

Oceanic Care Services Ltd

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Inspection report

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Date of inspection visit:
14 November 2018

Date of publication:
03 December 2018

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

This inspection took place on the 14 November 2018 and was announced. This was the first inspection of this service since it was registered with the Care Quality Commission and the service first began providing support to people in September 2018. We did not give a rating to the service as there was only a limited number using the service. There was not enough information about the experiences of a sufficient number of people using the service over a consistent period of time to give a rating to each of the five questions and an overall rating for the service.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It is registered to provide a service to older adults, younger adults, people with learning disabilities or on the autistic spectrum, people living with dementia, people with an eating disorder, sensory impairment or physical disability.

The service had a registered manager in place. 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Infection control was managed in a safe way.

Staff received comprehensive induction training to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. Relatives were kept up to date with issues relating to people and staff understood what to do in an emergency situation.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity. People's right to confidentiality was respected.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Infection control was managed in a safe way.

Inspected but not rated

Is the service effective?

New staff undertook induction training to support them in their role. Staff had one to one supervision meetings.

People were able to make choices about their care and the service operated within the principles of the Mental Capacity Act 2005.

Assessments were carried out of people's needs prior to the provision of care to ensure those needs could be met.

Inspected but not rated

Is the service caring?

People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Inspected but not rated

Is the service responsive?

Care plans were in place which set out how to meet people's needs in a personalised manner.

The service had a complaints procedure in place and people knew how to make a complaint.

Inspected but not rated

Is the service well-led?

Inspected but not rated

People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

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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 the 14 November 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to facilitate our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed information we already held about this service including details of its registration. Due to technical problems, the provider was not able to complete a 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 took this into account when we inspected the service and made the judgements in this report. We contacted the host local authority to seek their views about the service.

During the inspection we reviewed the records relating to all people using the service including their care plans and risk assessments. We looked at the recruitment, training and supervision records for two staff. We examined various policies and procedures and looked at the quality assurance and monitoring systems in place. We spoke with the registered manager and after the inspection we spoke with one care assistant and one relative of a person using the service by telephone.

Is the service safe?

Our findings

People told us they felt they were safe using the service. A relative replied, "Yeah, I have no worries about that" when asked if they felt their relatives were safe.

The service had a safeguarding adults policy which made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). There was also a whistle blowing policy in place which made clear staff had the right to whistle blow to outside agencies such as CQC if appropriate. The registered manager and staff were aware of their responsibility to report any safeguarding allegations. The registered manager told us, "I have to make an alert to the local authority, I may have to inform the police as well as CQC." A staff member said, "The first thing I would do is inform my manager if I notice any abuse. If they don't take it from there I can inform the council." The registered manager told us there had not been any allegations of abuse and we found no evidence to contradict this.

The registered manager told us the service did not spend money on behalf of people which reduced the risk of financial abuse. There was a policy in place about financial protection which made clear staff were not permitted to borrow money from people or be a signatory or beneficiary of a will. The policy also stated staff could not accept cash gifts from people but could accept a small gift such as a box of chocolates at Christmas, which they had to declare to the registered manager. The registered manager told us no such declarations had been made.

Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. Assessments covered the physical environment and moving and handling. The registered manager told us no one using the service exhibited behaviours that challenged the service and no form of physical restraint was used when working with people. Staff confirmed this was the case.

The registered manager told us there had not been any missed calls and that staff punctuality was good. People confirmed this, a relative told us, "There was one time when [care staff] was a little late but they called. Usually they are good as gold." A staff member said, "If I am running late I have to call the office, but I've never really been late." The registered manager told us that on arrival at a person's home staff were required to log-in electronically using the person's phone. This enabled the registered manager to monitor that staff arrived on time. We saw records that confirmed this arrangement was in place.

The service had robust staff recruitment practices in place. Staff told us and records confirmed that pre-employment checks were carried out on prospective staff. Records showed checks undertaken included criminal record checks, employment references, proof of identity and a record of previous employment. This meant the service sought to employ staff who were suitable to work in a care setting.

The registered manager told us they did not currently provide support to anyone with medicines. One person was on prescribed medicines but the registered manager said, "They are in charge of their medicines." The service did have a policy and procedure about medicines which covered the obtaining, storing, administration and recording of medicines.

The registered manager told us staff were expected to wear protective clothing including gloves and aprons when providing support with personal care and staff confirmed this. We saw there was a good supply of protective clothing in stock at the service's office. The service had a policy on infection control which stated staff were required to wear protective clothing and to wash their hands before and after the provision of support with personal care to people.

The registered manager told us there had not been any accidents or incidents or near misses at the service. There was a policy in place regarding accidents and incidents. This stated they had to be recorded by staff and reported to the registered manager who, "Will take those actions necessary to minimise the danger of the same accident/incident in future."

Is the service effective?

Our findings

People told us the service provided effective support. A relative said, "I would recommend them, they have been good so far."

The service carried out an assessment of people's needs prior to the provision of care to see what their needs were and if the service could meet them. The registered manager said of the most recent person to receive support, "I went to their house to find out what they wanted us to do. Their [relative] was there too." We saw assessments were in place which included details of people's religion and ethnic origin, their medical condition and support need related to personal care.

New staff completed induction training at the start of their employment. This included shadowing experienced staff as they worked with people to learn how to support individuals, classroom based training and completion of the Care Certificate. The Care Certificate is a training programme designed specifically for staff that are new to working in the care sector. At the time of inspection care staff had only been employed for approximately two months. The registered manager told us that no further training had taken place since the staff's induction, although a member of staff confirmed they were booked to attend end of life care training the week after our inspection. The induction training covered first aid, privacy and dignity, nutrition, health and safety, infection control, safeguarding adults and moving and handling.

The registered manager said it was their intention that care staff would receive formal one to one supervision six times a year. At the time of inspection records showed staff had had one supervision meeting. This included discussions about people who used the service, training, record keeping and the views of the staff member on how the work was going. A staff member told us, "I did have one supervision. [Registered manager] talked about policies and procedures, safeguarding, whistle blowing and how my work is going."

The registered manager told us the service did not prepare food for people or support anyone to eat. Staff did sometimes make a cup of tea for one person and their relative told us the person said they made a 'perfect' cup of tea.

Care plans included contact details of people's next of kin and their GP so they could be contacted in an emergency. A relative told us the service was good at keeping them informed of any issues. Staff knew what action to take in an emergency situation and a staff member told us on one occasion they had phoned for an ambulance as the person was unwell. Care plans also included details of other agencies that were involved in the person's care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager told us everyone using the service at the time of our inspection had full mental capacity to make all decisions about their care and support and their relative confirmed this. Staff had undertaken training about the MCA and were aware of the importance of supporting people to

make decisions about their care. A member of staff said about the person they supported, "They have 100% capacity. You ask them what they want and they can tell you. They might say 'can I have a cup of tea' and I will make it. Anything they want, they make the decision."

Is the service caring?

Our findings

People told us staff were kind and caring. A relative said, "They are brilliant, I don't have any problems. The carer is really good, they speak to my [relative] and give them choices." The same relative described one of the care staff as 'lovely' and said of their relative, "They like them [staff]."

To help promote continuity of care people were provided with the same regular care staff. Relatives confirmed this was the case. If there was a change of care staff for whatever reason the registered manager told us people would be informed in advance of this. They also said that if a staff member was going to work with a person for the first time, "I would go with them the first day and talk them through what was to be done." The registered manager told us if required they could provide support to people, telling us they were experienced in the role of care staff.

Staff had a good understanding of how to support people in a way that promoted their privacy and dignity. One staff member said, "I have to knock (on the door before entering). If they need the loo I will leave the room and they will call out when they are ready. If the blinds are open I have to close them. If I have to give them a wash I will cover the lower part of their body and wash the upper part so they are not naked and maintain their dignity." Another staff member said, "The first thing I do I have to make sure the blinds are closed. I have to get permission from the service user to do what I am going to do."

Care plans set out what tasks people required support with and what they are able to do independently. Staff told us they supported people to be as independent as possible. One staff member said, "I have to encourage [person] to do as much as they can for themselves. They can wash their face." Another staff member said, "I say [to person] 'please can you wash your face' and they say 'all right, I can do that'."

The registered manager told us that no one using the service at the time of our inspection identified as being LGBT but added if anyone did, "It would not be a problem, not in the 21st century." They told us people using the service did not have any specific needs relating to equality and diversity that were relevant to the support provided by the service.

The service respected people's right to confidentiality. Confidential records were stored securely in locked cabinets and on password protected computers. Staff understood the importance of respecting confidentiality and policies made clear that staff did not have the right to share information about people unless authorised to do so.

Is the service responsive?

Our findings

People told us staff were responsive to people's needs. A relative said, "[Named staff member] has made them feel really comfortable. [Relative] was worried about it at first but now feels comfortable."

Care plans were in place for people. These set out how to support people in a personalised manner. For example, the care plan for one person stated, "Care staff to set bowl of water and flannel, wash the person, apply cream and assist with dressing. Care staff to make the bed tidy." Care plans covered needs associated with behaviour, cognition, communication, mobility, skin, continence and personal care. Care plans had been signed by the person which indicated their involvement in them and their agreement with them.

The care plan for one person was out of date. It stated that staff were responsible for preparing breakfast for the person but the registered manager told us they did not do this. They said the person had initially requested this but it was then decided that their relative would do this. The registered manager told us they would update the care plan accordingly. The registered manager told us care plans would be subject to review every three months but as no one had been using the service for that length of time no reviews had as yet been undertaken. The registered manager also told us staff completed daily records of care provided each day but these were at people's homes. Care staff confirmed they were expected to complete daily records. One staff member said, "I do a record, I have to put everything in the record."

People told us they had not had to make a complaint but knew how to should the need arise. A relative said, "Any problems and I can talk to the office." The service had a complaints procedure in place which included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. People were provided with a copy of the procedure to help make it accessible to them. The registered manager told us there had not been any complaints received and we found no evidence to contradict this.

Care plans did not cover end of life care. The registered manager told us people using the service at the time of our inspection were resistant to having such a care plan. The service worked with other agencies including the palliative care team and district nursing service to meet people's needs.

Is the service well-led?

Our findings

People told us they were happy with the support from office staff. A relative said, "I've got the manager on my phone so I can call them straight away if there was a problem."

The service had a registered manager in place and staff spoke of them positively. One staff member said, "My relationship with my manager is professional. They are understanding, I don't have problems with them, they are very supportive."

The service had produced an 'Employee Handbook' and all staff were given a copy of this. The handbook included information that was helpful to staff, for example, in relation to safeguarding, health and safety and confidentiality. This helped to ensure staff were knowledgeable about what was expected of them in their role.

The registered manager told us they carried out spot checks, known as 'on site supervision' to monitor staff's performance. They said these checks were unannounced and told us, "The purpose is to ensure the carers are doing what they are supposed to do. Making sure they treat the client with respect. Its an opportunity to see how staff communicate with the client." Records of these checks showed they also looked at staff punctuality, record keeping and how well staff completed required tasks. A member of staff told us, "[Registered manager] came one morning, they were checking what I did."

The registered manager told us they conducted telephone monitoring with people to gain their views of the service provided. Records of these calls showed that people were asked if staff were punctual and stayed for the full amount of time, if the staff were competent and also if office staff responded in a polite and helpful way. Feedback on completed monitoring forms was positive.

The registered manager said there had not, as yet, been any staff meetings but that one was scheduled for two weeks time. They also said they had not yet done any audits, saying, "There is nothing to audit at the moment because its just a few weeks (that they had been providing care to people)." However, a survey of people had been carried out. This asked people to complete a questionnaire giving their views on issues such as how well staff respected their rights and encouraged their independence. Completed forms contained positive feedback and the registered manager told us they planned to issue a new survey every six months.

The registered manager told us the service was affiliated to the UK Homecare Association, which is a trade body representing providers of domiciliary care in the UK. The registered manager said, "I get updates of any policy changes and information about training providers [from the UK Homecare association]."