

Ocean Breeze Residential Care Home Limited

Ocean Breeze Residential Care Home

Inspection report

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Tel: 01425621863

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ocean Breeze Residential Care Home is a care home, providing personal care to older people 65 and over, some of whom are living with dementia. The service can support up to 24 people.

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

People, relatives and healthcare professionals told us they thought people were safe at Ocean Breeze and were very happy with the care people received. Although we received positive feedback, we identified some concerns during our inspection. We found risks to people's health and wellbeing had not always been identified and mitigated. Accidents and incidents were recorded although these had not always been reviewed and thoroughly investigated by the registered manager to reduce the risk of reoccurrence and enable learning. We have made a recommendation about the management oversight of incidents and accidents. Medicines were well managed most of the time and staff received training in administering medicines. However, we were not assured training was always effective as a serious administration error had not been identified for 28 days. Safeguarding procedures were understood by staff and referrals were made to the local authority when concerns were identified. Recruitment processes were in place to ensure only suitable staff were employed. There were enough staff on duty to meet people's needs and keep them safe.

Staff obtained consent from people for day to day decisions. However, people without capacity to make decisions were not always supported in line with the Mental Capacity Act 2005 to ensure their rights were protected. People were supported to access healthcare services to maintain their health and wellbeing. People had a choice of nutritious, home-cooked foods which met their needs and preferences, and were assisted to eat their meals if required.

Staff supported people with patience, kindness and respect and involved them in decisions about their care. People were encouraged to be as independent as possible. Family and friends could visit at any time and felt welcomed by staff. Staff knew people well and were responsive to their care and support needs, preferences and wishes. People enjoyed a range of activities which enabled social interactions and reduced risks of isolation. People and relatives knew how to make a complaint if they needed to and felt confident it would be addressed.

Quality monitoring systems were in place to help drive improvement. However, these were not always effective in identifying shortfalls as they had not identified most of the concerns we found during inspection. The registered manager had not ensured policies and procedures were consistently shared with staff and implemented appropriately. Record keeping required improvement. People's care records were not always well organised and up to date. The registered manager had not always submitted statutory notifications in relation to safeguarding concerns to CQC when required. People, relatives and staff spoke highly of the registered manager. Staff felt well supported by the registered manager who was approachable and available.

At this inspection we found two breaches of regulation. You can see the action we have asked the provider to take at the end of this report.

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 13 August 2016)

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective. Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring. Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive. Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led. Details are in our well led findings below.

Requires Improvement ●

Ocean Breeze Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector on 25, 30 & 31 July 2019.

Service and service type

Ocean Breeze 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback

from two health care professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, three relatives and a friend who was visiting about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care workers, care workers and the chef. 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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including staff training, accidents and incidents, quality assurance and health and safety management.

After the inspection

We spoke with a further three relatives by telephone and received further feedback from a third health care professional. The provider and registered manager sent us further information which we had requested.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question is now rated as requires improvement.

Requires Improvement: This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People, relatives and healthcare professionals told us they thought people were safe.
- Individual risks to people had been identified most of the time. Risks had been assessed and specific guidance was in place for staff where people were at risk of, for example, choking, skin breakdown or falls.
- However, one person had been admitted to the home with a known significant risk of self-harm. This information had been passed to the home by the local authority before the person's admission. This had not been picked up by the home and therefore no risk assessment had been completed and staff had not been made aware of the risk. The person went on to display the same self-injurious behaviour five months later, putting them at risk of serious harm or possible death. It was not until after this incident that the registered manager developed a risk assessment and put in place measures to mitigate the risk.
- One person had a photocopy of a 'do not attempt cardiopulmonary resuscitation' form in their care records. It read at the top that the original form must always stay with the 'patient'. In addition, the copy was incomplete as information had been missed off the edge. These issues had not been identified by the registered manager and there was a risk the emergency services might not have accepted this in the event of a health emergency. We raised this with the manager who obtained a new original copy from the GP the following day.
- Health and safety within the home was well managed. A maintenance staff member was employed to oversee on-going maintenance and repairs. Fire and legionella risk assessments were completed and actions taken to mitigate risks including regular checks of fire systems. Safety equipment was checked and serviced regularly to ensure it was in good working order, for example, fire equipment, emergency lighting, bed rails, call bells and air mattresses.
- People's rooms and communal areas were checked daily to identify any environmental risks and actions were taken to mitigate risks.

Using medicines safely

- Medicines were not always managed and administered safely.
- One person had received the wrong medicine for 28 days as a dispensing error by the pharmacy had not been identified by staff when the medicine was received and checked in to the home. The error was identified when the next month's medicine arrived. The registered manager showed us written acknowledgement from the pharmacy about the error. However, it was still the responsibility of the registered manager and staff to ensure the medicines they receive and administer are correct.

- Staff received medicine administration training, however, we were not assured this was always effective. Staff should follow national good practice guidelines during medicine administration rounds which include checking the instruction on the medicine administration record (MAR) against the dispensing label on the medicine and the medicine itself to ensure there are no discrepancies. This would have identified the error on the first administration. Following the inspection, the registered manager sent us details of new procedures they had put in place to ensure checks were more robust. These need to be embedded in practice.
- A second pharmacy dispensing error was identified promptly by staff on the day the medicine was received.
- Where hand written instructions had been added to people's MARs, these had not been signed and witnessed by two staff members as recommended in national good practice guidance to ensure there had been no errors in transcribing. We discussed this with a senior staff member who showed us they initialled when medicines had been signed in on another section of the MAR which they said also covered the handwritten instructions. We were not assured this demonstrated the appropriate checks had been made.
- The medicine's room was well organised and medicines were appropriately stored. Any unused or expired medicines were disposed of appropriately, including controlled drugs (CDs). CDs are regulated under the Misuse of Drugs Act and require additional safeguards to be in place.
- Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.

Staffing and recruitment

- Staff recruitment procedures were mostly effective in ensuring only appropriate staff were employed.
- Staff records included an application form and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Other checks were completed as required such as previous employment references, proof of identity and a health questionnaire.
- Schedule 3 of the Health and Social Care Act 2008 requires recruiters to check for a full employment history. However, three staff applications had only recorded the dates of previous employment in years which meant the registered manager could not be sure there weren't gaps in employment histories. Where there were gaps in employment, the reasons for these had not always been identified and recorded. The registered manager started to address this during the inspection.
- Performance management processes were in place and these were implemented by the registered manager with staff if their practice fell below the expected standards.
- There were enough staff deployed to meet people's needs and keep them safe. Staff had time to sit with people and engage in conversations with them. They supported people at their own pace and did not rush them. One relative confirmed, "There is always someone around."

Preventing and controlling infection

- Most infection prevention and control procedures were well managed and the home was mainly clean and tidy. A relative told us, "The home never smells and [Name's] room is always tidy."
- However, we noted there was deep ingrained grime around the base of the toilets in two communal bathrooms and the underside of the toilet seat frames had not been effectively cleaned. We brought this to the attention of the registered manager on the first day of the inspection. However, on our return five days later these had still not been cleaned. This was later addressed.
- People's rooms and private en-suite facilities were clean and odour free.
- Personal protective equipment, such as gloves and aprons, was supplied and we observed these in use by

staff.

Learning lessons when things go wrong

- We were not assured there was a robust approach to incident investigation and monitoring.
- Incident and accident forms were completed, such as following a fall or a medicine error. However, the information did not always give a clear picture of what had happened and forms were not always fully completed with details of the incident or what action had been taken.
- Not all incident forms had been signed off by the registered manager to show they had reviewed them, investigated and taken appropriate action.
- We showed the registered manager an incident form about a serious medicine error which had been due to a dispensing error by the pharmacy. This had not been identified by staff until 28 days later. The information on the incident form did not give a clear account and the registered manager was initially unable to explain to us what had happened and why the error had not been identified in a timely way. We recommend the registered manager implements a robust system for the investigation and review for all incident and accidents.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse. People, relatives and health care professionals told us they thought people were safe.
- Staff understood how to identify abuse and how and when to report any concerns.
- Relatives told us they had no concerns about the home. One relative told us about a safeguarding issue which staff dealt with and said, "Any concerns and they will call me. They were excellent. I was reassured totally."
- However, the registered manager had not informed the commission about all incidents they were required to notify us of. We have written more about this in the well led section of the report.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now been rated requires improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support, and working with other agencies to provide consistent, effective, timely care

- The provider's pre-admission process was not always effective. Most people had received a pre-admission assessment of their care needs to ensure the home could provide them with appropriate care and support. However, one person did not have a pre-admission assessment and another person's pre-admission information had not been reviewed effectively to identify an important aspect of their care and support and a significant risk to their wellbeing.
- The registered manager had not followed the provider's heatwave policy or Public Health England (PHE) guidance to ensure measures were taken to keep the environment at an appropriate temperature during a heatwave.
- Older people are more at risk of adverse effects of heat. There was a heatwave at the time of the inspection. The heatwave had been widely publicised by healthcare agencies and there was a heatwave alert notice on the home's notice board.
- Whilst staff ensured people had plenty of drinks to stay hydrated, the temperature in the home had not been monitored. Staff in the downstairs lounge were unable to readily locate the thermometer. When they found it, it read 26 degrees Celsius. The upstairs lounge read 27 degrees Celsius. PHE heatwave guidance recommends that temperatures are monitored, recorded and measures taken to keep the temperature below 26 degrees Celsius to prevent the risk of heat stroke.
- After we raised our concerns we observed the maintenance staff member placed electric fans in both lounges.
- People had access to health care services for their physical and mental health when needed, such as their GP, mental health team or speech and language therapist. People's oral health was also assessed and monitored. For example, where one person had been losing weight, staff identified they had a mouth condition. They were referred for appropriate treatment which improved the person's eating and drinking. People were supported to access preventative health care, such as chiropodists, dentists and opticians.
- One healthcare professionals told us, "The home is a frequent caller for visits". Another health care professional said, "The staff at Ocean Breeze work with us with patient care and follow any recommendations that are given".
- Staff monitored people's on-going health. For example, their nutritional health and skin integrity. These

were regularly reviewed which enabled staff to identify trends, such as weight loss, over time. Staff made referrals to GPs when they had identified any concerns about people's health. However, it was not clear that referrals were always followed up by staff in a timely way.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where there was doubt about people's ability to make significant decisions about their care, mental capacity assessments had been completed to check whether people could consent to the care and support being provided.
- Where people lacked mental capacity their rights had not always been protected. For example, for one person who lacked capacity, the registered manager had not carried out a best interest discussion and had instead sought and recorded consent from a relative who had no legal authority to give it. Following a discussion with the registered manager, they spoke with the relative and amended the person's documentation although this still stated consent had been obtained. We were therefore not assured the registered manager fully understood the principles of best interest decisions.
- We observed staff asking people's permission before providing their daily care and support. Where people were unable to understand due to their dementia, staff used visual cues to help them make decisions for themselves, such as showing different outfits for people to choose from.
- Applications for DoLS had been submitted where appropriate and there was a system in place to monitor the dates these were authorised or needed to be reapplied for.

Staff support: induction, training, skills and experience

- Staff received on-line training in a range of topics to help them gain the skills and knowledge to provide effective care. The registered manager told us some training was face to face, such as fire and manual handling and they were reviewing training to find out how staff would prefer to learn, to include options for DVD and role play sessions.
- The registered manager sent us an updated training record. Key training included, for example, safeguarding people, moving and handling, health and safety, fire safety, basic life support and nutrition.
- However, we noted that not all staff were up to date with all of their training, including the registered manager. For example, only 13 of 22 staff had completed training in basic life support and equality and human rights. 12 of 22 staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training. Eight of 22 staff had completed training in nutrition.
- New staff followed an induction process that incorporated the Care Certificate, which is a nationally recognised set of induction standards for health and social care staff. Staff told us they had opportunities to shadow existing staff when they started to help gain a better understanding of the home and people's

needs.

- Staff received supervision and annual appraisal, which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns, and to receive feedback. Staff confirmed they felt well supported and had on-going opportunities for support, advice and guidance.

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

- Staff were knowledgeable about people's food preferences and nutritional support needs. One person had moved into the home the day before our inspection. Staff were all aware of the person's food allergies and the foods they should avoid. The chef told us, "[Name] came yesterday and I was told the day before. I already had non-milk powder and soya milk. I baked a carrot cake without dairy and have frozen it down. I'm trying to keep it as similar as possible".
- Meals were wholesome and freshly prepared each day by the chef using fresh ingredients. One relative told us, "The food, vegetables, crumble and cakes are always lovely. It's all home cooked. The quiche looked lovely".
- Staff had a good understanding of how people required their food to be prepared, such as pureed or mashed or small portions. Staff encouraged, prompted and supported people to eat their meals where required.
- The chef and staff were knowledgeable about people's specific health conditions which required an adapted diet. For example, where people were at risk of losing weight or required a diabetic diet.

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

- The home had been designed with input from a dementia specialist company. It was well laid out and catered to the needs of people with dementia. There were two lounges, each with several smaller intimate areas for people to sit in or remove themselves from activities if they did not wish to take part.
- Dementia friendly signage and colour themes were in place around the home to help people with their orientation.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives and people told us they were very happy with the way they and their family members were treated. One relative said, "They [staff] are lovely, tender and caring." Another relative said, "There's something about this place. It's friendly, small and [my family member] is very, very happy here. Staff are absolutely amazing. They're so patient and kind. I can't fault them". A third relative said, "[Name] is looked after with the highest regard. Staff are very caring. They make it. I have always found them welcoming and they never not have time for us." Another relative said, "They were excellent when my husband died. They supported me too. I feel like part of the family. I'm always welcome".
- One person told us, "Staff are very caring. I'm very happy here". Another person told us, "Everyone is so kind. They all work so hard".
- We observed staff were consistently thoughtful and kind to people and offered reassurance when they were upset. For example, one person had just moved into the home and was still unsettled. Staff took time to sit with the person, answer their questions and reassure them.
- A health care professional told us, "The staff always appear friendly and helpful". Another health care professional told us the home supported people with dementia and said, "As far as I have seen the staff are very caring and supportive during interactions with those residents".
- Friends and family could visit at any time. One visitor told us, "I can visit any time I want. They're really lovely and make me feel welcome".

Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy, dignity and independence was understood by staff and embedded within their daily practice.
- Staff knew people well and spent time with them with listening and chatting about things that were important to them.
- Staff were patient, supported people at their own pace and promoted independence. This was confirmed by a health care professional who told us, for example, "Individuals are encouraged to walk rather than always use a wheelchair". We observed one staff member supported a person to walk a few meters from their lounge chair to the dining table. This took almost 15 minutes; however, the staff member was patient and encouraging and praised the person when they achieved it.

- There was information on display about the 'do's and don'ts' of promoting people's dignity and we observed staff followed these principles in their practice.
- Staff cared that people were clean and well dressed. A relative told us, "[Name] is comfortable, clean and tidy." Another relative said, "Mum's always clean. They let her make her own decisions about what she wants to wear".
- A health care professional told us, "Individual dignity is observed and the residents are treated as individuals". They went on to say, "I would have no qualms in recommending the home to any of my relatives".

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

- There was a person centred culture within the home. We consistently observed staff involving people in decisions about, for example, where they wanted to sit, what they would like to do or what they would like to eat and drink.
- Relatives confirmed they and their family members were listened to and their views were taken into account when providing care.
- One relative told us, "They keep us informed. We're quite a way away but they call one or other of us". Another relative said, "They've always been very good at looking after [name]. They keep in touch with any issues, illness, finances, bit and pieces".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

Good: This meant people's needs were met through good organisation and delivery.

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

- Each person had an individualised plan of care which outlined their care and support needs, such as oral care, nutrition, spiritual needs and mobility. These reviewed regularly and were updated when people's need changed most if the time.
- Staff knew people well, including their likes, preferences and life histories. One person had just moved into the home and we observed a staff member chatting and finding out about their life, family and pets.
- Staff responded promptly to people's needs and wishes throughout each day. One staff member told us, "People have different moods. We respond to them and what they want. We're not working in a factory". We noted this in practice. For example, one person was very sleepy and wouldn't wake up for their lunch meal. Staff checked the person was okay and then left him to rest, putting his feet up to make him comfortable.
- A visitor confirmed, "They [staff] understand [name]. [Name] can be very challenging and they respond to her different moods calmly and quietly".
- A health care professional told us, "I feel on the whole the home provides good care to their residents. They encourage the residents to interact and have never received a negative report with regards to the care they provide".

Meeting people's communication needs

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

- Staff understood people's individual communication needs and adapted their approach accordingly. For example, staff took time with people and used pictures and gestures to communicate when people were confused or hard of hearing.
- Staff ensured people had their communication aids with them, such as hearing aids and glasses, and that they were clean and in working order.

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

- The home had a programme of planned and ad hoc daily activities. This included for example, external entertainers, quizzes, crosswords, games, exercises and singing. Although one member of staff took the lead on activities, we saw other staff getting involved and providing ad hoc opportunities for people, such as a quiz about proverbs. We observed people joined in and seemed to enjoy the interactions.
- Staff encouraged people to maintain important relationships and facilitated this by providing a welcoming environment for people to receive their visitors. Visitors were welcome at any time. We observed they were warmly welcomed by staff who knew them well and had relaxed conversations with them. A visitor told us they were welcome to join in with activities and birthday celebrations if they wanted to.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people and relatives told us they would speak to the staff or registered manager if they had a complaint.
- Relatives and people told us the registered manager was approachable and they would feel confident to raise a complaint and thought they would be listened to. However, they had no cause for complaint.
- Where past complaints had been made, we saw these had been investigated and addressed and the outcome shared with the complainant.

End of life care and support

- People received compassionate, caring and sensitive end of life care.
- People were able to stay at home at the end of their lives rather than go to hospital if this was their wish. Feedback from a relative said their family member had received wonderful end of life care and said, "I cannot thank the Ocean Breeze staff enough for giving mum what she needed and making the last year of her life happy again".
- The registered manager told us relatives were offered meals and accommodation so they could stay with their loved ones at the end of their lives. Last rites were arranged for people where this was their wish.
- Staff worked closely with local GPs and district nurses to ensure 'just in case' medicines were obtained in good time and available to administer during palliative care if required.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question is requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager monitored care delivery through a range of quality assurance processes, including audits such as infection control, accidents and care audits. However, these were not always robust or effective as they had not identified most of the issues we raised during the inspection.
- Record keeping was not always up to date or well organised. For example, some care records were not in the relevant section of care files making it difficult to track actions such as follow up of GP referrals. Care plans and risk assessments did not always fully reflect people's up to date needs and risks.
- The registered manager had started to use an electronic care plan system although this was not yet fully embedded. Whilst staff used hand held devices to record the care provided, the paper copies of care plans were updated by staff by hand with any changes to people's needs. We noted some of these hand amended care plans had a lot of updates over many months and it was not always easy to see which the latest changes were.
- The registered manager had not ensured policies and procedures were followed to protect people during a heatwave. The heatwave policy had not been brought to the attention of staff and was not available when requested on the first day of our inspection. Following our concerns, the policy was printed off and left out for staff to sign. However, we noted that only the registered manager and a senior staff member had signed it five days later.
- The registered manager had not always reviewed accidents and incidents or investigated thoroughly to assure themselves any actions taken were appropriate, and to inform themselves of any learning.
- The poor cleanliness in the two communal toilets had still not been addressed five days after we brought this to the attention of the registered manager.

The registered manager had not always assessed, monitored and mitigated risks relating to health, safety and welfare of service users and others who may be at risk. They had not maintained accurate, contemporaneous records in relation to service users. This is a breach of Regulation 17 of the Health and Social Care Act (2008) Regulations 2014, Good governance.

- The registered manager had not always submitted statutory notifications to the commission when required for safeguarding concerns.

The registered manager had failed to always submit statutory notifications when required. This is a breach of Regulation 18 of the Health and Social Care (Registration) Regulations 2009.

- The registered manager was responsive to our concerns. They acknowledged their checks required a more robust approach and took action to start to address this during the inspection. The provider also followed up and gave us their assurances that lessons had been learnt and procedures put in place to ensure more robust monitoring of medicines and incidents.
- Regular surveys were carried out to obtain views of people and relatives in relation to their care. Responses were all positive. Comments included, 'Very impressed with all aspects of the care [name] has received' and '[Name] feels safe, cared for and respected' and '[Name] was in need of TLC which is exactly what she got at Ocean Breeze'.
- The provider maintained oversight and visited the home once a month to complete observations and quality assurance monitoring. They visited the home on the first day of our inspection as they had arranged to provide the registered manager with support with some complex staffing issues. The registered manager told us the provider was very supportive and always at the end of the phone for advice and support.
- There was a culture within the staff team and senior management to achieve good outcomes for people through effective team work. We observed staff working together to ensure people's needs were met.
- Communication was effective within the team on shift who used walkie talkies to update and request support throughout the home when needed. We noted, however, the volume of the walkie talkies was loud and intrusive. We discussed this with the registered manager. When we arrived on the second day of our inspection, the staff had all been supplied with headphones which minimised this.
- Staff told us they felt well supported. One staff member said, "It's well run and organised". Another staff member told us, "Everything is working better at the moment. I can always go to [the registered manager] with a problem and get help to sort it." A third staff member said, "[The registered manager] is approachable and supportive. She makes time for people".
- The registered manager was well thought of by people, relatives, health care professionals and staff. A relative told us, "[The registered manager] is absolutely fantastic".
- Health care professionals commented positively about the registered manager and staff. One said, "The management of the service is possibly one of its strong points and the current staff work well together". Another told us, "The atmosphere in the home always appears to be happy and settled and staff appear to know what they are doing".

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

- There was a strong focus on person centred care within a warm and homely environment. People were empowered to make decisions for themselves as much as possible which enabled them to feel in control of their care and in a way of their choosing.
- A relative told us they had been supported by the registered manager to keep their loved one at the home. They told us, "[The registered manager] is quite passionate about what she does. She's stuck her neck out [to support us with funding issues]".

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

- Staff meetings and daily handover meetings took place. This ensured staff had opportunities to contribute ideas to the running of the home and received updates on any changes to people's care needs.
- Meetings were held for people and relatives. Minutes from the most recent meeting showed issues

discussed included, for example, care plan reviews and laundry. People and relatives told us communication was good and they felt involved on an on-going basis.

- The home had installed surveillance cameras in the communal areas of the home due to a previous security issue. They had followed good practice guidelines and the law. People and their relatives had been involved in the implementation of this and had received detailed information about how and where this would be installed and the legal requirements for data protection and privacy.

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 had policies in place to ensure any relevant concerns were addressed with openness and transparency under the Duty of Candour. The registered manager was clear about their responsibilities under the Duty of Candour.

Working in partnership with others

- The registered manager worked in partnership with local organisations and agencies to strengthen local relationships and improve care. For example, they had worked closely with the local authority to help to resolve one person's funding concerns.

- A health care professional told us, "I enjoy a good rapport with the staff which is due to their keenness to work in partnership".

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager had failed to always submit statutory notifications when required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had not always assessed, monitored and mitigated risks relating to health, safety and welfare of service users and others who may be at risk. They had not maintained accurate, contemporaneous records in relation to service users.