

Ramsgate Care Limited

Ramsgate Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ramsgate Care Centre is a residential care home providing personal care to 42 older people and people living with dementia at the time of the inspection. Ramsgate Care Centre accommodates 42 people in one purpose built building.

People's experience of using this service and what we found

People felt safe and at home at Ramsgate Care Centre. People were treated with dignity and respect and their lifestyle and equality needs and choices were understood and respected. People had privacy.

People were protected from the risks of harm and abuse and any concerns they or staff had, were listened to and acted on to keep people safe. Risks to people had been assessed. People were supported to remain independent, understand risks and take them when they wanted to.

Staff supported people to remain healthy and were offered a balanced diet which met their needs. People's medicines were managed safely. People were protected from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had planned their care with staff. They were supported to take part in a range of activities. People had been offered the opportunity to share their end of life preferences.

The provider and registered manager had oversight of the service. They completed regular checks on the quality of care people received. People and staff were asked for their views of the service. These were listened to and acted on to improve the service. Records of people's care were accurate and complete.

The registered manager understood their legal responsibilities and had shared information with us and others when they needed to.

There were enough staff working at the service each day to support people. Staff had the skills they needed to care for people and were supported by the management team. Staff were recruited safely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ramsgate Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

Ramsgate Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, senior

care workers, care workers and the chef.

We reviewed a range of records. This included one person's care records and three people's medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Ramsgate Care Centre.
- The registered manager had discussed any concerns about people's safety with the local authority safeguarding team. When necessary action had been taken to prevent incidents occurring again.□
- Staff knew about different types of abuse and were comfortable to report any concerns to the management team. Policies were in place for staff to refer to.
- Staff knew how to whistle blow outside of the service if they needed to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed. Staff followed detailed guidance about how to reduce and minimise risks to people. People told us they felt safe when staff supported them, including when they used hoists to get into and out of the bath.
- The risk of people developing pressure ulcers had been assessed and reviewed. People were supported to use pressure relieving equipment. Checks were completed to make sure the equipment was working correctly.
- Effective measures were used to reduce the risk of people falling, such as alarm mats which notified staff if someone stood up. People's risk of falling was assessed and reviewed monthly or following an accident.
- Accidents and incidents were recorded and analysed to identify any patterns and trends. None had been noted.
- Risks relating to the building had been assessed and regular checks were completed to ensure action taken to mitigate risks remained effective.

Using medicines safely

- People received their medicines when they needed them and in the way they preferred. One person told us staff knelt by their bed to support them to take their morning medicines, and they liked this.
- Safe systems were in operation to order, receive, store, administer, record and dispose of people's medicines. Robust medicines checks continued to be completed daily, weekly and monthly.
- Staff were competent to administer insulin and people did not have to wait for the community nurse to visit.
- Staff completed regular medicines management training. Their competency to manage medicines safely was assessed each year.

Preventing and controlling infection

- The service was clean and odour free.

- Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.

Staffing and recruitment

- There were enough staff to meet their needs. The registered manager considered people's assessed needs when deciding how many staff to deploy on each shift.□
- Staff knew people well and responded to their requests for support promptly.
- Staff were recruited safely. Checks on staff's character and previous employment including dates of employment and reasons for any gaps in employment had been obtained.
- Criminal record checks with the Disclosure and Barring Service had been completed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager met with people and their loved ones to discuss their needs and wishes before they began to use the service. They used this information to make sure staff had the skills to meet people's needs.
- People and their loved ones had been asked to share information about people's lives before they moved into the service to help staff get to know people and understand what they liked.
- People were given the opportunity to share information about any protected characteristics under the Equality Act.
- People's needs had been assessed using recognised tools to understand their risk of developing pressure ulcers or becoming malnourished.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. Staff continued to offer people regular drinks and foods, such as ice-lollies and jelly, to help them stay hydrated.
 - People told us they liked the food at the service. One person told us, "The food is good. I've never had to leave anything. We have a choice of meals. I'm never hungry".
 - People were involved in planning the menu, which reflected their individual needs and preferences. When people wanted an alternative, these were prepared for them.
 - People who were at risk of losing weight were referred to the dietician and their advice was followed. Staff followed recognised best practice guidance, and everyone was offered food fortified with extra calories. □
- The cook told us people enjoyed fresh cream donuts, which they were offered regularly.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's health and referred them to relevant health professionals when their health needs changed. People were supported to follow their health professional's advice.
- People were supported to attend appointments by their family or staff. This gave people reassurance and supported them to share information about their health.
- People had access to health professionals such as dentists, opticians and chiropodists.
- People were encouraged to be active and lead as healthy life as they wanted.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications for DoLS authorisations had been made in line with MCA. The registered manager had complied with any conditions on people's DoLS authorisations.
- People were not restricted and were free to move around the building. We observed people spending time in the outside area caring for the chickens and rabbits.
- People's capacity to make specific decisions had been assessed. Staff offered people choices in ways they preferred, such as showing them items.
- The registered manager knew how to make sure decisions were made in people's best interests when they were not able to make decision. Staff knew who was able to legally make decisions on people's behalf.

Staff support: induction, training, skills and experience

- Staff had the skills they required to meet their needs. People told us staff had the skills to meet their needs in the way they preferred.
- New staff completed an induction which included shadowing more experienced staff to get to know people. New staff who did not have a recognised qualification in care completed the Care Certificate, an identified set of standards that staff adhere to in their daily working life.
- Staff completed training appropriate to their role including topics specific to the needs of the people they support such as diabetes and insulin administration. Staff were supported to develop skills to meet people's needs before the person began using the service.
- Staff met with a supervisor regularly to discuss their practice and development and had annual appraisals to review their achievements. The registered manager arranged training for staff to meet identified areas for development or that were of interest to staff.

Adapting service, design, decoration to meet people's needs

- The building had been designed and decorated to meet people's needs. The hall ways were being decorated at the time of our inspection. Light colours and effective lighting supported people move around the building confidently.
- All areas of the building and garden were accessible to people.
- People were encouraged to decorate their bedrooms with personal items, such as pictures and ornaments. People told us this made their bedroom homely.
- People who wanted were able to have bird feeders outside their bedrooms. They told us they enjoyed feeding the birds and watching them out of the window.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. One person told us, "I have been well looked after. They are marvellous".
- Staff knew people well and spent time chatting with them about things they enjoyed. People and staff were relaxed in each other's company and enjoyed chatting together. We observed people and staff laughing together.
- People had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected.
- Staff spoke with people and referred to them with respect. They described people in positive ways. Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had been asked about their lifestyle choices and these were respected. For example, some people told us they preferred to spend their time in their bedroom. Staff respected people's decision. They informed people of events and activities they may wish to attend and visited them regularly to make sure they were not isolated.
- Staff understood people's communication needs and designed their care with them to meet their needs. For example, where people with hearing impairments enjoyed listening to music, staff supported them to listen through headphones.
- Staff supported people to avoid situations which caused them anxiety. For example, staff planned to support one person to go out for the day when building work was completed. This was because the person did not like loud noises. Other people told us staff reassured them by holding their hand or touching their shoulder.
- People who needed support to share their views were supported by their families or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff encouraged and supported people to do things for themselves. People told us staff encouraged them to do things for themselves. People told us there were in control of their care and staff only supported them when they needed it.
- People were encouraged to maintain relationships that were important to them. Visitors were welcomed and were encouraged to continue to care for their relative when they wanted to. People's friends and

families were encouraged to join in with activities and events.

- People had privacy. They told us staff always knocked on the door before they entered and left them in private when they wanted. One person told us, staff asked if they should leave while they were bathing, but they preferred staff there for reassurance.
- The provider and staff knew about the new general data protection regulations and kept personal, confidential information about people and their needs safe and secure. A new electronic record system was being introduced which further protected people's information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives had planned their care with staff, including how they preferred to be supported. People told us staff followed their wishes and only provided their care in the way they wanted. For example, one person told us they always had lots of bubbles in their bath which they enjoyed.
- Staff knew people's likes, dislikes and preferences, such as their routines and supported them to continue with these. People told us they were able to continue to have a bath or a shower as they preferred.
- People were able to choose the gender of staff who supported them. One person told us about a particular staff member, "They make me laugh, we get on really well". People were able to decide what they did each day and where they spent their time.
- Staff had noted when relatives visited late in the evening this disturbed people. They had discussed this with the person and their relatives and had agreed different visiting times.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service was accessible to people, such as large print and pictorial documents.
- People's care plans were accessible to them, and where possible people wrote these with staff.
- Staff used different methods to support people to share their views and experiences, such as pictures of different facial expressions to represent emotions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed a variety of activities at the service. One person told us how they had particularly enjoyed using all costume jewellery to make mosaics to decorate the outside spaces.
- There was a weekly schedule of activities, which was displayed in communal areas of the service. The schedule was flexible to people's wishes and preferences each day.
- Activities were designed to be accessible to everyone. These included large print books and bingo with large print cards and large balls, so everyone could read the numbers.

Improving care quality in response to complaints or concerns

- People and their relatives were confident to raise any concerns they had with the registered manager and staff. Any concerns were discussed with the person in private.

- People said day to day issues were addressed so there was no need to raise a complaint. Everyone told us any comments they made had been acted on. One person had told staff their mattress was uncomfortable, and staff had arranged for it to be changed. They told us the new mattress was comfortable.
- A process was in place to receive, investigate and respond to complaints to people's satisfaction. A copy of available in an easy to read format. □

End of life care and support

- People and their relatives had been given the opportunity to discuss their end of their life preferences and these were recorded. People who wanted were supported to remain at the service at the end of their life.
- People's relatives were able to stay with their loved one at the end of their life if they wished and were supported by staff.
- People had been supported to make advanced decisions such as not to have cardiopulmonary resuscitation (CPR) with their relatives and health care professionals. Staff planned people's care with their GP, community nurses and the frailty team, to make sure they remained comfortable at the end of their life.
- Staff made sure pain relief and other end of life medicines were in stock before they were required and contacted the community nurses quickly when people needed them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a clear vision of the service which included supporting people to remain independent and treating them with dignity and respect. The registered manager and staff shared this vision.
- The registered manager had worked at the service for a long time and knew people and staff well. They were supported by an area manager and a deputy manager.
- Staff were motivated and worked as a team to provide people's care. Staff told us they would be happy for a member of their family to receive a service at Ramsgate Care Centre.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour requirements. People had received an apology when things had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt supported by the management team, who were on call at night and over the weekends. They were informed of any changes at the service in daily hand over meetings and regular staff meetings.
- Staff were aware of their responsibilities and could approach the registered manager with any queries.
- The provider had conspicuously displayed the Care Quality Commission quality rating in the reception area and on their website, so people, visitors and those seeking information about the service were informed of our judgments.
- We had been notified of significant events, such as injuries and safeguarding concerns and the action taken to prevent similar situations occurring again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt involved in the running of the service and their suggestions were listened to.
- Suggestions made at resident and relative meetings had been acted on.
- People were asked for their feedback on the service, using easy read forms. Their responses had been sent to the provider to collate. No feedback had been received by the registered manager at the time of our inspection.

- A new system had been introduced to gather the experiences of people's relatives and was managed by the administrator. This was to reduce the risk of people being reluctant to raise concerns with the management team. The system had been effective, and responses had been received. Again, no feedback had been received by the registered manager at the time of our inspection.

Continuous learning and improving care

- Effective systems had been put in place to continually monitor the quality of the service and address any shortfalls. These included checks by the area manager.
- The registered manager completed monthly checks on all areas of the service. This highlighted any areas for improvement, such as an increase in falls, or people losing weight. Any concerns had been followed up to ensure action taken had been effective.
- An electronic care planning and record keeping system was being introduced at the service. This was to increase the record accuracy and the time staff spent with people.

Working in partnership with others

- The registered manager worked with others to continually improve the service and keep up to date with good practice. They worked with a clinical nurse specialist for older people to improve their knowledge and skills. This included completing training.
- Staff worked with the acute nursing team, who provided support people for seven day after leaving hospital. Staff worked with the nurses to identify any decline in people's health and prevent them being readmitted to hospital.