

Mr. Geoffrey Briddick

# Ocean View Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Ocean View provides accommodation and personal care for up to 25 older people who may be living with a dementia or have needs relating to their mental health. At the time of our inspection there were 22 people living at the home. Ocean View does not provide nursing care. Where needed this is provided by the community nursing team.

This inspection took place on the 3, 4 & 7 November 2016; the first day of our inspection was unannounced. One adult social care inspector carried out this inspection. Ocean View was previously inspected in April 2014, when it was found to be compliant with the regulations relevant at that time.

The home had a registered manager. 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's medicines were not always managed safely; although the manager assured us people were receiving their medicines, records did not always match with what was held in stock. This meant we were unable to determine that people were receiving their medicines as prescribed. Where people were prescribed medicines to be given "as needed," there was no guidance provided for staff as to when this should be used. Although staff had received training in the safe administration of medicines, their practice was not always safe. For instance, where specific medicines needed additional monitoring, staff did not always ensure best practice was followed. This had led to the home being unable to account for nine tablets. On the second day of the inspection, we found the medicines trolley had been left open and unattended. This meant the home did not have a robust system in place to ensure people or unauthorised staff could not access medicines. People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. The home had appropriate arrangements in place to dispose of unused medicine. We saw medicine that required refrigeration was kept securely at the appropriate temperature.

People may not be protected from the risk of harm as they were living in an environment that may not be safe. Whilst some premises checks had been completed there were no recordings of water testing or water temperatures being carried out. These checks are important as they allow staff to monitor that water is at its optimum temperature to kill legionella bacteria and protect people from scolding when having a bath or shower.

Records showed that routine checks on fire and premises safety had not been completed in line with the home's legal responsibilities. A fire risk assessment had been completed in June 2016 and an action plan had been developed in relation to providing fire detection and fire fighting equipment as well as a number of maintenance issues relating to the home's fire doors. There was no record of any action having been taken to complete the requirements of the assessments. This meant the provider had known there were

risks in relation to fire safety but had not taken action to resolve them. We have shared these concerns with Devon and Somerset Fire Service.

People were not protected by safe recruitment procedures as the arrangements for recruiting staff had not ensured all staff employed were suitable to work with vulnerable people. We reviewed staff recruitment and found the registered manager had not carried out Disclosure and Barring Scheme checks (police check) for two members of staff currently working at the home.

We looked at home's quality assurance and governance systems and found the provider did not have effective systems to assess and monitor the quality and safety of the service provided at the home. The quality assurance and monitoring systems had failed to identify a number of concerns we found at this inspection. Whilst some premises checks had been carried out, risks to people's health and wellbeing had not always been identified, assessed or mitigated.

People said they felt safe and well cared for at Ocean View; their comments included "I do feel safe," "I'm very happy," "It's ok, I have no complaints." Relatives told us they did not have any concerns about people's safety.

People were protected from abuse and harm. Staff received training in safeguarding vulnerable adults and demonstrated a good understanding of how to keep people safe. There was a comprehensive staff-training programme in place. These included safeguarding, first aid, pressure area care, infection control, moving handling, and food hygiene. Some staff had received additional training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

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 told us they were involved in their care and support, attended regular reviews, and had access to their records. We saw staff sought people's consent and made every effort to help people make choices and decisions.

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. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The home had a keypad system in operation to keep safe those people who would be at risk should they leave the home unaccompanied. Those people who were safe to leave without staff support were given the keypad number to the front door, ensuring that their legal rights were protected and they were not deprived of their liberty.

People's care plans were informative, detailed, and designed to help ensure people received personalised care. Care plans were reviewed regularly and updated as people's needs and wishes changed. People were supported to follow their interests and take part in social activities.

Risks to people's health and safety had been assessed and regularly reviewed. Each person had a number of detailed risk assessments, which covered a range of issues in relation to their needs, which included personal emergency evacuation plan (PEEP).

People told us they enjoyed the meals provided by the home. Comments included, "the food is good", "very nice," and "there's always a choice." The daily menu was displayed on a board in the main hallway and each

morning care staff supported people to choose what they wanted for eat. People were freely able to help themselves to snacks and drinks when they wanted, and we saw people who were not able, being offered snacks and drinks throughout the day.

People, relatives, and staff spoke highly of the registered manager and provider, and told us the home was well managed. Staff described a culture of openness and transparency where people, relatives and staff, were able to provide feedback, raise concerns. The home had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People's medicines were not managed safely, as people could not be assured they would receive their medicines as prescribed

Premises safety was not being managed in an effective way. Where risks had been identified there was no evidence that action to reduce these risks.

Recruitment procedures were not safe, as they had not ensured that appropriate checks were undertaken before staff started work.

People were protected from harm as the provider had systems in place to recognise and respond to allegations of abuse.

There were sufficient numbers of skilled staff on duty to meet people's needs.

### Is the service effective?

**Good** 

The service was effective.

People were supported to make decisions about their care by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were cared for by skilled and experienced staff who received regular training and supervision, and who were knowledgeable about people's needs.

People's health care needs were monitored and referrals made when necessary.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

### Is the service caring?

**Good** 

The service was caring.

Staff promoted people's independence and respected their dignity.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People and their relatives were involved in making decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

Concerns and complaints were managed well. People felt comfortable to make a complaint and there was a variety of ways for people to make suggestions and share ideas.

People were able to make choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

There was a programme of activities and social events meaning people were well occupied and stimulated.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems to assess and monitor the quality of care were not effective, as they had not identified a number of concerns we found at this inspection

Records were not always well maintained, up to date or accurate.

The management team were approachable and people felt their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the home.

# Ocean View Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

Prior to the inspection, we reviewed the information held about the home. This included previous inspection reports and notifications we had received. A notification is information about important events, which the home is required to tell us about by law. During the inspection, we spoke and met with most people who used the service. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us. However, we did use the principles of this framework to undertake a number of observations throughout the inspection.

We looked at the care records for five people to check they were receiving their care as planned and how the home managed people's medicines. We also reviewed the staff recruitment, training and supervision files for six staff. We reviewed the quality of the care and support the home provided, as well as records relating to the management of the home. We spoke with five members of staff, the chef, the registered manager and the registered provider. We looked around the home, including some people's bedrooms with their permission as well as the grounds. We also spoke with five relatives of people currently supported by the home. Following the inspection, we sought and received feedback from two health and social care professionals who had regular contact with the home.

# Is the service safe?

## Our findings

People's medicines were not always managed safely. The systems in place to monitor the receipt and stock of medicines held by the home were not effective. Although the manager assured us people were receiving their medicines, records relating to people's medicines did not always match with what was held in stock. Medicine Administration Records (MARs) were not always completed accurately; this meant the manager was unable to determine that people were receiving their medicines as prescribed. Where people were prescribed medicines to be given "as needed," such as for the management of pain, there was no guidance provided for staff as to when this should be used.

Although staff received training in the safe administration of medicines, staff did not always ensure best practice was followed. For example, one person was receiving medication, which was legally required to be recorded in a separate record. Staff were not maintaining these records in a way that met the provider's legal responsibilities. Staff who signed these records were not checking the amount of medicine held by the home prior to administering. This had led to the home being unable to account for nine tablets. The registered manager assured us they would carry out a full investigation and ensure all staff responsible for administering medicines followed the correct procedures. Following the inspection the registered manager confirmed the action they had taken following their investigation.

On the second day of our inspection, we found the medicines trolley had been left open and unattended. This meant the home did not have a robust system in place to ensure people or unauthorised staff could not access medicines.

People may not be protected from the risk of harm as they were living in an environment that may not be safe. Whilst some premises checks had been completed in, a timely manner there was no recordings of water testing or water temperatures being carried out. These checks are important as they allow staff to monitor that water is at its optimum temperature to kill legionella bacteria. The checks also ensure that staff are monitoring the temperature of the water to protect people from scolding when having a bath or shower. Whilst we did not find any taps where very hot water was being delivered, staff were not carrying out checks to ensure this was always the case.

There were no fire extinguishers on the first floor of the building, and the only fire extinguishers we could find on the ground floor were located in the main lounge and kitchen. Staff told us they had been temporarily moved as the corridors and hallways were in the process of being redecorated. We raised our concerns with the registered manager, who had been unaware that the fire extinguishers had been removed and assured us they would take immediate action. On the third day of the inspection, we saw the registered manager had taken action to address our concerns and all fire extinguishers had been returned to their positions.

We reviewed the home's fire safety precautions. Records showed that routine checks on fire and premises safety had not been completed in a regular and timely manner, which the home is legally required to complete. For instance, there were no records to show the home was testing emergency lighting or carrying out routine visual inspections of the home's fire doors or fire fighting equipment. A fire risk assessment had



been completed in June 2016 and an action plan had been developed. The areas requiring action related to providing fire detection in the hair saloon, suitable fire fighting equipment (extinguishers), inadequate compartmentation and a number of maintenance issues relating to the home's fire doors. For instance, seven doors were not closing correctly, two doors did not have intumescent seals and one door had been identified as having an excessive gap. There was no record of any action having been taken to complete the requirements of the assessments. This meant the provider had known there were risks in relation to fire safety but had not taken action to resolve them. We have shared these concerns with Devon and Somerset Fire Service.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People were not protected by safe recruitment procedures as the arrangements for recruiting staff did not adequately protect people using the home. We looked at the recruitment files for staff currently working at Ocean View and found the registered manager had not carried out DBS checks (police check) for two members of staff as part of the process to help ensure all staff employed were suitable to work with people who are vulnerable due to their circumstances. Those staff were working unsupervised at the home. We raised this with the registered manager who told us this had been an oversight; the two people we identified were related to the registered manager and the registered provider. The registered manager assured us they would obtain DBS checks for the two members of staff and confirm with us when they had been received.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they felt safe and well cared for at Ocean View: their comments included "I do feel safe," "I'm very happy," "It's ok, I have no complaints." Relatives told us they did not have any concerns about people's safety. One relative said, "I have no concerns about the care [person's name]." A visiting healthcare professional told us that people always looked well cared for. "[Registered manager's name] has a strong team who are able to look after some very complex and challenging people, and they do it well."

People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. The home had appropriate arrangements in place to dispose of unused medicines, which were returned to the local pharmacy. We saw medicine that required refrigeration was kept securely at the appropriate temperature.

People's topical medicines and creams were well managed. Each person had clear guidance, indicating which creams should be used when and where and staff had signed to confirm they had been applied.

People were protected from the risk of abuse and harm. Staff demonstrated a good understanding of how to keep people safe and how and who they would report concerns to. The policy and procedures to follow if staff suspected someone was at risk of abuse were displayed in the main office. These contained telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the registered manager. Staff knew which external agencies should be contacted should they need to do so.

People told us there were sufficient staff on duty to meet their care needs. One person said, "there always someone around when I need them." A relative said, "I don't have any concerns about staffing levels when I visit." On the day of the inspection, there were three care staff on duty, who were supported by a senior supervisor. The registered manager and a number of ancillary staff such as the housekeeper, chef, and

maintenance staff were also on duty.

The registered manager told us staffing levels were determined according to people's needs and adjusted the rota accordingly. Staff confirmed that when people's care needs increased, for instance, if they were unwell, staffing levels were increased to ensure people's care needs were met safely. During the night, people were supported by two waking night staff.

Risks to people's health and safety had been assessed and regularly reviewed. People's care plans contained detailed risk assessments and management plans, which covered a range of issues in relation to people's needs. For example, risks associated with skin care, catheter care, poor nutrition, and mobility had all been assessed. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk and action, staff should take in order to minimise these risks.

Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

All accidents and incidents were recorded and reviewed by the registered manager. They collated the information to look for any trends that might indicate a change in a person's needs and to ensure the physical environment in the home was safe.

## Is the service effective?

### Our findings

People spoke positively about the care and support they received at Ocean View. People told us they were well cared for, and had confidence in the staff supporting them. Comments included, "I am very happy here", "the staff are kind and nice", "it's ok, if I have to live somewhere it might as well be here." One person's relative said, "The manager and staff seem competent and professional." Another said, "I think the staff are all marvellous and they look after [person's name] really well, they really understand how to care for [person's name]."

People were able to see a range of health care services when needed, and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. People's care plans contained details of their appointments. Where changes to people's health or wellbeing were identified records showed staff had made referrals to relevant healthcare professionals in a timely manner. An external healthcare professional told us they found staff to be pro-active in their approach and made appropriate referrals to them. Another told us staff were, "Very knowledgeable about people's health needs," and they were confident any recommendations would be acted upon appropriately.

Staff received regular supervision and annual appraisals with a named supervisor. Supervisors assessed staffs' knowledge by observing staff practice and recording what they found. Supervision gave staff the opportunity to discuss how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff told us they felt supported and valued by the home's management team. One staff member said, "They really listen to what we need."

People were supported by staff who were knowledgeable about their needs and wishes and had the skills to support them. There was a comprehensive staff-training programme in place and the home's training matrix indicated when updates were needed. Records showed staff had undertaken a comprehensive induction and received regular training in a variety of topics. These included safeguarding, first aid, pressure area care, infection control, moving handling, and food hygiene. Some staff had received additional training in the Mental Capacity Act and Deprivation of Liberty Safeguards and safe handling of medications.

Staff showed a good understanding of the Mental Capacity Act (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. One member of staff told us how they recognised that sometimes people struggled to make their own decisions about day-to-day care, so needed other people to offer support and make decisions in their best interests.

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 told us they were involved in their care and support, attended regular reviews and had

access to their records. We saw staff sought people's consent and made every effort to help people make choices and decisions.

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. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The home had a keypad system in operation, which prevented people who would be unsafe from leaving the home without support. However not everyone living at the home had been assessed as unsafe to leave. These people were given the keypad number to the front door, ensuring that their legal rights were protected and they were not deprived of their liberty. At the time of our inspection, the registered manager told us that a number of DoLS applications had been made to the local authority. Due to the large number of applications being processed by the local authority, no authorisations had been approved.

People told us they enjoyed the meals provided by the home. Comments included, "the food is good", "very nice," and "there's always a choice." One person told us, "Lunch was lovely today." The daily menu was displayed on a board in the main hallway and each morning care staff supported people to choose what they wanted for eat. Staff told us that people were able to choose what they wanted to eat and where they had their meals. We observed people were able to have their meals in the dining room, the lounge or in their own rooms if they wished. Meals were freshly made, well balanced and nutritious with a variety of options for people to choose from. People, who did not wish to have the main meal, could choose an alternative.

Where people required a soft or pureed diet to reduce the risk of choking, this was being provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals. The chef told us they were provided with detailed guidance on people's preferences, nutritional needs and allergies. In addition, we saw there was a list of people's dietary requirements in the kitchen. We heard staff offering people choices during meal times and tea, coffee, and soft drinks were freely available. People were able to access the kitchen with support and, where appropriate, people were provided with tea and coffee facilities in their rooms.

We walked around the building with the registered manager. We looked at all communal areas and in some bedrooms with people's permission. We found the environment needed some attention as the building and decoration was dated in places. However the provider had a clear plan in place and was in the process of replacing part of the roof following recent rain damage, and many of the internal corridors were in the process of being prepared ready for redecoration. The provider was commitment to constantly making improvements. They had already completed the first phase of the garden development, which involved complete replacement of a decked area to the side of the property.

# Is the service caring?

## Our findings

People told us they were happy living at Ocean View. One person said, "I like it here. The staff are good, I've no complaints." Another person said, "The staff are very good and supportive, they don't judge people." Relatives told us they were happy with the care and support people received from staff. They said the staff are patient, friendly and kind. People looked well-groomed and well dressed, which indicated their personal care needs, were being met.

There was a relaxed and friendly atmosphere within the home. Staff spoke fondly about people with kindness and affection. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. Throughout the inspection, staff had the time to sit and spend quality time with people and showed a genuine interest in their lives. People responded well to staff. We observed a lot of smiles, laughter and affection between staff and people they supported. People told us they were happy with the care and support they received and said staff were nice, kind, and caring. One person said, "They really try to support people and that's not always easy." Relatives spoke very highly of the staff. One relative told us "The staff were kind, thoughtful and would do anything for people." Staff told us they enjoyed working at the home. Staff comments included, "We provide the best care we can give" and "People come first here, that's the way it should be."

People's care plans were clear about what each person could do for themselves and how staff should provide support. People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, what they liked to do and when they liked to get up and go to bed.

People told us staff treated them with respect, maintained their dignity and were mindful of their need for privacy. We saw staff knocked on people's doors and waited for a response before entering. When staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality. For instance, when one person requested help with their personal care; staff approached the person sensitively and promptly, and supported the person in a calm and relaxed manner. People told us staff supported them in a considerate way, which did not make them feel rushed. Staff said we support people the way they want to be supported. They said, "If someone wants a lie in, that's fine, we respect that" and "We offer support when the person requests it."

People were involved in making decisions about their care and support. They told us they made choices every day about what they wanted to do and how they spent their time. One person said, "I can go to bed and get up when I want, I can have my meals in my room if I choose." People felt their views were listened to and respected. Records showed people's views had been sought as their needs had changed. Staff told us how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences. For instance, we heard staff asking people's permission before offering care and support and if people said no this was respected. Staff returned to people a few minutes later to see if they were ready to be assisted.

People's bedrooms were personalised, decorated to their taste and furnished with things, which were meaningful to them. Relatives were able to visit at any time and made to feel welcome.

## Is the service responsive?

### Our findings

People and relatives, were involved in identifying their needs and developing the care provided. The registered manager carried out an initial assessment of each person's needs before and after they moved into the home. This formed the basis of a care plan, which was further developed with the person and their relatives, after the person moved in and staff had got to know them.

People's care plans were informative, and designed to help ensure people received personalised care that met their needs and wishes. Care plans provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs and medical history. Staff spoke affectionately about people and demonstrated a detailed understanding of people's needs and preferences. For instance, staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

Staff had a good understanding of people's needs and preferences and how they liked to spend their day. We were told how one person did not like to be woken up in the morning or to change their clothes as this caused them to become anxious and distressed. Staff told us how they let the person to wake up by themselves and explained how they assisted the person to maintain their personal care and appearance. This showed they respected the person in a way that lessened their anxiety and supported them to remain in control.

Some people's care plans identified they needed support to manage long-term health conditions. Staff had sought professional advice and guidance, which had been incorporated into the person's plan of care. For instance, one person's care plan provided guidance for staff on how to help the person to manage their diabetes. Their care plan provided staff with information on how to recognise signs and symptoms that would indicate this person was becoming unwell and what action staff should take.

Where people had specific needs relating to living with dementia or long term mental health needs, guidance had been provided for staff in how best to support people. For instance, one person was known to become distressed, anxious and verbally aggressive. The home had sought professional guidance and developed a plan for staff to follow to support this person's well-being and minimise the impact this might have. Staff were able to describe how they supported this person during these times.

People told us they were involved in developing their care and support and were asked how they felt about the care they received. One person told us they were involved in writing their care plan and afterwards had read it to make sure staff had listen to what they said. People were given the opportunity to sign care plans and relatives told us staff actively encouraged their involvement in people's care and kept them fully informed of any changes.

Each person's care plan included information on the level of support the person required and had been regularly reviewed to ensure they accurately reflected the person's current care needs. When a person's needs had changed, this was documented during the review process and additional guidance provided for

staff on how to meet the person's changing care needs. For instance, one person had recently undergone a minor surgical procedure and whose aftercare was being managed by the district nursing team. Records showed changes had been passed on to staff through handovers and used to update the person's plan of care.

People were supported to follow their interests and take part in social activities. Each person's care plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. A relative told us how the staff regularly organised indoor football knowing their relation's love of the game. Records showed that people were involved in activities both in the home as well as in the local community. For instance, people were supported and encouraged to go shopping or out for coffee in the home's minibus. Other activities included musical entertainment, animal therapy, massage therapy reminiscence, board games and quizzes. One person said they really enjoyed the music sessions, saying, "They plays all the old songs which I love." Where people choose to spend time in their rooms we saw staff had time to spend with people to avoid them becoming isolated.

People and relatives were aware of how to make a complaint, and felt able to raise concerns if something was not right. People we spoke with were confident their concerns would be taken seriously. One person said they would speak to the manager or staff if they were unhappy. Another said, "I have no complaints, I did raise something once and it was sorted out without any fuss." One relative said, "I'm confident that if I ever had to raise any concerns they would be dealt with." Staff felt able to raise any concerns. They told us the management team were approachable and they would be able to express any concerns or views.

The home's complaint procedure was displayed in the main hallway. This clearly informed people how and who to make a complaint and gave people guidance along with contact numbers for people they could call if they were unhappy. We reviewed the home's complaint file and saw that where people had raised concerns these been investigated in line with the home's policy and procedures and concluded satisfactorily.



# Is the service well-led?

## Our findings

We looked at homes quality assurance and governance systems to ensure procedures were in place to assess, monitor and improve the quality of the services provided at Ocean View.

We found the homes quality assurance and monitoring systems were not effective and had failed to identify a number of concerns we found at this inspection. For instance, quality assurance systems had failed to ensure people's medicines were managed safely. Although there were checks and medicine audits were taking place, staff had not identified that people's medicine stocks levels did not tally with the numbers of medicines recorded on their Medicine Administration Records (MARs).

Arrangements for recruiting staff did not adequately protect people. Although, the provider had a recruitment procedure and policy in place' the quality assurance systems had not identified where checks had not been completed. This meant they did not have a robust system in place to ensure all staff recruited were safe to work with people who are vulnerable due to their circumstances

People may not be protected from the risk of harm as they were living in an environment that may not be safe. Whilst some premises checks had been completed, Risks to people's health and wellbeing had not always been identified, assessed or mitigated. The provider had known there were risks in relation to fire safety but had not taken action to resolve them.

We raised our concerns about quality assurance systems and governance with the registered manager. The registered fully accepted that the quality assurance system had not identified our concerns and said they would take immediate action. They told us they were regularly supported by the provider through twice weekly meetings and they were always available by phone should they need anything. These meetings were used to discuss all aspects of the home and any improvements that needed to be made as a result. However, these meeting were not recorded.

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

People and staff told us the home was well managed and described the management team as open, honest and approachable. Relatives told us they were very visible within in the home and had an excellent working knowledge of people who lived there. Staff were positive about the support they received and told us they felt valued.

The management team told us their vision for the home was to maintain a happy, stimulating and stable environment for the people who lived at the home. They also wanted to support people to be as independent as possible and live their life as they chose. Staff had a clear understanding of the values and vision for the home and told us how they strongly believed in people's right to make their own decisions and choices.

The management and staff structure provided clear lines of accountability and responsibility. Staff knew whom they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns.

Staff told us they felt able to make suggestions and the registered manager kept them fully informed of people's changing needs. For instance, one staff member told us they had just returned following a leave of absence. The registered manager had given them a comprehensive update and before they administered people's medicine, they were required to have their competency reassessed. This meant the registered manager ensured staff had the information they needed to support people well.

Records showed the registered manager and provider held regular staff meetings. Staff meetings were used to discuss and learn from incidents; highlight best practice and identify where any improvements were needed. For instance, we saw from the last meeting the registered manager had discussed concerns relating to people, medication and communication.

People told us they were encouraged to share their views and were able to speak to the registered manager or provider when they needed to. The registered manager told us they encouraged feedback from people and their relatives to continuously improve the quality of care provided. They sent out annual questionnaires to relatives, staff and other representatives who were asked to rate various aspects of the home, for example, staffing, safety, food and activities. We looked at the results from the latest survey undertaken in 2016, and found the responses of the people surveyed were positive. Where suggestion had been made to improve the quality of the service provided, the provider had taken action for instance. For example, new sofas and chairs had been purchased for all communal areas of the home following feedback from people and their relatives.

The registered manager told us they kept their knowledge of care management and legislation up to date by using the internet and attending training sessions. They were aware of their responsibilities under Regulation 20 of the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

Records were stored securely, when we asked to see any records, the registered manager was able to locate them promptly. The home had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected by the safe management of medicines.</p> <p>People were not being protected from risks associated with the environment and equipment. Where the provider had known there were risks they had not taken action to resolve them.</p> <p>Regulation 12 (1)(2)(a)(b)(d)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not ensuring people were protected by having systems and processes to effectively assess monitor and improve the quality and safety of the services provided.</p> <p>Regulation 17 (1) (2)(a)(b)(d)(e)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have robust recruitment procedures in place to ensure people employed were of good character and had the necessary recruitment checks in place.</p> <p>Regulation 19 (1)(a) (2)</p>

