

Grace Care Service Limited

# Ramping Cat Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected this service on 22 November 2016. This inspection was unannounced. Ramping Cat is a care home with nursing providing care and accommodation up to 39 older people. On the day of our inspection there were 33 people living at the home. That included six people staying in 'hub' beds. These were short term placements developed as an assessments stage following a hospital discharge.

At our last inspection on 30 and 31 March 2016 we found the systems and processes the provider had in place to assess, monitor and improve the quality and safety of services provided were not effective and did not identify issues we found. Additionally the provider had not ensured people were prevented from receiving unsafe care and treatment and protected from avoidable harm or a risk of harm. We also found there were no appropriate systems in place to ensure care and treatment was only provided with the consent of the relevant people.

Following our inspection on 30 and 31 March 2016 we issued a warning notice to the registered manager and the provider to tell them they must take action to ensure their audits and governance systems were effective. Additionally we asked the provider to send us an action plan telling us how they would meet the standards relating to the other areas of concern.

At this inspection we found some improvements had been made. For example, we found the medicines were stored securely, locked in the drugs room and people's topical medicines were managed safely. The registered manager ensured staff received training in moving and handling and staff used safe techniques. The registered manager introduced 'Mental Capacity care plans' that outlined people's ability to consent to day to day support and they were in a process of sourcing a new format to record people's capacity assessments in relation to specific decisions. Staff were aware of the principles of the Act and how to ensure people's rights in relation to making their own decisions were respected. We recommended the provider ensures that recording of capacity assessments and best interests decisions is in line with the Mental Capacity Act 2005 code of practice.

We also found the provider and the registered manager met most of the warning notice however we identified some of the quality assurance processes were not always effective and required further embedding. For example, although staff carried out regular medicines audits we found the audits did not consider the areas where we identified further concerns.

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.

There were enough staff on duty to meet people's needs. Throughout the day we observed people were assisted promptly and with no unnecessary delay. The registered manager followed safe recruitment

systems when employing new staff. Staff received training relevant for their roles and they told us they were well supported by the management.

People were supported by staff that respected their privacy and dignity and promoted their independence. People were involved in making decisions about the support they received.

People were supported to meet their nutritional and hydration needs. People told us they liked the food provided and commented positively on the quality of meals. Staff ensured people were supported to access health professionals when needed.

People's care documentation provided the details required for the team to enable them to meet people's individual needs and preferences. People had access to activities of their choice.

The people and the relatives we spoke with knew how to make a complaint if needed and would feel comfortable speaking to staff if they had concerns. The registered manager ensured when complaints had been received these had been investigated and responded to promptly.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People received their medicines as prescribed however, there was not always evidence medicines were stored safely.

Risks to people were assessed and records included information on how to manage these risks.

Staff understood their responsibilities for keeping people safe and recognising and acting upon signs of abuse.

There were enough staff to meet people's needs and the provider followed safe recruitment procedures.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff were aware of the Mental Capacity Act and people's right to make their own decisions were respected. The provider was in a process of improving the records around MCA.

People were supported to meet nutritional and healthcare needs.

People were cared for by staff that received training relevant to their roles and were supported by the management.

### Is the service caring?

**Good** ●

The service was caring.

People complimented the caring nature of staff.

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

People were treated with dignity and kindness and were involved in their care.

### Is the service responsive?

Good ●

The service was responsive.

People had current care plans that reflected their needs and preferences.

People received appropriate care that met their changing needs.

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

The provider had appropriate system to manage complaints and people knew how to complain.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Provider's procedures for monitoring and assessing the quality of service had improved, but were not fully effective and needed to be embedded in practice.

There was a positive approach and the response from the registered manager demonstrated a commitment to address the concerns going forward.

Staff promoted positive and transparent culture.

# Ramping Cat Nursing Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 22 November 2016 and was unannounced. The inspection team consisted of three 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 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. We also contacted the local authority commissioners of the service to obtain their views.

On the day of our inspection we spent time observing care throughout the service. We spoke to ten people, six relatives and one visiting health professional. We also spoke with the registered manager, three nurses, four care staff, an activity co-ordinator, a member of the housekeeping team and the chef.

We looked at five people's care records, the medication administration records (MAR) for all people living at the home and five 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 three health professionals for additional feedback.

# Is the service safe?

## Our findings

At our last inspection on 30 and 31 March 2016 we identified the provider had not ensured people were prevented from receiving unsafe care and treatment and protected from avoidable harm or a risk of harm. We found people's topical medicines were not managed safely and medication not stored securely. We also observed poor moving and handling techniques. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found the provider had taken appropriate action to address the above concerns. We found the medicines were stored securely in the drugs room and people's topical medicines were managed safely. The registered manager ensured staff received a refresher training in moving and handling and we observed staff using only safe techniques.

Risks to people's well-being were assessed and recorded. People who were at high risk of pressure damage had accurate and up to date repositioning charts in place. People's documentation included correct settings of pressure relieving equipment such as mattresses. For example, one person's file reflected the setting required for their mattress. We checked the person's mattress setting and noted it was set appropriately. Other risks assessments included moving and handling and MUST (Malnutrition Universal Screening Tool). The staff knew how to protect people's safety and promoted positive risk taking. One member of staff told us, "Even if someone is walking with a walking frame and struggling, we help them to walk more, as it would be easy to put them (people) in a wheelchair. You're not allowed to take people's independence away, take precaution if needed, have two staff walking with the person, and a wheelchair behind them". Feedback from people confirmed this. One person said, "I'm free to walk about. They do watch me because I am unsteady on my feet but they don't stop me".

People received their medicines when required. We observed a medicine round and saw correct procedures were followed ensuring people received their medicine as prescribed. Staff checked each person's identity and explained the process before giving people their medicine. Staff knew how to best support people in relation to them taking their medicine. For example, one person suffered from Parkinson's and they required their medication to be taken at the specified times. One staff member told us, "It's important that I go now as they need their medication at a set time". We observed the nurse knelt down to the person's eye level and asked the person, "Can I give you your 3 pm medication?" We spoke with the member of staff about this and they told us, "By getting their medication at the right time it prevents a seizure and makes them comfortable and happy. It's in their best interest". The medicines stock was correct, that included controlled drugs. Staff told us, "We do a check of controlled drugs alongside the weekly (medicine) audits".

We however identified three liquid medicines did not have the date of opening recorded on the bottles. We raised this with the staff, they told us, "We label all liquids. We did not have any labels". This meant there was a risk the liquid medicines could have not been disposed of when required which could affect their effectiveness. We also found the medicines that required cold storage were not always stored as per the manufacturer's instructions. For example, there were two occasions in September when the fridge temperature was outside the safe limits and no records were made if any action had been taken to address

this. The chart used to record the temperature gave clear instruction that action needed to be taken and recorded if the temperature was outside the specified parameters. Additionally on another three occasions throughout September and two occasions in October the temperature was not recorded at all. On one occasion the temperature was not recorded the day after it was found to be outside the safe figures. This meant we could not be reassured the medicines were stored according to manufacturer's instructions and that the nursing staff followed the provider's protocols. We raised this with the registered manager who told us, "It should have been reported to me. We are going to change it. It will have to be done as of today. It needs to be done now". Two days after our inspection the registered manager informed us they contacted their local pharmacists and obtained a new form to record temperatures. They also raised this with the nurses during their team meeting and put a new protocol in place for them to follow. The registered manager informed us as a precaution a new prescription was requested to replace the medicines stored in the fridge.

People told us they felt safe in the home. Comments included: "Undoubtedly safe. Staff are good at being there when you need them", "Feel very safe, all very helpful and kind", "Quite safe and well looked after" and "Feels very safe and secure. Seen an improving picture, much better now". People's relatives also told us they felt their loved ones were safe. One relative told us, "Absolutely safe. Well looked after, always clean and tidy. No worries when I leave". Another relative said, "Really completely safe. A very safe environment".

There were sufficient staff to meet people's needs. When people needed assistance we observed staff responded promptly. People told us their care was never rushed and staff had time for them. Comments received from people included: "People always about if you need anything" and "When I press my call bell staff come quickly". One relative told us, "Enough staff, never have a problem finding someone when you need them".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

Staff knew how to recognise signs of possible abuse and they were aware of their responsibility to report any concerns promptly. Staff told us what they would do if they had any concerns. Comments included: "I would inform the manager", "I would report it to the safeguarding team" and "I'd go straight to the manager or a nurse".

The provider had a system to manage accidents and incidents. They used electronic system to record accidents. The registered manager carried out monthly analysis of accidents. They printed monthly summaries to ensure any patterns can be identified. We noted appropriate action was taken where necessary. For example, one person was found to have fallen when walking to toilet during the night. The person was supplied with a commode chair which was positioned in their bedroom to allow the person to manage their continence needs during the night safely.

People were protected as staff adhered to infection control procedures. We observed staff following good hygiene practice, washing hands before preparing drinks or serving food and putting on gloves and aprons before delivering personal care. Housekeeping staff used colour coded mops and cloths for different areas. The cleaning trolley had different compartments for storing cleaning clothes used in different areas of the home. The building was maintained well and there were no unpleasant odours.



## Is the service effective?

### Our findings

At our last inspection on 30 and 31 March 2016 we found the provider did not have appropriate systems in place to ensure care and treatment was only provided with the consent of the relevant people. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager provided us with an action plan that stated how they were going to meet this regulation.

At this inspection we found the provider had taken action to address these concerns. Staff had received further training to enhance their knowledge. The registered manager introduced 'mental capacity care plans' that outlined people's ability to consent to day to day support. We however, found the documentation needed further improvement as where people were not able to make certain decisions there was a lack of decision specific capacity assessments. We raised this with the registered manager who told us they were already in a process of sourcing a new format to record people's capacity assessments in relation to specific decisions. The registered manager showed us a template of the new form. Following the inspection they also informed us the new format was being implemented. We noted two people's care plans stated their relatives were able to make decisions on their behalf. However, the documentation identified these relatives only had the Power of Attorney to make decisions in relation to property and finances and not care and welfare. We discussed this with the senior staff who told us they were going to amend the information in the care plan.

We recommend that provider ensures that recording of capacity assessments and best interests decisions is in line with the Mental Capacity Act 2005 code of practice.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). 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. Comments from staff included: "We must assume that people have capacity", "Capacity can change daily", "It's common sense it's there to protect people and help to maintain their dignity and respect", "It's there to protect people's rights and choices" and "Always ask them, no matter what people need to have choices". The staff also told us the best interest principles were followed when making decision for people. For example, they involved the individual as much as possible and consulted their relatives and health professionals. This was however not clearly documented. The registered manager advised the newly sourced decision specific capacity assessment form would allow better recording of this process.

People were able to make their own decisions. We observed a number of positive interactions between staff and people that were sensitive to peoples' wishes. People told us their views and rights to make their own decisions were respected. One person said, "I like to get up at around 10am, I watch TV programmes I like then. I can go to bed when I like". Other comments included "I can choose what I do. Nobody minds at all if I say that I don't want to do something. All good here" and "I can have my breakfast in my room or go downstairs. It's my choice".

The registered manager had made Deprivation of Liberty Safeguards referrals for people who had restrictions in place in relation to their care and support. 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 Deprivation of Liberty Safeguards (DoLS).

People and their relatives told us staff knew what they were doing indicating staff seemed to be well trained. Comments included: "Very capable", "(Staff) know that I need help moving about" and "(Staff) support me at mealtime, know that I need help and cut up my food for me" and "Staff know people well. They are aware of their needs". An external professional commented, "They know their patients very well, and seem to have the appropriate level of training".

People were cared for by staff that received training appropriate to their roles. Staff told us the training received was good. Comments from staff included: "We have our (medication) competencies checked every 3 - 6 months", "We have regular medication training", "We have training in safeguarding, infection control and moving and handling. The training is good, we always learn something from it" and "Definitely lots of training, we get a lot". Records confirmed and nursing staff told us they received training in clinical skills such as syringe drivers or catheterisation. One member of nursing team told us, "I have done a phlebotomy course".

Staff confirmed they were able to request further training when they felt they needed to brush up their skills and that would be arranged for them. Comments included: "If I need further training then I just need to ask" and "I once told (manager) I wasn't 100% confident with catheter care so she provided me with more catheter care training. It was really useful".

People were supported by staff that felt supported by the management. There was a system in place to provide staff with supervision sessions. Staff files and comments showed supervision sessions were ongoing. One member of staff told us, "Yes, nurses do it with us". Other comments from staff included: "Good support, supervision and appraisal" and "Regular supervision with manager, discuss how we feel about the work and if I need support".

People were supported to meet their nutritional needs and they were complimentary about the food. Comments included: "Brilliant food, brilliant chef", "Very nice food and lots of it", "Good choice of food, well cooked", "Food tremendous. Wonderful cook. Knows my favourite so if I have a special day she always makes it for me" and "Brilliant. Can't fault the food in any way at all. Get a good choice-very good". People's care records gave details of their nutritional needs and the staff ensured these were met. The registered manager kept a log of people's nutritional assessments and where people were at medium or high risk of malnutrition appropriate action was taken. This included fortified diet implementation of food and fluid chart and regular monitoring of people's weight.

We observed the lunch service and noted tables were set out attractively and there was prompt service. Food was well presented and there was a good choice of starters, mains and puddings. We observed people were supported with their meals appropriately. People were spoken to by staff that asked if people would like more food before offering another mouthful. We observed people with special dietary requirements such as soft diet were catered for. People with impaired cognitive skills were shown pre-prepared meals and had all the components of the meal explained to them. People had access to drinks throughout the day and on a number of occasions we saw people were encouraged to drink. The chef was knowledgeable of people's dietary and allergy requirements.

People's care records reflected relevant health and social care professionals were involved when needed. This included GP, care home support service (CHSS) or Speech and Language Therapist (SALT). Records showed details of professional visits with information on changes to treatment. Any changes to people's care and support were incorporated in the care planning process. External health professional spoke positively about the service. Their comments included: "The staff at the home support people to access correct healthcare" and "They listen to suggestions and act on them".

## Is the service caring?

### Our findings

People spoke highly of staff and complimented their caring nature. Comments included: "Very good carers. Keep popping in and out to see if I am alright", "Really all brilliant", "Wonderful little girl that looks after me. Good sense of humour and that's what you need" and "Very good care can't fault anybody".

People's relatives also spoke positively about staff. One relative said, "Care and attention. They do try very hard". Another relative added, "Lovely staff so caring towards people". One external professional commented, "My impression is the staff provide a person centred service".

People were able to build positive relationships with staff. We observed staff referring to people and their relatives in a pleasant manner and speaking to people in a respectful way. This ranged from light-hearted banter to more serious conversations. Staff showed they genuinely cared for people. For example, we observed one member of staff who supported the person with taking their medicines. The member of staff checked to see if the person was comfortable and had everything they needed before they carried on with administering medicine. They checked to see if the bed head rest was positioned to the person's liking and if they wanted the television or radio putting on.

People's dignity and privacy was respected. We observed staff knocked on people's bedroom doors before entering and closed them before delivering care. We noted people were treated with respect as they were listened to and staff did their best to meet with their requests. People told us their dignity and privacy was respected. One person said, "They listen to me, I feel comfortable and treated with respect". Another person told us, "I like to spend time in my room. Staff respect my wish and you can have privacy if you want". A relative told us, "[Person] is treated with dignity and respect". Staff told us how they ensured people's dignity was respected. Comments included: "Close doors and keep the setting private", "Dignity is also about supporting people to make choices" and "It should not matter whether people have capacity or not. We must treat everyone as an individual. We do this by promoting their dignity, for example close doors and gain consent about what you are doing".

People were supported to remain independent. Staff we spoke with told us how they supported people to do as much as they could for themselves. One staff member described how they supported a person to go outdoors after a long period of staying in their room. They told us "I just kept talking to them about the garden and one day [person] decided that they wanted to go out. So we went out. Now we go out there all the time, it's brilliant". Other comments from staff included, "It's important to encourage people to do what they can for themselves and remain independent" and "One person couldn't walk well. We got the OT (occupational therapist) in place and together we all started to encourage him to make small steps and eventually his mobility has got better".

People's choices in where they wanted to spend their time were respected. On the day of our inspection we observed some people choose to stay in their rooms while others preferred to remain in communal areas. People were involved in making decision about their support. One person told us, "I have been asked if I would like a man or woman carer but I don't mind either, all seem very good". Staff we spoke with confirmed

they would always make sure the person was involved in their care. Comments included, "Explain to people what you are there for", "It gains trust when you let people know what's going on (during personal care)" and "We must ask, every single time, for example, 'are you ok to wash your face', not just jump in and do it for them". People's care records reflected how they liked to spend their time. For example, one person's care plan read, "[Person] likes to have breakfast in their room. Likes looking at birds outside and chatting to staff about birds". Another person's daily records read, "[Person] chose to spend the day in comfy chair".

People who reached the end of their life were supported by staff that worked with a hospice, doctors and other external professionals. A number of staff attended an offsite end of life training on the day of our inspection. People's end of life wishes were recorded in their care files. That included people's wishes in relation to receiving resuscitation in case of cardiac arrest. We noted when people returned from hospitals with a DNAR (do not attempt resuscitation) form already in place this was not always reviewed by their own GP. We discussed this with the registered manager who told us they were going to ensure the forms were reviewed by people's doctor.

People's confidentiality was respected. People's care records were stored securely. Staff told us they knew how to maintain confidentiality. One staff member said, "We signed confidentiality agreements. We don't speak between us about people unless it's necessary, e.g. to update on their needs".

## Is the service responsive?

### Our findings

The registered manager ensured people had an assessment of their needs undertaken before they were admitted to the service. This was to ensure the team at the service were able to meet people's needs.

People had care plans in place. We viewed the file of the person admitted to the service shortly before our inspection and noted their care plans were completed. People's care plans gave instructions to staff on how to best support people. For example, one person's care plan read, '[Person] wears glasses during the day, ensure that are cleaned each morning'. People's care plans were current and regularly reviewed.

People told us they received support that met their needs. One person said, "I have three different carers looking after me. I like the routine and that's important to me so having the three regular ones makes me feel secure". One external health professional told us, "Patients I work with, do get the service they need, I am absolutely confident".

We also observed staff responded promptly to people's needs. For example, one person initially refused their medication. We observed staff took time to speak with them and explained what the medication was for and why it was important to take it. As a result the person took their medication. Staff spoke with this person in a warm and gentle manner whilst maintaining a clear focus on encouraging the person to take their medication. We also observed staff checked people's preferences in relation to the type of drink they would like to have with their medication. For example, one person requested to have a cup of tea and another person requested water. This was facilitated by staff.

Another person's condition deteriorated on the day of our inspection. Staff responded by contacting the person's GP and arranged a home visit for the same day. Throughout the remainder of our inspection we observed staff followed doctor's guidance on how to support the person.

People knew how to make a complaint and were confident to raise concerns with staff. Copies of the service's complaints procedure were displayed in prominent areas of the home. Complaint forms were available in the entrance hall. People and their relatives told us they had only raised minor concerns which were addressed promptly. Comments from people included: "Not had any problems but know that I could speak to the manager or the nurse if I felt something was not right" and "Could talk to anyone. They do sit with me and listen to what I say". We viewed the complaints log and noted two complaints had been received since the last inspection. Both were promptly responded to by the registered manager in line with provider's policy.

People had access to a range of activities and told us they enjoyed participating in these. An activities calendar was displayed in the hallway alongside the pictures of activities that took place. One person told us, "We have exercises and I join in with most activities. Always something to do". Another person said, "We have people come in and get us singing or they play instruments for us". On the day of our inspection we observed hand and nail pampering session and games. Both were enjoyed by a number of residents.

We spoke with the activity coordinator who had a clear plan of how to further enhance the activities programme. They told us the management was very supportive and keen to support their ideas. They planned to introduce technology support reminiscence, art and music sessions and outings. Additionally the staff started a 'uniqueness project'. This meant staff spent time talking to people and families in order to establish peoples' unique characteristics. The information was recorded in order to be used to tailor activities to the needs of the individual. There was choice of communal areas for people to use. We noted some of the signage on people's bedroom doors was small and not always clear. We discussed with the registered manager that the use of colour and clearer, pictorial labelling would assist people, particularly those living with dementia, with orientation.

People had opportunities to give their views about the service. There were regular residents' and relatives' meetings held. People's relatives told us they had attended meetings and that if they were unable to go minutes were always given to them. We viewed a sample of the meeting minutes and noted issues such as activities, entertainment, menu and the food quality survey were discussed. The minutes showed people were asked for their input and ideas. The minutes also reflected appropriate action was taken when needed. For example, a garden shade requested by people at the previous meeting was provided.

## Is the service well-led?

### Our findings

At our last inspection on 30 and 31 March 2016 we found the provider's systems and processes used to assess, monitor and improve the quality and safety of service provided were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and issued a warning notice which detailed why the provider and the registered manager were failing to comply with the regulations. This was the second time we had issued a warning notice as we had also issued a warning notice following our previous inspection in September 2015. We told the provider and the registered manager they needed to be compliant by 31 July 2016.

At this inspection we found the provider and the registered manager met most of the warning notice. However, we identified some of the quality assurance processes were not always effective and required further embedding.

For example, the nurses carried out regular medicines audits. These audits included areas such as a stock check, cleanliness of the medicine room and the drug trolley as well as safe disposal of medicine. The audit however was not fully effective as it did not include areas where we identified concerns. The audit did not cover checks of labelling of any liquid medicines. The audit also did not include checking if records of medicine room and fridge temperature were appropriately maintained. When we asked the registered manager who ensured the temperature charts were completed they told us, "No-one". Additionally the provider's medicines policy, although recently reviewed, contained no guidance in relation to keeping appropriate records in relation to keeping of the medicine requiring cold storage.

The same audit asked that 10% of Medicines Administering Records (MAR) charts needed to be checked, however, staff did not record whose charts had been checked each week. This meant there was no evidence the required amount of charts had been audited each week. As the staff did not record whose charts had been audited we could not be reassured the records checked each week belonged to different people. This meant the provider did not ensure their systems in relation to monitoring the medicine management were fit for purpose. This was particularly concerning as we had identified issues around medicines management on our two previous inspections in June and in September 2015.

Following our last inspection the provider introduced regular care plan audits. We viewed a sample of these records and noted entries 'all care plan checked' were recorded each month. There were no records of any action identified or taken as a result of these audits. The registered manager told us they were aware of further improvements needed to care documentation, for example about decision specific capacity assessments. The care plans audits however did not give any details in relation to which files required the more comprehensive assessments to be included. This meant the provider did not ensure their audit and governance systems were effective.

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



There was evidence the registered manager acted on feedback received from people. We noted that a food survey results showed people made a number of suggestions. The results of the survey titled "You told us" and "What we did" were displayed in the reception area. We noted following feedback from people the registered manager introduced some changes. For example, two dishes to be shown to people to help them to make a choice. People's feedback and our observation confirmed people were able to make a choice of food.

Additionally there were a number of regular audits carried out by staff. For example, a daily 'walk around the home' that covered areas such as access to call bells, observation of care practices, cleanliness and general safety of the environment. There were also regular kitchen audits that covered areas such as food storage, cleanliness and presentation of food. The provider carried out regular quality checks that included speaking to people and staff. The provider was looking into developing their skills in relation to auditing.

The provider continued to work with an external consultant who carried out regular audits of various aspect of service delivery. Where an area for improvement had been identified, a reasonable timescale for completion was specified. For example they identified people's files did not always contain their life history. A clear action was recorded for these to be in place by the end of January 2017.

People and relatives spoke positively about the way the service was run and complimented the registered manager. People told us they knew the registered manager well. One person said, "The manager is around all the time, she comes in for a chat regularly". Other comments from people and their relatives included: "Good atmosphere. Manager very supportive", "Staff seem to get on very well, a nice place", "Love it here everyone is so nice, lovely atmosphere" and "Comfortable, very good atmosphere here". Staff also complimented the support they received from the registered manager. Comments from staff included: "Manager is supportive and open to ideas", "I have great respect for manager" and "Supportive, definitely, 100%, I am finding her like a boss, mother and friend, she's a good manager and keeps people together like a team, you come to work with pleasure".

Staff promoted a positive and transparent culture. Staff told us there was no culture of blame. One member of staff said, "Open culture, I'd admit to a mistake, better tell them first before being called in. It's good atmosphere here, this is important for people as they don't see grumpy faces. This place is improving, I am happy here". Another member of staff told us, "Can see improvements made since the last inspection, it's not enough to say yes but to do, action, we did a lot".

Staff were encouraged to attend team meetings. We viewed samples of team meeting minutes and we noted there was an emphasis on quality care. For example, the minutes read staff were reminded to knock on bedrooms door before entering. Staff told us they were able to contribute to the running of the home and they felt their ideas were considered and where possible implemented. One member of staff told us how their idea was implemented, "Different colour trays were purchased to identify people who need assistance with their meals without it being so obvious".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about care practice. One member of staff we spoke with told us "Oh definitely I can go to the manager, she would listen and take action". Another member of staff said, "If I had a concern then my first natural thing to do would be to make sure the person was safe, then I would inform the manager. If they did not respond then I would document it and go to the CQC (Care Quality Commission)".

The provider worked with other professionals including local health and social care teams. The registered manager was a member of the Oxfordshire Association of Care Providers. The feedback received from external professional was positive. One of the professionals commented, "The manager and staff are approachable and deal effectively with any queries".

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not always ensure their auditing and governance systems remained effective. Reg17(2)(f).
Treatment of disease, disorder or injury	

### **The enforcement action we took:**

A condition was imposed on the provider's registration. The registered person must implement a system of auditing service user care plans and medication and send to the Care Quality Commission on the last Friday of each calendar month a report of the action taken or be to be taken as a result of the audits.