

RRC (GB) Ltd

# Ocean Retreat

## Inspection report

52 Buxton Road  
Thornton Heath  
CR7 7HG

Tel: 02070186700

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### Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service:

Ocean Retreat is a residential care home that accommodates up to four people in one adapted building. The service specialises in supporting people with mental health needs. There was one person using the service at the time of this inspection. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### People's experience of using this service:

The person using the service told us they felt safe with staff. Staff were able to meet their needs and supported them in a dignified, respectful way which maintained their privacy and independence. The provider made sure the person received support from the same staff so that this was consistent.

The person's views, choices and wishes had been considered when planning and delivering the care and support they needed. There was current and relevant information for staff about how the person's needs should be met. Risks to the person had been assessed and staff had guidance on how these should be managed to keep them safe. The person's care and support was reviewed with them weekly to make sure this was continuing to meet their needs.

Staff sought the person's consent before providing any support. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were enough staff to support the person. The provider made sure staff were suitable and fit to support people through their recruitment checks. Staff received relevant training to help them meet people's needs. They were supported by the provider to continuously improve their working practices.

Staff were trained to safeguard people from abuse and knew how to report concerns to the appropriate individual and/or authority. The provider carried out safety checks of the premises. They made sure the premises and equipment were appropriately maintained and serviced so that they were safe. The premises were clean and provided a range of spaces that the person could use comfortably when at home. Staff followed good practice to ensure risks were minimised from poor hygiene and cleanliness and when preparing and handling food.

Staff supported the person to eat and drink sufficient amounts to meet their needs and to take their prescribed medicines. Medicines were stored safely. Staff documented the support provided to the person and kept others involved in their care up to date and informed about the person's health and wellbeing.

The person had been provided information about how to make a complaint if needed. The provider had arrangements in place to deal with complaints about the service. The provider recorded and investigated any accidents and incidents that occurred, which included keeping people involved and informed of the

outcome.

The provider had aims and standards for the service and had informed the person what they should expect from staff and the service in respect of the quality of care they received. Staff had clearly defined roles and duties and the registered manager understood their legal responsibilities regarding the Health and Social Care Act 2008.

The provider sought the person's views about how the service could be improved. They used this feedback along with learning from incidents and other checks of the service to monitor, review and improve the quality and safety of the support provided. The provider worked with other agencies such as the local authority to develop and improve the support provided.

The person using the service had only been doing so for six weeks. Because of this we were unable to gather enough information about their experiences and evidence of consistent good practice to rate the service at this time.

Rating at last inspection:

The service registered with the Care Quality Commission (CQC) in July 2018. The provider did not start providing a service until September 2018. This is the first comprehensive inspection of the service since registration.

Why we inspected:

We normally inspect new services within 12 months of them registering with CQC. We scheduled a comprehensive inspection to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

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

We always ask the following five questions of services.

### **Is the service safe?**

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Safe findings below.

**Inspected but not rated**

### **Is the service effective?**

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Effective findings below.

**Inspected but not rated**

### **Is the service caring?**

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Caring findings below.

**Inspected but not rated**

### **Is the service responsive?**

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Responsive findings below.

**Inspected but not rated**

### **Is the service well-led?**

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Well-Led findings below.

**Inspected but not rated**

# Ocean Retreat

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector carried out this inspection.

#### Service and service type:

Ocean Retreat 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:

The inspection visit took place on 13 March 2019 and was unannounced.

#### What we did:

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events that happen within the service. The provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke to the person using the service, the registered manager and the director. We looked at the person's care records, five staff files and other records relating to the management of the service including policies and procedures.

# Is the service safe?

## Our findings

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

Systems and processes to safeguard people from the risk of abuse

- The person using the service told us they felt safe. They said, "I'm very happy here. It's fine." The person understood how their circumstances and needs could put them at risk of abuse. They were aware how and who to report any concerns to about their safety.
- Staff had received training in how to safeguard people from abuse. The provider's safeguarding policy and procedure was displayed at the service. These had been discussed with all staff at a recent team meeting so that they were aware when and how to report safety concerns about an individual to the appropriate person or agency to investigate.
- The registered manager told us no safeguarding concerns about people had been raised since the service began in September 2018.

Assessing risk, safety monitoring and management

- The provider had assessed the risks to the person from their healthcare conditions and needs. The person's records set out guidance for staff on how to manage these risks to keep the person safe.
- The registered manager monitored identified risks to the person's safety and wellbeing to check for any changes to these that staff needed to be aware of.
- Staff supported the person to manage behaviour that might challenge them and/or others.
- All staff were due to receive formal training in the week following this inspection in how to use techniques to deal with potentially difficult situations at the service.
- The provider monitored the premises for health and safety issues. They had arrangements in place to undertake safety checks and maintenance of the premises and servicing of equipment to make sure these remained in good order and safe.

Staffing and recruitment

- There were enough staff to meet the needs of the person. The staff rota was displayed at the service and a member of staff was scheduled on duty at all times.
- The provider had recruitment and selection procedures in place to ensure people were supported by staff that were suitable. Checks had been made on staff's identity, right to work in the UK, previous work history and criminal records. Staff had completed a health questionnaire which was used to assess their fitness to work.
- The registered manager told us the provider was improving recruitment procedures and had introduced an additional check on references obtained electronically. They told us this would provide additional assurances about the authenticity of the reference provided.
- All staff had been provided with the service's lone working policy so that they were aware how to ensure their own personal safety when working alone with people.

Using medicines safely

- The provider had systems in place to manage and administer medicines safely, in line with current best

practice.

- Staff had been trained to manage and administer medicines. There was current information on the person's records about their prescribed medicines and how they should be supported with these.
- Medicines were stored safely. Our checks of stocks and balances of medicines and the person's medicines administration record (MAR) showed the person consistently received the medicines prescribed to them.
- The registered manager undertook a weekly audit of medicines to check these had been managed and administered safely by staff.

#### Preventing and controlling infection

- Communal areas were clean and tidy. Staff were trained in infection control and had access to cleaning materials and equipment to reduce infection risks.
- Toilets and the bathroom were equipped with soap, hand towels and guidance to promote good practice in hand washing.
- The service was awarded the highest food hygiene rating of '5' in February 2019. Staff followed appropriate procedures when preparing and storing food to reduce risks to people of acquiring foodborne illnesses.

#### Learning lessons when things go wrong

- Concerns and incidents involving people were recorded and investigated by the registered manager.
- Action was taken to learn from incidents and make improvements when this was required. Following an incident involving a person in December 2018, the registered manager had looked at the reasons why this had occurred and made changes to the support they provided to reduce the risk of this type of incident reoccurring.

## 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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's care and support needs had been assessed prior to them using the service. The assessment took account of information provided by the person and others involved in their care, about their existing healthcare conditions and care needs and how these should be managed when being supported.
- The registered manager used the information from these assessments to identify the level of support the person needed and developed an individualised care plan for them which set out how their care and support needs would be met by staff.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet people's needs. In addition to training the provider considered mandatory, all staff were also enrolled with a college of further and higher education and completing health and social care modules relevant to their roles.
- Staff were supported to continuously improve in their role. Staff had supervision (one to one) meetings with the registered manager to discuss their working practices, any issues or concerns they had about their role and any further training or learning they needed to help them provide effective support to people.

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

- Staff supported the person using the service to eat and drink enough to meet their needs. Information had been obtained from them about their dietary needs and how they wished to be supported with these. The person had expressed a wish to lose weight. Staff helped the person to make healthier choices when planning and preparing their meals and gave advice about portion sizes to help the person achieve their goal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff documented the support provided to the person and kept other agencies involved in their care up to date and informed about their current health and wellbeing.
- Staff helped the person to access the services that they needed to support them with their healthcare needs.

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. We checked whether the service was working within the principles of the MCA.



- Staff received training in the MCA. The registered manager was aware of their duties and responsibilities in relation to the Act.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions about their care and support the registered manager would involve people's relatives, representatives and healthcare professionals, to make sure decisions would be made in people's best interests.

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

- The premises offered the person using the service a range of spaces that they could use comfortably when at home. In addition to their own room, they could spend time in the communal lounge/diner and in the garden with no restrictions.
- The person's bedroom had been decorated and furnished to their choice.

## 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

Ensuring people are well treated and supported; equality and diversity

- The person using the service spoke positively about the staff that supported them. They said, "[Registered manager] is very good to me. She treats me very well."
- The person was relaxed and comfortable with staff and did not hesitate to ask for their support when needed. Staff were patient, kind and prompted the person to make choices about what they wished to do.
- The provider made sure wherever possible the person was supported by the same staff so that the support they received was consistent.
- When assessing the person's needs the provider took account of their specific wishes in relation to how their social, cultural and spiritual needs should be met. These were recorded and highlighted in their care plan so that staff had access to relevant information about how the person should be supported with these needs.
- Staff received training in equality and diversity to help them protect people from discriminatory behaviours and practices.
- Staff were provided guidance on how to support the person if they become anxious or distressed so that this would be done in a caring and considerate way.

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

- The provider sought the person's views to make sure these were used to inform decisions about their care and support needs. The person had regular meetings with the registered manager so that they could state their views about the support they received and how this was helping them to achieve their care goals and objectives.

Respecting and promoting people's privacy, dignity and independence

- Support was provided to the person which respected their privacy and dignity. Staff asked the person for their permission before providing support, offered them choice and gave them the time they needed to do things at their own pace.
- The person was supported to be as independent as they could be. Staff encouraged them to get washed and dressed each day, clean and tidy their room, do their laundry, their personal shopping and to participate in the preparation of meals and drinks. Staff only took over when the person could not manage or complete tasks safely and without their support.

# Is the service responsive?

## Our findings

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The person using the service had an individualised care plan which set out how and when support would be provided by staff. The person's choices and wishes had been used to inform the care and support provided to them.
- Staff had a good understanding of the person's care and support needs and how these should be met. We observed staff were attentive to the person whilst they were at home and meeting their preferences for how they wished to be supported.
- The person's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.
- The person had an allocated 'key worker' who was responsible for ensuring their support needs were met. The person had a weekly meeting with their key worker to review their care and support so that staff could make sure this was continuing to meet their needs.
- The person was supported to take part in activities and pursue interests that were important to them. They were encouraged to take trips out in to the community independently and pursue education opportunities to help develop their skills and experience.

Improving care quality in response to complaints or concerns

- The person using the service told us they had no issues or concerns about the quality of care and support provided by staff at the time of this inspection.
- The provider had arrangements in place to deal with the person's concerns or complaints if they were unhappy with any aspect of the support provided. The person had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- The registered manager told us they had not received any formal complaints about the service since the service began in September 2018.

End of life care and support

- The provider had systems in place to make sure a person's wishes and choices about what happened to them at the end of their life would be respected and met by staff. As the person using the service had only been doing so for a short time, the staff were in the process of collecting and recording information about their wishes and choices at the time of this inspection.

## 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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had values and aims for the service which were focussed on people experiencing high quality care and support. These had been discussed with the person using the service during meetings with their key worker and the registered manager so that they knew what they should expect to receive in relation to their care and support.
- The values and aims for the service were shared with all staff and discussed regularly in supervision and team meetings so that staff were aware of what was expected from them.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

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

- There was a clear management and staffing structure and staff had well defined responsibilities. The provider held monthly meetings with staff to make sure they understood their role and responsibilities regarding the support they provided to people.
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and was aware of their legal obligation to send us notifications, without delay, of events or incidents involving people using the service.
- Records relating to the person, staff and to the management of the service were up to date and well maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had various ways of obtaining people's views about the service and how it could be improved which included meeting with people on a regular basis and through quality surveys. At the time of this inspection the provider was introducing a new survey that they hoped would give more detailed information about people's experiences. This survey would also be provided to relatives and healthcare professionals involved in people's care to gain their views and experiences about the service.
- The provider monitored and assessed the safety and quality of the service. The registered manager undertook regular checks of key aspects of the service and acted to make improvements when required. The provider had used learning from a recent CQC inspection of one of their other services to make improvements at this service. They had improved arrangements for managing identified risks to people's safety, updated current recruitment procedures to make these more robust and made sure all staff were provided specific training on how to deal with potentially difficult situations at the service.

Working in partnership with others

- The provider worked in partnership with other agencies to develop and improve the delivery of care to people. The provider had been proactive in addressing issues found by the local authority as part of their contract quality monitoring arrangements. The improvements made by the provider had been maintained. The registered manager told us although this process had been challenging it had helped make improvements that were needed at the service.