

Ramsgate Care Limited

Ramsgate Care Centre

Inspection report

66-68 Boundary Road
Ramsgate
Kent
CT11 7NP

Tel: 01843585444

Website: www.selecthealthcaregroup.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 July 2018 and was unannounced.

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates 42 people in one purpose built building. There were 42 people living at Ramsgate Care centre at the time of our inspection.

At our last inspection we found that accurate records had not been maintained about everyone's medicines and one medicines check had failed to identify these shortfalls. Following the inspection, we added a condition to the provider's registration requiring them to send us a monthly report of any actions they had taken to address medicines shortfalls and prevent them from happening again. We received these reports as required. At this inspection we found that the action taken to improve the management of medicines at the service had been effective and people were protected from risks associated with medicines. We will continue to monitor medicines management at the service to make sure that the improvements have been sustained and people receive a good service.

A registered manager was leading 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.

The provider and registered manager had oversight of the service. They had learnt lessons from previous incidents and used these to improve the service. The registered manager and the provider checked all areas of the service regularly to make sure it met the standards they required. The views of people, their relatives, staff and community professionals were asked for and acted on to continually improve the service.

Staff felt supported by the registered manager and were motivated. A senior manager was always available to provide the support and guidance staff needed. Staff worked together to support people to be as independent as they wanted to be. All the staff and health care professionals we spoke with told us they would be happy for their relatives to live at Ramsgate Care Centre. Records in respect of each person were accurate, complete and kept secure.

Staff were kind and caring and treated people with dignity and respect. They took time to get to know each person well and provide the care people wanted in the way they preferred. People received the care and support in the way they preferred at the end of their life.

Assessments of people's needs and any risks had been completed and care had been planned with them, to meet their needs and preferences and keep them safe. Accidents and incidents had been analysed and to look for patterns and trends. The registered manager worked in partnership with local authority

safeguarding and commissioning teams, and a clinical nurse specialist for older people and acted on their advice to develop the service and improve people's care.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager or provider. People were not discriminated against and received care tailored to them. A process was in place to investigate and respond to complaints and small day to day issues had been resolved immediately to people's satisfaction. People had enough to do during the day, including activities to keep them physically and mentally active.

Changes in people's health were identified and people were supported to see health care professionals, including GPs and community nurses when they needed. People were offered a balanced diet of food they liked and that met their cultural needs and preferences. Staff continued to support people to be as independent as they wanted at mealtimes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager knew when assessments of people's capacity to make decisions were needed. Information was available to people in a way they understood to help them make decisions and choices. Staff treated people with dignity and gave them privacy. The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS), and had applied for authorisations when there was a risk that people may be deprived of their liberty to keep them safe.

There were enough staff to provide the care and support people needed when they wanted it. People were involved in recruiting new staff safely. Disclosure and Barring Service (DBS) criminal records checks had been completed to make sure staff were suitable for their role. Staff were supported meet people's needs and had completed the training they needed to fulfil their role.

The service was clean and staff followed infection control processes to protect people from the risk of infection. The building was well maintained and plans were in operation to maintain and improve the environment. People were able to use all areas of the building and grounds and were encouraged to make their bedroom feel homely.

The registered manager had informed CQC of significant events at that had happened at the service, so we could check that appropriate action had been taken.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall.

Further information is in the detailed findings below.

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 consistently safe.

Risks to people had been identified and staff supported people to be as independent and safe as possible.

People were now protected from the risks of unsafe medicines management. We will check to make sure this improvement continues.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

Action was taken to stop accidents and incidents happening again.

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

The service was clean.

Checks were completed on staff to make sure they were honest, trustworthy and reliable.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed with them and their relatives when necessary.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make their own decisions.

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

People were supported to eat and drink enough to help keep them as healthy as possible.

People were supported to remain healthy.

The building was designed to support people to be as independent as possible.

Is the service caring?

Good ●

The service is caring.

Staff were kind and caring to people and supported them if they became worried or anxious.

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

People were supported to be independent and have control over their care.

People were supported to spend time with their family and friends.

Is the service responsive?

Good ●

The service is responsive.

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

People participated in a variety of activities.

Any concerns people were resolved to their satisfaction.

People were supported in the way they preferred at the end of their life.

Is the service well-led?

Requires Improvement ●

The service is not always well-led.

Checks completed on the quality of the service had improved and action was taken to remedy any shortfalls. We will monitor checks on medicines to make sure they continue to be effective.

People, their relatives and staff shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of good quality care.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were held accountable for their actions.

The registered manager worked with other agencies to ensure people's needs were met.

Ramsgate Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 July 2018 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications and reports received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We looked at three people's care and support records and associated risk assessments. We looked at everyone's medicine records. We looked at management records including two staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the area manager, the registered manager, four staff and nine people who use the service and their relatives. We also spoke with two visiting health care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People felt safe at Ramsgate Care Centre. People's comments included, "My valuables are kept safe, I don't worry about them" and "I would report it, if someone was abusive. I've never had to report anything, but I think the manager would resolve it quickly if I did".

People told us they received their medicines as their doctor prescribed. People's comments included, "If I ask staff about my medicines, they tell me, but I trust them with it" and "Staff tell me what medication I am taking". Staff explained to people what their medicines were and supported them to take them at their own pace.

People's medicines were managed safely and effective systems were in place to order, receive, store, administer, record and dispose of medicines. At our last inspection we found the recorded stock level of two medicines was incorrect and records had not been signed when staff had administered two other medicines. At this inspection we found the registered manager and provider had taken effective action to address these shortfalls. The stock levels of medicines were checked and recorded each day. We checked 15 medicines at random and found the stock levels were correct. Records of medicines administered were complete.

Following our last inspection, we required the provider to complete monthly medicines checks and tell us about the action they were taking to address any shortfalls they found. We received this report as required and they showed that any shortfalls had been identified and addressed. In order to improve the rating for this key question to Good, we will continue to monitor the service to make sure that the improvements are embedded and sustained.

Since our last inspection the registered manager had met with people and their GP to review their pain relief medicines. This had significantly reduced the number of 'when required' pain relief medicines and no one was prescribed PRN pain relief at the time of our inspection. People told us they were not in pain.

Staff had completed training with the local clinical commissioning group to administer medicines to people with diabetes. Staff knew when people's blood sugar levels may decrease and took the correct action with the person to increase them when necessary. One person told us, "If my blood sugar level goes down at night, I ring buzzer and staff come quickly and give me whatever I need".

People told us the registered manager was approachable and they were confident to raise any concerns about their safety with them. Policies were in operation to safeguard people from abuse and available to staff. Staff told us about different types of abuse and were comfortable to report any concerns they had to the registered manager or area manager. Staff were confident that any concerns they raised would be addressed quickly. Staff knew how to whistle blow outside of the service if they needed to.

Risks to people had been identified and they had been involved in planning how to manage these. For example, the risk of people falling had been identified and action had been taken to mitigate the risks.

Guidance to staff included how equipment should be used to support people and when it was needed. One person told us they used bedrails to keep them safe when they were unwell as this increased the risk of them falling. Guidance to staff reflected the care the person had planned. Equipment was checked regularly to make sure it was used safely. Assessments of bedrails had been completed and reviewed to minimise the risk of people becoming trapped.

The risks of people losing weight had been assessed using a recognised malnutrition risk assessment. Staff knew people's preferred food and drinks and offer these regularly to help people put on weight. When risks had been identified people had been referred to the dietician. Advice received such as to take food supplements had been followed and people had not lost further weight.

People were protected from the risk of the spread of infection. The risk of people developing an infection had been assessed and staff followed safe infection control procedures including wearing disposable gloves and aprons. Where people were at risk of developing regular infections, guidance was available and followed by staff about how to identify a change in the person's health. Staff complete checks and tests and shared this information with the person's healthcare professional. Community nurses told us staff identified infections promptly and took the correct action.

People told us the service was always clean. When there had been an outbreak of an infectious illness the registered manager took the recommended action to reduce the risk of the infection spreading, including limiting visitors to the service. Monthly infection control audits showed high standards of cleanliness were maintained. Staff had completed infection control and food hygiene training and their skills were checked regularly.

Accidents and incidents had been recorded and analysed to look for patterns and trends. No patterns had been identified and people were not having regular accidents.

Plans were in place and understood by staff about how to support people in an emergency. These included supporting people to move to other parts of the building. Staff had completed fire training. Regular checks were completed on the building and equipment, including fire safety equipment to make sure they were safe. The local fire and rescue service had completed an audit of the service and actions they had recommended, such as the replacement of some doors had been completed.

Staff were recruited safely. Full employment checks were completed before staff started work, including a full employment history and checking references from candidate's previous employers. Each staff member had a Disclosure and Barring Service (DBS) criminal records check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

There were enough staff on duty who knew people well to meet their needs and support them to do things for themselves. People told us that staff responded quickly when they asked for assistance. The registered manager had considered people's needs when deciding how many staff to deploy at different times of the day. Staff had reported to the registered manager that they needed an extra support at night. The registered manager had worked alongside staff at night and had noted that additional support was required at busy times, such as when people wanted to go to bed or get up early. They had informed the provider of this and the provider was considering the action they would take to make the necessary improvements. Staff were not rushed and supported people to do things at their own pace. A registered manager and area manager were on call out of hours to provide any advice and support staff needed.

Is the service effective?

Our findings

The registered manager or senior staff met with people and their representatives to talk about their needs and wishes before they moved into the service. A detailed assessment was completed which summarised people's needs and how they liked their support provided, including their likes and dislikes, religious and cultural beliefs, relationships and family, and personal history. This helped the registered manager make sure staff could provide the care and support the person wanted.

Further assessments of peoples' needs were completed, in line with best practice, when they moved into the service. These included recognised assessments of people's risk of developing pressure ulcers or losing weight. These were reviewed regularly to identify any changes in people's needs and were used to plan their care and support. People's weights were taken and analysed each month or more often if they were at risk of losing weight. When people lost weight they were referred to the dietician and staff followed their advice. Records showed that peoples' weight had increased.

A handover was completed between staff on each shift to make sure they had up to date information on people and their needs. This was recorded and staff referred to it to catch up when they returned from a day off or leave.

People were supported to make choices about all areas of their lives, including how they spent their time and where. 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 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). 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 were being met.

People's capacity to make specific decisions was assessed and recorded. Staff followed guidance in people's care plans and helped them to make decisions in ways they understood, including giving people time to consider and tell staff about their choices. Some people's capacity to make decisions changed during the day and guidance had been provided to staff about when people need extra support to make decisions.

The registered manager was aware of their responsibilities under DoLS. They had assessed people's risk of being deprived of their liberty and had submitted applications to the local authority when people were at risk. We observed that people were free to come and go as they pleased, including with staff, friends and family.

People were supported to maintain good health. Staff were trained to take basic observations of people's health and look for early signs that people's health was changing. They shared this information with people's doctors and nurses. Community nurses told us this information helped them make sure people received care and treatment from the most appropriate person. Staff contacted people's GP or nurse when they needed. One community nurse told us, "I always listen to what the staff tell me. I trust what they are saying". Advice received from healthcare professionals was recorded and used to plan people's care. Community nurses confirmed that advice they gave was always acted on and any changes in people's health and wellbeing were recorded so they could assess if it had been effective.

People had regular health care checks including eye tests. People were encouraged to remain active inside and outside of the service and often went for short walks and took part in gentle exercise. We observed one person walking along the corridor with a staff member. The person told the staff member they liked to do this as it helped them to remain mobile. The staff member agreed and offered the person encouragement.

People told us they liked the food at the service, they had enough to eat and drink and there was always a choice. One person's relative told us their loved one's appetite had increased since moving into the service and "Their face is filling out and they have colour".

Meals and drinks were prepared to meet people's preferences, including dietary needs and cultural preferences. People who needed a low sugar diet were offered the same foods as everyone else but made with sweetener rather than sugar. Meals were balanced and included fresh fruit and vegetables. People continued to be involved in planning the menus at residents' meetings. If people wanted something which was not on the menu the chef prepared it for them.

The weather was very hot during our inspection and had been for several weeks before. Staff prompted people to drink plenty of fluid to make sure they did not become dehydrated. In the middle of the afternoon, when it was particularly hot, staff offered each person an ice lolly. People told us they enjoyed these and they helped them keep cool. A community nurse told us they had seen people being offered ice lollies when they had visited in hot weather and had been offered one themselves which they appreciated.

Staff had the skills, knowledge and experience they needed to meet people's needs. Since our last inspection all the staff who administered medicines had completed 'medication training for managers' and their competency had been assessed. Everyone had been assessed as able to administer people's medicines safely and we observed staff following safe medicine practice. Staff had completed moving and handling training and we observed them supporting people to move safely during our inspection. People told us they felt safe when staff used a hoist to move them.

Staff told us they felt supported by the registered manager and area manager and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice, wellbeing and any areas for improvement and an annual appraisal which included discussing plans for their future development.

The service was decorated in a homely way. There was a large lounge dining room and as well as a quiet lounge where people could watch the television or meet with their friends and relatives. People had brought items of furniture, pictures and other items into the service to make their bedroom more homely. There were safe outside spaces which was accessible to people and their visitors, including an area where people fed chickens and rabbits.

Is the service caring?

Our findings

Everyone we spoke with during our inspection told us staff were kind and caring. People's comments included, "The staff are brilliant", "The staff genuinely care about people and go the extra mile" and "I like all the staff, they are very kind to me. If I want anything doing, they will do it for me if they can".

The registered manager had begun working with 'Ladder to the moon' and organisation that supports service providers to improve people's wellbeing and inclusion in services. They had begun to make small changes which included people and staff working together to care for two chickens and two rabbits. One person enthusiastically introduced inspectors to the chickens and showed them how they fed them and collected the eggs. The person smiled as they fed the chickens and explained about their care. The person chatted to staff about how they had looked after chickens as a child and about happy memories of their family.

People's friends and relatives were able to visit their loved ones and spend time with them as often as the person wished. People's visitors and visiting professionals were made to feel welcome by staff. People were supported to keep in touch with their friends and relatives and celebrate special occasions. One relative commented that they had been pleased to receive a birthday card from their loved one.

People had been asked about their personal history including jobs they had done and people who were important to them including their parents, partners and children. This information was available to staff in people's care records and staff used this information to get to know them.

People had privacy. One person said, "When staff give me a shower, we have a laugh, they always pull the curtains if I am changing". Another person commented, "It's my choice to have my bedroom door open. The staff knock before they come in. They shut the door and curtains if I'm having personal care". Staff described to us how they maintained people's privacy including keeping people covered while they helped them to get washed and maintained people's privacy during our inspection. The provider knew about the new general data protection regulations and kept personal, confidential information about people and their needs safe and secure.

Staff treated people with dignity. They asked people about the support they would like and provided the help people requested. For example, they asked people if they would like help to cut up their meal and checked they were ready before supporting them to move.

People had been given opportunities to discuss their sexual orientation or gender identity and their responses were respected. Staff gave people time to chat privately about their personal relationships if they wanted to. People were treated as individuals and their choices and lifestyles were respected. They were referred to by their preferred names and were relaxed in the company of each other and staff. People had been asked about any preference they had for the gender of the staff member who supported them and these were respected. One of several male staff commented "If a person wanted a female carer to support them and one wasn't available, I would reassure them. I wouldn't go ahead and do it, it is up to them and I

respect their wishes".

People were actively involved in making decisions about their care and were supported to maintain their independence. Staff told us what people were able to do for themselves and the support they gave them. We observed a staff member waiting outside a bathroom. They were chatting to the person through the door and reassuring them that they were there to help when needed. The person asked for help when necessary and the staff member immediately responded. People were encouraged to help themselves from jugs of drinks at mealtimes and staff supported them if they needed help to pour their drink.

Staff knew what caused people to become anxious and gave them the reassurance they needed, during the day and at night. We observed staff speaking to people in the way they preferred. Everyone was calm and staff gave them the reassurance they needed.

Most people were able to share their views about their life with staff and others involved in their care. However, when people required support to do this they were supported by their families, solicitor or their care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as pictures, to support people to tell staff about their needs and wishes and be involved in planning their care.

Is the service responsive?

Our findings

People and their relatives were involved in planning their care with staff. Staff knew people very well and people told us they always received their care and support in the way they preferred. We observed staff supporting one person to go for a bath. The person and staff chatted about if the person wanted their hair washed in the bath or when the hairdresser visited. The person decided to wait for their hair dresser to visit, their decision was respected and they did not have their hair washed.

Staff asked people about their preferred time to get up and go to bed and staff supported them to continue with their routine, information was available in people's care records for staff to refer to. The routines at the service were flexible to people's needs and wishes. For example, breakfast began at 9 am as people preferred this.

Staff worked with people's doctors and nurses to support people to be comfortable and remain at Ramsgate Care Centre at the end of their life if they wanted to. A community nurse told us, "We work in partnership to make sure people are comfortable". 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. Staff stayed with people at the end of their life if their family members were not able to and offered people comfort and reassurance. When people did not have family or friends to arrange their funeral, staff did this for them using information people had given them. Staff also attended people's funerals. One family member had commented, 'Thank you all so much for coming along to our loved one's funeral. We were delighted to see you'.

Staff had begun to gather people's wishes about their end of life preferences, including any advanced decisions and had plans in place to introduce a recognised tool to make sure they gathered all the information people wished to share with them. The registered manager planned to complete training with the local hospice to further develop their skills and confidence.

People's relatives had complimented the staff on the care they had provided at the end of people's lives. People's relatives had commented, 'I can't find enough words to say how amazing, thoughtful, caring, loving, smiling, positive, fabulous you all were when you care for our love one. You did a remarkable job looking after them so well' and 'We can't thank you enough for all the compassionate care and respect every single one of you showed towards our relative'.

People continued to take part in a range of activities and pastimes they had enjoyed before moving into Ramsgate Care Centre, including sport and crafts. International football and tennis tournaments were taking place at the time of our inspection and people were watching these. People told us they had enjoyed celebrating a royal wedding earlier in the year. They had made crowns and bunting and celebrated together with friends, family and staff. A community nurse told us that they had been invited to attend the celebrations and people had encouraged them to join in.

A new activities coordinator had begun working at the service since our last inspection. They had devised an

activity plan with people, which was flexible to people's wishes. Each morning and afternoon people chose what they wanted to do. We observed people taking part in activities on their own or in small groups. The activities coordinator visited people who chose to stay in their bedroom every day and had a chat with them.

People were confident any concerns they raised would be addressed. One person told us, "If I didn't like something I would tell the staff but I haven't had to". Complaints had been resolved to people's satisfaction. Information about how to make a complaint was accessible to people and visitors. Everyone we spoke with told us they were confident to raise any complaints they had and these would be listened to and addressed. Complaints had been investigated and responded to in accordance with the provider's policy. Responses included the action taken to make improvements or an explanation as to why the suggested action could not be taken. The registered manager considered complaints and feedback as learning opportunities. Day to day issues that people raised had been addressed to their satisfaction.

Is the service well-led?

Our findings

In May 2018 we served a fixed penalty notice on the provider and registered manager for failing to provide safe care and treatment at Ramsgate Care Centre in 2015. Fines totalling £8,000 were paid as an alternative to prosecution. The provider and registered manager had learnt from this incident and improved the service, including improving the way medicines were received and recorded. These improvements had been effective and people were now protected from the risks of unsafe care and treatment.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or death. This is so we can check that appropriate action had been taken. Our investigations of the serious incident that occurred in 2015 found that the registered provider had failed to notify CQC of 15 expected and unexpected deaths at Ramsgate Care Centre between June 2015 and 23 March 2016 and September 2016 and January 2017. We served a fixed penalty notice on the provider in December 2017 and fines totalling £1250 were paid. At this inspection we found that the registered manager knew when notifications needed to be sent and we had received notifications when they were required.

In November 2017 we added a condition to the provider's registration requiring them complete monthly checks on medicines and send us a report any actions that had taken or planned to take to correct any shortfalls and prevent them from occurring again. We received these reports as required. The reports showed that checks completed had been effective and any shortfalls had been identified promptly and action had been taken to prevent them from happening again.

Effective checks were completed on all areas of the service. The registered manager and senior staff completed monthly checks and other specialists, such as a health and safety expert completed other audits. Since our last inspection the area manager and registered managers from other services have completed checks at Ramsgate Care Centre to support the manager to develop the service. Previously we found that checks on medicines had not always identified shortfalls. At this inspection we found medicines checks had improved and were now robust. Any shortfalls had been identified within 24 hours and action had been taken to address them.

The registered manager monitored staff practice to check people received care and support to the standard they required, this included working alongside them. Any shortfalls identified were addressed immediately and staff were held accountable for their practice. When necessary, staff were supported to develop their skills and knowledge.

In order to improve the rating for this key question to Good, we will continue to monitor the service to make sure that the improvements are embedded and sustained.

People, their relatives and visiting professionals told us they felt the service was well led. One person's relative described the registered manager as "amazing". People chatted comfortably to the registered manager during our inspection and told us they were always available.

People, their relatives, staff and visiting professionals were asked for their views on the service at residents' meetings and through annual quality assurance surveys. No responses had been received to the 2017 survey. To reduce the risk of this happening again the survey had been shortened and people had been given a stamped addressed return envelope. The 2018 surveys had been sent out shortly before our inspection. Responses were to be received and analysed by the provider. A process was in place to develop an action plan to address any shortfalls.

People had made suggestions about improvements to the service at residents' meetings and these had been acted on. People were also able to meet with the registered manager and area manager when they wished. Again, any suggestions and requests were acted on to improve the service people received. The provider and registered manager had plans in place to improve the service. The provider was planning improvements to the building and the registered manager was implementing a 'hydration trolley' which would be taken to each person daily with a selection of drinks and foods high in water such as jelly and ice lollies.

The registered manager had been working at the service for many years. They were supported by an area manager and senior care staff. A deputy manager had been employed to provide further support and was completing their induction. There was a culture of openness; staff and the management team spoke with each other and with people in a kind and respectful way. Staff told us the management team were approachable and supportive and always available to give them advice and guidance. One staff member told us, "I can go to the manager about absolutely anything and they aren't baffled by it. They greet me with open arms. I couldn't get a better manager".

The provider continued to have a clear vision of the service which included supporting people to be as independent as they could be. Staff and the registered manager shared the provider's philosophy and provided the service as they required. Staff were clear about their roles and responsibilities and the registered manager held them accountable. Staff were reminded of their roles at regular staff and supervision meeting. All of the staff and visiting professional we spoke with told us they would be happy for their relative to receive a service at Ramsgate Care Centre.

The registered manager kept their skills and knowledge up to date, including using information such as hydration charts from the local clinical commissioning group to improve the service. Plans were in place for the registered manager to attend local meetings and workshops for registered managers. They continued to work in partnership with community professionals, including a Clinical Nurse Specialist for Older People, to ensure people received the care and treatment they needed. A community nurse told us that communication between the staff and the community nursing team was "fantastic".

Records of people's needs and the care they had received were accurate and up to date. All staff had access to information about people when they needed it.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating in the entrance to the service and on their website.