

Grace Care Service Limited

Ramping Cat Nursing Home

Inspection report

White Hill
Burford
Oxfordshire
OX18 4EX
Tel: 01993 822088

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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



Overall summary

We visited Ramping Cat Nursing Home on 23 December 2014. Ramping Cat Nursing Home provides nursing care for people over the age of 65. Some people at the home were living with dementia. The home offers a service for up to 39 people. At the time of our visit 23 people were using the service. This was an unannounced inspection.

We last inspected in January 2014 when we followed up on actions we had asked the provider to take in relation to care and welfare and supporting workers. We found action had been taken.

In December 2014, there was a registered manager in post at the service. A registered manager is a person who

has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had not always received their prescribed medicines on time and people's medicine administration records were not always accurate. There were no medicine audits and the registered manager had not identified issues with people not receiving their medicines as prescribed.

Summary of findings

Peoples' care plans did not always provide clear details for staff to follow. The registered manager had identified risk, but no clear guidance was documented to protect people from these risks. However, despite records being poor, staff we spoke with had a good understanding of people's needs.

The registered manager and provider did not always have effective systems in place to monitor the quality of the service they provided. Both the provider and registered manager had a plan in place to ensure systems would be introduced. This included the recruitment of a deputy manager and more nursing staff. Neither the registered manager nor the provider had informed us of all deaths that had occurred at the home as they are required to do.

People benefited from positive relationships with care staff and nurses. People were treated with kindness and compassion. Staff clearly knew the people they cared for, their needs and preferences.

Staff had good knowledge of safeguarding and there were enough staff in the home to meet the needs of people. Staff had access to training such as Mental

Capacity Act 2005 (MCA 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time) training, dementia and moving and handling. However not all staff had awareness of the Deprivation of Liberty Safeguards. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety.

One person was being deprived of their liberty in order to keep them safe. The registered manager had made an application to the regulatory body to deprive them of their liberty.

People had access to activities and food, which they enjoyed. People and their relatives felt their views were respected and were happy they could raise concerns to the registered manager or provider.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 always safe. People did not always receive their prescribed medicines. While the registered manager had identified risks relating to people's care, there were not always appropriate risk assessments in place.

People told us they were safe. Staff had good knowledge around safeguarding and ensured concerns were reported.

There were enough staff on duty, and the provider and manager had ensured all staff were suitable for employment.

Requires Improvement



Is the service effective?

The service was not always effective. Not all staff had awareness of the Deprivation of Liberty Safeguards. The registered manager had made an application for authorisation to deprive one person of their liberty. Records were not always stored securely.

Staff felt they had the training and induction they needed to meet people's needs.

People had choice regarding food and drink and were supported by staff to ensure their healthcare needs were met.

Requires Improvement



Is the service caring?

The service was caring. People made decisions regarding their care.

Staff were kind and compassionate. People were cared for by staff who respected their individuality.

Staff knew the people they cared for and provided support to make people feel comfortable.

Good



Is the service responsive?

The service was not always responsive. People's care plans did not always reflect their needs and did not always contain information about their preferences.

People were supported with activities and were able to spend time with staff. Relatives were informed when people's needs changed.

The service sought people's views and had acted on people's comments to change the service.

Requires Improvement



Is the service well-led?

The service was not always well led. The registered manager and provider did not have effective systems in place to monitor the quality of service they provided.

Requires Improvement



Summary of findings

People, relatives and staff spoke positively about the registered manager and the provider, and felt the service was continuing to improve.	
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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 checked 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 23 December 2014 and was unannounced. The inspection team consisted of two inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams. After our inspection we sought the views of two healthcare professionals.

We spoke with 12 of the 23 people who were living at Ramping Cat Nursing Home. We also spoke with three people's relatives. Not everyone we met was able to tell us their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

In addition we spoke with one registered nurse, four care workers, the chef, the registered manager and provider. We looked around the home and observed the way staff interacted with people.

We looked at eight people's care records including their medicine records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service.

Is the service safe?

Our findings

Three people had not had their medicines, as prescribed, during December 2014. One of these people did not receive their prescribed medicines one morning because a nurse had not administered the medicine. Nursing staff had signed medicine administration records (MAR) for two other people to show they had administered their medicine, however when checking medicine stocks these medicines had not been administered to these people in line with their prescriptions.

A record of people's prescribed medicine stocks was not consistently maintained on medicine administration records. Therefore staff could not evidence if four different people had received their medicines as prescribed. These people were at risk of not receiving their prescribed medicines, which may have affected their health. Nurses were not following the pharmaceutical guidelines.

These matters were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All medicines were securely stored in line with current and relevant regulations and guidance. Medicines were kept at a temperature in accordance with manufacturer guidelines.

It was not clear from records how the service managed risks and kept people safe. The manager had identified one person who would injure themselves through repetitive behaviours. There were no clear guidelines for staff to follow to assist and protect this person from harm. However, we spoke with staff about this person and they told us how they would support the person in order to protect them. Risk assessments around people's mobility were not always detailed, and did not provide clear information to new staff. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Various items of equipment were used in people's care throughout the home, including hoists and wheelchairs. All equipment was maintained and had been checked to ensure it was safe to use. We observed staff using equipment. Staff followed moving and handling guidelines to ensure people were protected from the risk of injury.

People and relatives told us they or their relatives felt safe at the home. Comments included: "Yes, I feel safe", "my relative is safe, I have no concerns", "I'm happy here, I feel safe and protected."

Staff had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff had completed safeguarding training and told us if they had a concern about a person they would report concerns to the duty nurse. Staff told us if they felt their concerns weren't acted upon they would contact local authority safeguarding or the Care Quality Commission.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Where we had identified one person had not received their medicines we asked the registered manager to raise a safeguarding concern. The registered manager raised these concerns, and took immediate action to ensure the person was protected from harm.

People and their relatives told us there was always enough staff on duty. Comments included: "There's enough staff", "If I need something, they are quick to come" and "I've got no concerns about staff". People also told us if they needed to use a call bell, staff responded quickly. One person said, "I can use my bell, they come quickly."

Staff told us there were enough staff to meet the needs of people. One staff member told us the number of staff had increased as more people were accommodated in the home. One member of staff said, "I have no concerns about staffing. The mornings are busy, but we do have time to talk with people." The registered manager and provider had a clear plan in place to increase staffing levels before people moved to the home, to ensure people's needs continued to be met. The provider and registered manager were using an agency to ensure there were enough staff. After a period of time it was agreed between the home and the employment agency these staff would then join the home permanently. All agency staff we spoke with told us they only worked at the one home and were supported by the registered manager and provider.

The provider and registered manager had plans in place to deal with any emergencies and staff shortages. The registered manager who was also a registered nurse told us

Is the service safe?

they would cover in an emergency if the service lacked a nurse. We were told that due to the remoteness of the home, measures had been taken to ensure people's care did not suffer in the event of a power cut.

Is the service effective?

Our findings

One person often refused personal care and could become anxious when talking with staff. Staff were aware of how to assist this person, and would clearly accept their refusal of support at times. One member of staff said, “I’ve got to know them, and we’ve built a relationship, so they’re comfortable with me.” The registered manager told us they had sought the support of community mental health professionals, and the person had capacity to refuse care and treatment.

Staff told us they had completed training on the Mental Capacity Act 2005 (MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time) and were aware of its principles, such as decisions having to be made in the best interest of a person who lacked capacity. Staff told us how they supported people to make day to day decisions, and how they promoted people’s choice. People told us that staff were: “very helpful, very thoughtful”, they “explain and ask you” before giving care. Staff told us that people were encouraged to make day to day choices such as what to eat and what to wear. One carer said, “They can make decisions for themselves.”

The registered manager had applied for a standard Deprivation of Liberty Safeguards (DoLS) authorisation for one person living at the home. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. At the time of our inspection no assessment had taken place. We discussed this person with the staff, and they told us how they supported them. We discussed with the registered manager about making an urgent authorisation because there was a reasonable restriction which needed to be authorised. The manager informed us they would discuss the application with the local DoLS authority.

Not all Staff were aware of the Deprivation of Liberty Safeguards (DoLS) which accompany the MCA 2005. One carer told us, “It’s not something I’ve heard of.” Two members of staff confirmed they had received DoLS training and were happy to raise concerns with the registered manager if they felt anyone was being unlawfully deprived of their liberty.

People and their relatives spoke positively about the home and the care they or their relative received. Comments Included: “I’m very happy with the care I receive”, “The carers are really good, and they know what people need”, “My relative has got so much better here, their mobility has increased” and “They know what I need, they always help me.”

One carer told us they had completed a week’s training when they started working at the home. This covered mandatory topics such as fire safety and infection control and also dementia awareness. They had also ‘shadowed’ an experienced member of staff before giving care independently. Another carer told us they completed a week of shadowing which helped them develop their skills. One member of staff said, “I had a good induction. I am supported and can ask any questions when I need to.”

Staff told us they had a range of training to meet people’s needs and keep them safe including safeguarding, moving and handling and dementia. Staff spoke positively about the training they received. A member of staff had completed NVQ (National Vocational Qualification) level 3 in Health and social care and told us they had been offered the opportunity to pursue level 4. Another staff member had begun NVQ level 2. The registered manager told us they supported and encouraged all staff to undertake such a professional qualification.

Staff received frequent individual supervision meetings and an annual appraisal with their line manager. These meetings were used to discuss training needs and any concerns or performance issues. We saw records of supervisions where staff were asked for their views on training and any concerns they had working in the home.

People had juice or water in their rooms and they told us these were changed when they wished. We observed staff encouraged people to drink. Staff needed to monitor the fluid intake of one person following an operation. The registered manager had given clear guidelines to staff on how much fluid the person required, and how all fluids should be recorded. Staff were clearly following this guidance.

People told us they enjoyed the food. One person said, “We’re getting more fresh food now.” Another person said, “the food is lovely. I enjoy lunch.” Another person told us staff assisted them when needed. They said, “They cut up your food for you.”

Is the service effective?

Kitchen staff knew people's dietary needs and preferences. Two people required a pureed meal and we saw this was provided at lunch. We spoke with four care workers who had good knowledge of people's dietary needs. One staff member said, "we know who needs pureed diets and how people like their food served." Another staff member told us how they supported people with diabetes, to ensure they had a range of options for puddings.

One person had been identified by staff as at risk of malnutrition following unplanned weight loss. Staff had raised concerns to the registered manager who had sought the advice of a range of health care professionals. Clear instructions were in place to ensure this person's health needs were maintained.

Where people were at risk of malnutrition, food supplements were used to ensure people's nutritional

needs were met. Where staff had concerns about people's dietary needs, they sought the advice of speech and language therapists, GP's and other health professionals. Staff knew how to prepare thickened fluids to protect people from the risk of choking.

A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, district nurses, community mental health teams, speech and language therapists, and other professionals from the Care Home Support Team. On the day of our visit, we saw that a person was escorted to a health appointment. One person told us they were supported by staff to regularly attend a local community hospital to meet their healthcare needs.

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. Comments included: “It’s very good”, “I think it’s excellent”, “They look after you here”, “I’m very happy. If I ask for anything, they get it for me.” Relatives told us: “They’re absolutely brilliant”, “It’s a wonderful home”, “I’m happy with the care they receive. They have plenty of one to one time with staff.”

People gave examples of ways in which staff supported them. One person told us that staff helped by cutting up their food to a manageable size. One person told us how they were supported by staff to maintain independence with washing and dressing. They said, “they respect me, and they’re patient.”

We observed several examples of positive interactions between staff and people. One person became anxious and was calling for assistance. A member of staff went to the room as soon as they heard the person. The staff member listened to the person, reassured them and brought a meal to them as they had requested.

Staff spent time talking with people. We observed one staff member talking with a person before the Christmas party. The staff member took time to ensure the person was okay and respected the person; they talked about the person’s family visiting, and what they enjoyed about Christmas. The staff member maintained eye contact. The person smiled and talked to the staff member.

On the day of our visit; people, their relatives and staff, were involved in a Christmas party. People and staff enjoyed each other’s company and enjoyed party food and Christmas music. We could see people smiling and clearly enjoying time spent with staff and their relatives. One relative told us, “The interactions were great. Staff are so welcoming. It’s always like this, there is always a member of staff in the lounge, talking with people and making them happy.”

Staff told us they enjoyed their work and had time to build positive relationships with people. One carer said, “It’s a good job. It’s nice to help.” Staff knew people, their needs and preferences. Staff told us how they would support people to make choices, around food and activities. Staff were also aware and supported people to have a choice regarding the gender of staff providing personal care. One staff member said, “we have to respect these choices. If they don’t wish to have a male carer, then we will not force them to.”

One person told us how they chose their room once the extension of the home was built. They said they wanted a quiet room. They told us, “I’ve got a quiet room. It’s very pleasant on the whole.” Another person described the home as “all very cosy”, and spoke positively about how they were supported to pick a room.

Staff demonstrated a good understanding of how supporting people to be as independent as possible helped them to feel valued and empowered. One care worker told us, “We always promote involvement. When assisting someone, we support them to do as much for themselves as they can.” One relative told us how staff had supported their relative to be more independent. They said, “they’re more mobile in the home. Staff have supported and encouraged them to walk and be independent.” Another relative told us they were happy that staff prompted people to be independent, they said, “they have a much better life now. They’re enjoying it.”

People told us they felt comfortable and safe while receiving personal care, and felt their dignity was always respected. Staff told us how they ensured people received their care in private and respected their dignity. One staff member said, “always close the door and curtains. Make sure they are happy.”

Is the service responsive?

Our findings

People's care plans did not always provide clear guidance for care staff to meet their needs. One person's care plan contained no information on their preferences and choice of activities. There was limited information on people's life histories.

People we spoke with told us they were involved, and were asked for their views where appropriate. People and their relatives were not involved in writing their care plans. Care plans were recorded on a computer based system, and people had not been involved in this process. Care plans we looked at were not person centred and did not provide information on people's life histories and preferences. Staff knew people's choices and preferences, but these were not always recorded. One person told us they liked a smaller lunch, which staff were aware of, but this was not recorded on their care plan. We discussed these concerns with the registered manager. They told us care plans were now being completed electronically and they were looking at ensuring all staff had access to these records.

One person's personal records were held in the corridor just outside of their bedroom. These records documented any occasion where they had been verbally or physically aggressive towards care staff. We discussed this with care staff and the registered manager, who told us the records were stored in the room; however the person did not wish the records to stay there. Other people and visitors could read these records which contain personal information.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

On the day of our visit, the home had arranged its Christmas party. People and their relatives had been invited to attend this event. People we spoke with were looking forward to the festivities. One relative told us, "The

atmosphere is wonderful." Before the party we saw staff assisting people with physical activities, such as ball games. People enjoyed this activity and were happy throughout.

People told us there were things to do in the home. Staff told people what activities were available and people were given the choice to attend. One person said, "I don't want to go to the Christmas party. I'm not feeling well." Another person said, "I enjoy playing (board games) with staff. They take time to talk to me."

One person had specific health needs which restricted their ability to move around the home. Staff had clear guidance to ensure the person was protected from the risk of social isolation. Staff told us they spent time with the person when they were unable to join in with activities.

Relatives spoke positively about the information they received from staff. All relatives told us they were informed when their relative's needs had changed. Comments included: "staff always let me know if there are any concerns. Once they were unwell and staff advised me not to come", "they let me know when they are not well, and keep me informed of changes."

One person told us that if they had an issue, "I let (the manager) know. She sorts it out." Relatives told us they would raise any concerns with the registered manager if they needed to. There was guidance on how to make a complaint, displayed in the home in an accessible location for people and their visitors. The home had received no formal complaints in 2014.

The provider and registered manager conducted a quality assurance survey of people following concerns about meals. The survey sought the views of people and what they wished to eat. People had made comments saying they wished to have more fresh food available. People told us this change had been made.

Is the service well-led?

Our findings

We identified concerns around medicines and people's care plans. The registered manager or provider did not have quality assurance systems in place that would enable them to identify the issues we had found. The registered manager worked a number of hands on nursing shifts; this meant they hadn't developed systems to ensure the service was providing a good quality service. There were not audits around management of medicines, complaints and care records.

All incidents and accidents within the home were recorded by staff, and action was taken to ensure the wellbeing of each person. While each incident was recorded, the registered manager had no system in place to audit incidents which would enable them to identify trends or concerns at the home and ensure future occurrences could be avoided.

While the registered manager responded and dealt with concerns there was no record of these concerns. Two people told us of concerns they had raised around their room. While action was taken to ensure these issues were dealt with, the registered manager had no systems to analyse concerns and identify any trends. Quality assurance surveys were carried out by the registered manager however there was no resident or relative meetings, this meant there was not always an open forum for people or their relatives to suggest improvements to the service.

These issues were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider and registered manager informed us a deputy manager had been recruited, as well as two nursing staff. They told us this would ensure the registered manager had time to monitor the quality of the service and provide more

clinical supervision to staff. The provider informed us they spent time in the home every week and would support the registered manager to implement more quality assurance procedures.

People and relatives spoke positively about the registered manager and the provider. Comments included: "Jane is wonderful, we can't praise her enough", "Jane is brilliant, she really cares and is approachable", "There couldn't be a better manager, they know us all." The registered manager and provider reacted to concerns raised by people, their visitors and external healthcare professionals and took action to improve the service.

Staff felt both the registered manager and the provider were approachable and listened and responded to their concerns. One member of staff said, "They're both always open to listen to issues. Both in and out of work. They are so supportive." Staff told us they were all involved in discussing changes and improvements to the home. One staff member said, "We're all learning. We work together and with people. There are a lot of changes, we're all involved, it's only going to get better."

Staff all understood the need to whistle blow if they felt concerns were not effectively dealt with. One staff member had told us there had been concerns raised over the summer and all staff were involved in discussing and reflecting on issues. We saw staff meeting minutes where concerns had been discussed and the action the registered manager and provider had taken.

Staff were encouraged to suggest changes around the service and people's care. One care worker told us how they had been involved in suggesting changes around a person's care as their needs changed. They said, "I was listened to and respected."

The provider, registered manager and care staff all spoke positively about providing good, person centred care to people. They all spoke positively about the development of the home and had a clear goal. Staff told us they promoted people's independence and ability to make choices.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers How the regulation was not being met: The service did not have effective systems designed to regularly assess and monitor the quality of services provided. Regulation 10 (1)(a)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: People did not always receive their medicines as prescribed. Regulation 13.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records How the regulation was not being met: People were at risk of inappropriate care and treatment as accurate record of their needs had not been maintained. Regulation 20 (1)(a)(2)(a).