spoken to all staff present they said they did take residents to the toilet when they started to shout". This was not a respectful and caring approach. The record was followed up by a written response from the registered manager in which they referred to the initial action taken by staff and said, "Hopefully you'll notice staff interacting with residents better". When we asked the management how they ensured that was happening, they said, "Nurses walk (around the home) a bit more now, they're more aware of interactions". There was however no specific evidence of made available to us on the day of the inspection.

Some staff did not always talk to people appropriately. We observed one staff member was carrying out a task when a person called from their room. The member of staff shouted across the corridor, "I'm coming, I will be with you in a moment, don't worry I'm coming to get you up". We also observed another staff member responded to a person asking for attention in a raised voice calling across the communal lounge "Do you want to go to the toilet [person's name]?"

On another occasion we observed six people were quietly sat in the lounge with occasional interaction. A member of staff came in and asked everyone if they wanted to have the TV on. People agreed it was nice to have some peace and quiet and they didn't want the TV on. Soon after another member of staff came into the lounge and without acknowledging or asking the people sitting there, turned on the very large TV. This meant staff did not always show concern for people's wellbeing in a caring and meaningful way.

These concerns were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found people's needs, for example in relation to their spirituality were respected. There was a communion service held monthly and people could request visits from representatives of the local church community. Each bedroom had a copy of 'Service User Guide' that gave details about people's rights such as 'the right to receive an anti-discriminatory service which was responsive to people's race, religion, culture, language, gender, sexuality, disability and age' and 'the right to have our dignity respected and to be

treated as an individual'. There was an Equality and Diversity policy in place, however staff we spoke with were not fully aware of the nine protected characteristics. We raised this with the management and they acknowledged more training was required in this area.

People's needs in relation to individual communication needs were met. For example, one person had a large easy read format for her prescription from the visiting optician. We found there were copies of 'The Daily sparkle' booklets available. These contained information about past important dates, memory nostalgia and could be used as a conversation starter. These had coloured pictures and were printed in large font. We saw staff communicated effectively with people, for example, one person had a limited verbal ability. We saw staff used mainly body language clues and read the person's response to being offered personal care. Staff also told us how they ensured effective communication with one person who was registered blind. They said, "I would ask [person] if she would like to wear her blue or her black jumper". The registered manager and the provider were however not aware of the accessible information standard they told us they were going to ensure they familiarised themselves with it. The standard aims to ensure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services.

People were given the emotional support in their day-to-day care. For example, one person was becoming upset, we saw a member of staff sat with the person, put an arm round the person's shoulder and gave them gentle reassurance. Another person asked for a dish of ice cream and we saw a member of staff without any hesitation fetched it for the person immediately. We saw the person appeared pleased with this prompt support. We observed the body language of people living with reduced communication skills indicated that they were comfortable around staff and felt at ease with them.

People we spoke with praised the staff. Comments included, "Carers very nice and kind", "Lovely carers, alright in every way. Don't feel isolated at all" and "Carers are so nice. Come in, smile and do what I need". People's relatives also praised the staff and support provided to people. One relative said, "Everybody smiles, very attentive during the day, cup of tea for me". Another relative said, "Very happy (with care)".

People were supported to be independent. We saw staff encouraged people to do as much for themselves as possible. For example, people, who had varying degrees of mobility, were supported in a way that made them feel independent. One person was encouraged to stand independently. Staff knew the person well and knew that the person liked to be independent as long as someone was close at hand. The person told us afterwards, "I do need a bit of help now and then but like to do things on my own". Another person said, "Can do most things for myself and carers only help me to shower. Independent here".

People we spoke with also complimented how staff supported them. Comments from people included, "(Staff) make sure they knock on my door, always", "Careful when they shower me" and "(I) feel they are respectful to me, have a laugh, speak to me kindly". People told us they were in control of their support. One person said, "Don't mind who I get care from but have been asked whether I want a man or woman carer".

People's confidentiality was respected. The provider ensured people's records were kept in a secure place and safe. The provider recently adapted their office by splitting the existing in two smaller ones which aided confidentiality. A member of staff asked about confidentiality told us, "(It's about) not discussing (people's) personal issues with staff".

## Is the service responsive?

### Our findings

We found the provider did not ensure complaints that could not be resolved by the service were dealt with appropriately. For example, one person made a written complaint to the service. The registered manager provided a written response within the timescales specified by the provider's policy. The complainant however sent another letter stating they were not satisfied with the outcome and the first response. We then saw that another letter was sent again by the registered manager which said 'I feel a lot points have already been addressed in previous letter so am unable to add any further information'. The complaint was not escalated to the provider and therefore not fully investigated. The provider's complaints policy stated 'If the complaint cannot satisfactory be resolved within the home it will be referred on to the Care Quality Commission'. This was against a good practice around complaints management as the CQC are a regulatory body and not the right organisation to refer complaints to. This meant there was a complete lack of the provider's role and responsibility reflected when people were not satisfied with the initial response from the registered manager. There was also no information available that when people were not satisfied with the outcome of the complaint they could refer to the Local Government Ombudsman (LGO) and ask for it to be reviewed independently. The provider did not ensure the complaints were used to improve the quality of the service provided to people.

People and their relatives told us they knew how to make a complaint. One person said, "They will listen to me if anything I don't like". Copies of the complaints procedure were displayed and complaint forms were available in the entrance hall. One relative told us how the service had responded well to issues they previously raised around a person's care. They also said there had been no reoccurrence of a similar nature and things had improved after raising concerns. Other people told us when they raised minor concerns these had been dealt with immediately.

People's care plans outlined the support people required. One person told us they were involved in care planning, "(I) do have a care plan and they ask about it from time to time". The records reflected how to ensure appropriate support was provided. For example, one person's care plan read 'staff to encourage [person] to express her needs and wishes and allow her time to express, [person] can take time to reply to questions so time must be given for this'. Staff worked with the same people on a regular basis and they were able to tell us information about people's likes and their history. One member of staff told us, "[Person] likes tea with three sugars she has a daughter (name) and two great grandchildren named (name) and (name). We learn about them (people) through handover. If we have new residents we check their care plans and find out what their communication is like, how best they communicate".

Staff knew people and we saw people were supported appropriately with tasks such as transfers. For example, one person needed to be assisted with their transfers. We observed a member of staff got the equipment ready. As the member of staff fitted the sling they spoke to the person explaining what they were doing throughout, gave directions and explanations. The member of staff then offered a person drink of water and put the person's handkerchief into their hand and explained it was there. Another person was assessed as experiencing pain due to an ongoing condition. They were prescribed medicines in a form of patches that were applied to skin and needed to be changed every Wednesday. We noted this was reflected



in person's medicines records and we observed one staff member getting the patches ready for application on day of our inspection. People told us the support they received met their needs. Comments included, "Quite happy with things, (I) don't change much" and "They look after me well".

People were offered opportunities to attend activities that helped with their well-being. Staff told us one person used to be more withdrawn and used to be shouting out. The team found out the person liked to play bingo and was enabled to join in. The person got involved, they become more sociable, interacted better with other people and no longer experienced episodes of shouting out.

The activity co-ordinator ensured there was a range of opportunities. These included floor games, sing a-longs, talks, art and craft sessions, manicures, life stories, movies, chair exercises and bingo along with a programme of one to one activities. The programme was supported by visiting entertainers such as a guitarist, musicians and a pianist. People were encouraged to follow previous interests. For example, one person enjoyed knitting and was provided with the resources to enable them to continue with this interest.

People told us there was always an activity on offer. Comments from people included, "Quite a bit going on that I like and join in most days", "I do go to things, very enjoyable singing", "I liked it when the owls came, I like animals and birds" and "Plenty happening if you want to go to something you can, (staff) come round and ask you". Staff listened to people's wishes in terms of their chosen activities. The activity co-ordinator told us, "[Person] wanted to visit an old fashioned sweet shop. There isn't one in the area but I took [person] to a milkshake bar in Witney".

The service supported people with end of life care. However, at the time of the inspection no people were receiving end of life care. Staff told us they would work with the local community hospice team when they provided end of life care to people.



## Is the service well-led?

### Our findings

The service was still not being well-led. At the last inspection on 22 November 2016, we found a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and applied a condition to the provider's registration. We asked the provider to ensure their quality assurance systems remained effective and we asked them to submit monthly evidence to us. Although the provider sent us monthly evidence we were made aware of further concerns around quality of care provided. As a result of this we wrote to the provider in September 2017 and recommended they considered additional support to achieve compliance. We explained that a repeated 'Requires Improvement' rating would not be acceptable and suggested they referred to the Care Improvement Works platform (the joint resource of Skills for Care and Social Care Institute for Excellence) or local or national providers' networks. This was to ensure they sought guidance to achieve compliance.

At this inspection we found there was no evidence the provider implemented any changes to their quality assurance systems following concerns raised by us in September 2017. There was no evidence the provider sought additional support that would allow them to work towards their compliance with the regulation.

We found the provider had failed to make and sustain improvements to the service's quality assurance systems to ensure people's safety and also failed to ensure their governance remained effective. For example, we saw the most recent care plans audit carried out by the management shortly before our inspection failed to identify issues we found. The audit showed all people's care records were checked and all were correct. The provider's own medicines audit also carried out just before our inspection showed the stock of medicines was correct however we found discrepancies. Additionally the audit did not identify concerns around covert medicines processes.

There was a lack of overview of safeguarding concerns. The safeguarding file we viewed was difficult to follow as the records were not filed by date. When we asked the registered manager how they monitored patterns they said, "I haven't got an overview". There was also no evidence of an overview of complaints and the registered manager was not able to use this information for continuous improvement. We spoke to the registered manager about this and we asked if they had systems in place to monitor complaints. They said, "They're all different. We normally just read them and see if there's anything we can learn from them".

The provider's governance systems remained ineffective and this was not identified by the provider's own audits. The provider did not ensure their policies were in line with the current standards. For example, the provider's policy surrounding covert of medicines was not in line with The National Institute for Health and Clinical Excellence (NICE) guidelines. The provider's complaints policy did not reflect the good practice relating to dealing with people's complaints and the provider also failed to identify this. The complaints policy referred to Commission for Social Care Inspection which was abolished in 2009 and was succeeded by the new regulator - CQC. This meant there was no sufficient guidance for staff to refer to. For example, we saw a reactive supervision session took place with a member of staff following concerns around medicine management. The 'action' section stated it had been agreed the member of staff will 'familiarise themselves with the Ramping Cat's medicine policy'. This meant when staff at the service had been referred to follow

the provider's policies we could not be reassured their action and practices were in line with the current good practice.

The provider also did not identify additional concerns surrounding equality and diversity and did not ensure staff understood and applied equality and diversity principles.

We spoke with the provider about their governance and oversight of the service. They told us that due to them not having a professional background in social care or nursing they relied upon the registered manager of the service to ensure the compliance. The provider also used other organisations, such as an external consultancy to identify areas for improvement. The provider acknowledged this was not fully effective. There was a longstanding history of this service not making long term improvements and the provider had not ensured the service continuously improved, innovated and the team was able to effectively sustain it. The service has not been found fully compliant with the regulation since our inspection in January 2014 which was carried out under our previous methodology. Since our new model of inspecting had been introduced in October 2014 this service has never been found compliant. Ramping Cat Nursing Home has not been rated Good in well-led since December 2014.

These concerns were a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they knew the registered manager and the deputy manager. People told us the registered manager visited them in their bedrooms for a chat and was easy to talk to. Comments from people and their relatives included, "A lovely atmosphere, staff all seem to get on - lots of laughter", "Very nice feel around", "Management always trying to help" and "Atmosphere very friendly". Staff also praised the support at the service and how the team worked together. Comments from staff included, "Staff morale – quite happy team here, everyone's been really helpful, team is like a family".

Residents and relatives meetings were held regularly. This gave people the opportunity to express their views about the service. Minutes were made available to people who were unable to attend the meeting. The minutes showed people were asked what their preferences were for entertainment over the Christmas period. People were also asked if they wanted one or two sittings for lunch and they decided upon one. The provider ensured general staff meetings were also held on regular basis. We viewed the minutes and saw areas such as infection control, good record keeping and arrangements for festive season celebrations were discussed. One staff member told us, "We plan to introduce senior staff team meetings so we can delegate (roles) more clearly to senior staff".

The provider worked with other professionals including local health and social care teams. They worked with the local NHS Trust to reduce the pressure on hospitals by offering the Hub beds that were used as short term placements commissioned as an assessments stage following a hospital discharge. We received positive feedback from external professionals. One external professional said, "I have good relationships with all staff including the activity coordinator, cook and janitor staff. I also feel that our patients are always treated in a person centred way and that care staff engage with me when I visit the home to ensure continuity of care and support".