

Mr & Mrs M S Rose

Ocean Swell

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ocean Swell is a residential care home providing personal care to up to 32 people. The service provides support to older people. At the time of our inspection there were 27 people using the service.

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

People told us they were happy living at Ocean Swell, they told us they felt safe and staff were kind and caring. Their comments included "I would not want to be anywhere else" and "The staff are like friends. I can ask them anything". People told us they were supported to remain independent.

Risks to people had been identified and action had been taken to keep them as safe as possible. Medicines were managed safely and people received their medicines as prescribed. Lessons had been learnt when things went wrong and action had been taken to reduce the risk of them from happening again. Staff knew how to identify and report any safeguarding concerns. Staff had been recruited safely. The service was clean, and staff followed safe infection control processes.

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

People, their relatives, staff and professionals were asked for their views of the service and the provider acted on feedback received. Checks were completed to identify and address any shortfalls. The provider had a continuous improvement plan in operation and areas of the service had been developed since our last inspection. Staff felt supported by the provider and registered manager.

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

Rating at last inspection

The last rating for this service was good (published 9 May 2018).

Why we inspected

We received concerns in relation to records and working with professionals. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ocean Swell on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ocean Swell

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ocean Swell is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ocean Swell is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 10 relatives about their experiences of the service. We spoke with 6 staff including the provider and registered manager, assistant manager, head of care, and 2 care staff. We reviewed a range of records. This included 4 people's care records, medication records and 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe at the service. One person told us they were reassured because staff "look in" on them during the night and made sure they had a call bell to summon assistance if they needed it. We observed staff reassuring people when they were worried or anxious.
- People who wanted held a key to their bedroom. Everyone had a secure space in their bedroom, which again they could hold a key for if they wished. One person told us they were confident their valuables were safe.
- Staff had completed safeguarding training and knew how to identify risks of abuse. Staff raised any concerns they had with the registered manager and were assured they would act to protect people. They knew how to whistleblow concerns to the local authority safeguarding team.
- The registered manager knew how to share safeguarding concerns with the local authority safeguarding team and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks to people had been identified and action had been taken to keep people as safe as possible. Risks were kept under review to ensure actions were always appropriate and not restrictive. One person told us their bedrails had been removed when they were no longer at risk of falling out of bed.
- People were supported to move around safely. Staff reminded one person to "put your hands on the arms of the chair and push up" as they stood up. Other people used equipment to help them move around. Staff used this correctly and people told us they felt safe while being supported to move by staff.
- Risk of people losing weight had been assessed and action had been taken to reduce the risk. People were referred to the dietician and staff supported people to follow their advice. They also offered people their favourite meals and snacks to encourage them to eat. One person told us they enjoyed the fortified milk shakes staff made for them. Another person's appetite and weight had increased over time with the encouragement of staff.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. People told us they had freedom to do what ever they wanted.

Staffing and recruitment

- There were enough staff, who had been recruited safely, to support people. People's comments about staff included, "they are there when I need them", "If I ask, they do anything for me" and "They try very hard to please me". We observed staff responding promptly to people's requests for support.
- Staff had been recruited safely. Checks had been completed on staff's character, skills and experience. Disclosure and Barring Service (DBS) checks were completed before staff worked with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. People told us they received their medicines when they needed them.
- Medicines were ordered, stored, administered and disposed of in line with national guidance.
- Some people were prescribed medicines 'when required', such as pain relief. Staff followed guidance to make sure there were safe gaps between doses and people did not take more than the manufacturers recommended maximum dose in a 24 hour period.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People's friends and relatives could visit whenever they wanted and told us they were made welcome. There were no visiting restrictions. People told us staff supported them to go out with their family or visit them at home.

Learning lessons when things go wrong

- Lessons had been learnt when things had gone wrong. For example, when a person had left without staffs knowledge, action had been taken to make sure staff always knew when people were leaving. This was to support people to remain safe when they went out.
- Reviews of accidents and incidents had been completed. Any risks to people had been identified and action taken to mitigate them. The registered manager had analysed the information to look for any patterns and trends such as the time and place of accidents. No patterns had been noted.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had developed an open culture where everyone was treated with respect and empowered to be as independent as possible. One person described to us how their condition had improved with staff support. They were now able to walk without support and care for themselves again.
- People were encouraged to be involved in day to day activities at the service. This included laying the tables, gardening and feeding visiting dogs. A person told us the dogs were "brilliant" and "good fun".
- People got on well together and we observed people enjoying a chat together. One person told us, "We are all friends here".
- There was an open culture in the staff team. Staff felt trusted by the provider and registered manager. They told us they worked together to find solutions to problems and did not feel blamed if mistakes were made.

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

- The provider and registered manager understood their responsibilities under duty of candour. They had apologised to people and their relatives when things had gone wrong.
- Relatives told us they were informed about any accidents or changes in their loved ones health. A relative told us, "Staff always let me know if my loved one has had an accident. They had one minor fall, not serious and staff let me know".

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

- Staff were motivated and had confidence in the registered manager and provider. Staff told us they felt appreciated and were supported.
- The staff group worked as a team to provide the service people wanted. Staff we spoke with told us the team supported each other.
- Services that provide health and social care to people are legally required to inform the CQC, of important events that happen in the service. This is so we can check appropriate action has been taken. This had improved since our last inspection and the manager had submitted notifications as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives, staff and professionals had been asked for their views of the service. Responses to surveys in October 2022 had been positive and comments had included "I love feeding the doggies", "staff are friendly and helpful" and "I am very happy and well looked after".
- People were confident to raise any concerns they had with the staff and told us they were listened to. A person told us they had informed staff a commode was missing from their bedroom. The staff member had responded, "Leave it with me" and it was returned in less than 15 minutes. This had reassured the person who told us, "Staff never leave me wondering what will happen".
- The registered manager had worked with health care professionals to put treatment escalation plans (TEP) in place for people. A TEP is a personalised health care plan for use in emergency situations and contains information about people's wishes.

Continuous learning and improving care

- The provider had a successful programme of continuous improvement in operation. Since our last inspection many areas of the service had been refurbished or redecorated. The provider had considered infection control, as well as people's needs, when planning improvements. They had ensured surfaces were easy to clean.
- A new electronic care planning system was in operation and staff told us this gave them easy access to the information they needed about people's needs and how they liked their care provided.
- Checks and audits had been completed on all areas of the service. When shortfalls had been found, action had been taken to address them.
- A complaints process was in place. People and relatives knew how to raise concerns if they had any and were confident their concerns would be addressed. Their comments included, "I have never complained. There are signs on the noticeboard telling you what to do if necessary" and "I would go to the staff on duty or the manager".