

Mr & Mrs M S Rose

Ocean Swell

Inspection report

Ocean Swell
33 Sea Road
Westgate On Sea
Kent
CT8 8SB

Tel: 01843832362

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 15 and 16 December 2015 and was unannounced.

Ocean Swell provides accommodation for up to 32 older people or people with physical disabilities, who need support with their personal care. The service is a converted hotel. Accommodation is arranged over three floors. A lift is available to assist people to get to the upper floors. The service has 18 single bedrooms and 7 double bedrooms, which people can choose to share. Seven of the bedrooms have ensuite toilets or bathrooms. There were 30 people living at the service at the time of our inspection.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were treated with dignity and respect at all times. For example, staff explained the care and support people would receive before they received it and asked them what they would like staff to do and when.

The manager provided strong leadership to the staff and had oversight of all areas of the service. Staff were motivated and felt supported by the manager and other senior staff. The staff team had a clear vision of the aims of the service. Staff told us the manager was approachable and they were confident to raise any concerns they had with them.

There were enough staff, who knew people well, to meet their needs at all times. The needs of the people had been considered when deciding how many staff were required on each shift. Staff had the time and skills to provide the care and support people needed. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were supported to provide good quality care and support. The manager had a plan in place to keep staff skills up to date. Most staff held recognised qualifications in care. Staff met regularly with the manager to discuss their role and practice and any concerns they had.

Staff knew the signs of possible abuse and were confident to raise concerns they had with the manager, senior staff or the local authority safeguarding team. Plans were in place to keep people safe in an emergency. Equipment was in place to evacuate people safely and staff had the skills to use it confidently.

People's needs had been assessed to identify the care they required. Care and support was planned with people and reviewed to keep people safe and support them to be as independent as possible. Detailed guidance had not been provided to staff about how to provide all areas of the care and support people needed, however people received consistent care as staff knew them well. We have made a recommendation about care plan records.

People were given the medicines they needed to keep them safe and well. Some people managed their own medicines. Action was taken to identify changes in people's health, including regular health checks. People were supported by staff to receive the care they needed to keep them as safe and well as possible.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Arrangements were in place to check if people at risk of being deprived of their liberty and applications had been made to the supervisory body when they were necessary.

Consent to care had been obtained from people. People who had capacity were supported to make decisions and choices. Processes were in operation to assess if people were able to make decisions and to act in their best interests if they were not. The requirements of the Mental Capacity Act 2005 (MCA) had been met.

People were supported to participate in a wide variety of activities that they enjoyed. Possible risks to them had been identified and were managed to keep people as safe as possible, without restricting them.

People told us they liked the food at Ocean Swell. They were offered a balanced diet that met their individual needs, including low sugar diets for people who wanted them. A wide range of foods were on offer to people each day and they were provided with frequent drinks to make sure they were hydrated.

People and their representatives were confident to raise concerns and complaints they had about the service with the manager and senior staff and had received a satisfactory response.

The deputy manager worked with people and staff and checked that the quality of the service was to the standard the manager required. Any shortfalls found were addressed quickly to prevent them from happening again. People and their representatives were asked about their experiences of the care and these were used to improve the service.

The environment was safe, clean and homely. Maintenance and refurbishment plans were in place and the dining room had recently been redecorated. Appropriate equipment was provided to support the people to remain independent and keep them safe. Safety checks were completed regularly.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.

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.

Risks to people had been identified and action had been taken to keep people safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff, who knew people well, to provide the support people needed at all times.

People were given the medicines they needed.

The service was clean.

Is the service effective?

Good ●

The service was effective.

Staff followed the Mental Capacity Act (2005) or Deprivation of Liberty Safeguards. Staff offered everyone choices in all areas of their life.

Staff were trained and supported to provide the care people needed.

People received food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

People said the staff were kind and caring to them.

People were given privacy and were treated with dignity and respect.

Is the service responsive?

The service was responsive.

Assessments were completed and reviewed regularly to identify changes in people's needs.

People and their families were involved in planning their care and received their care in the way they preferred. People's care plans did not all contain detailed guidance for staff about how to provide people's care.

People were involved in the running of the service. They told us they enjoyed the wide variety of activities and outings on offer.

Action had been taken to resolve people's concerns to their satisfaction.

Requires Improvement 

Is the service well-led?

The service was well-led.

There was a clear set of aims at the service including supporting people to remain as independent as possible.

Staff were motivated and led by the manager. They had clear roles and were being supported to be responsible and accountable for their actions.

Checks on the quality of the service were regularly completed. People, their relatives, staff and visiting professionals shared their experiences of the service.

Records about the care people received were accurate and up to date.

Good 

Ocean Swell

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 December 2015 and was unannounced. The inspection team consisted of one 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.

Prior to the inspection we looked at previous inspection reports and notifications received by CQC which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR) because we carried out the inspection sooner than we had planned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven people living at Ocean Swell, the registered manager, the registered provider, six staff, and five people's relatives and friends. We visited people's bedrooms, with their permission; we looked at care records and associated risk assessments for four people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the support provided to people. We looked at their medicines records and observed people receiving their medicines.

We last inspected Ocean Swell in December 2013. At that time we found that the registered provider and manager were complying with the regulations.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe at Ocean Swell. One person said, "I do feel safe living here. When you live on your own you have no one around. It's nice to have someone close by to help. Here if I need someone at night I just push the buzzer and someone comes to help straight away". Another person told us, "I really do feel safe. It's got that feeling here. You can ask anybody and they will give you help. No rudeness, everyone is friendly. I have never seen anyone lose their patience". A third person said, "I feel safe here. It's lovely here. There is always someone about, even at night". One person's relative told us, "[My relative] is very safe here. They look happy and are always dressed in clean clothes". Another person's relative said, "My relative love's it here, and now refers to it as home".

People received consistent care, when they needed it, from staff who knew them well. Consideration had been given to peoples' needs and preferred routines and the skills of the staff when deciding how many staff to deploy at different times of the day. Housekeeping and catering staff were employed and care staff were free to concentrate on providing the care and support people needed.

Mornings were a busy time of day and 5 care staff provided people's care and support. This had recently been increased as people's needs had changed. Staff told us that this meant that people did not have to wait for their care. One staff member started work at 7am to help people who wanted to get up early.

One person told us, "If I want anything I just shout and the staff come quickly, especially in the middle of the night. There's someone there straight away". Another person told us, "The staff are there to help you, there is none of this 'in a minute', they just do it". A third person told us, "The staff are always saying 'don't rush, take your time', all the staff here have a lot of patience with us". All the staff we spoke with said they were not rushed and had time to spend with people, providing care and support at their pace.

Staff shifts were planned in advance and rotas were available and staff knew when they would be working. Cover for staff sickness and holidays was provided by other staff members in the team. An on call system was in place and management cover was provided at the weekends and in the evenings, so staff had support when they needed it. The staff team was consistent and staff turnover was low, some staff had worked at the service for over 20 years. There was one staff vacancy at the time of our inspection, which the manager was recruiting too. Other staff in the team were covering this vacancy. One staff member told us, "We are always happy to work an extra shift when we are needed".

There were policies and processes were in place to keep people safe, these were known and understood by staff. People told us if they felt unsafe or concerned about anything they would talk to a member of the management team or a senior carer. Staff had completed safeguarding training and knew the signs of possible abuse, such as changes in peoples' behaviour or them becoming withdrawn. They were confident to raise safeguarding concerns or whistle blow to relevant people, such as the manager, deputy manager or the local authority safeguarding team. Staff told us they were confident the manager would deal with any concerns they raised. One staff member said, "Our duty of care it to the residents". Another staff member told us, "We do not tolerate abuse here. The manager's door is always open if staff have concerns".

Risks to people had been assessed and care had been planned to keep them safe while maintaining their independence. Some people were at risk of falling out of bed; action had been taken to keep them safe, including the use of bedrails. Risks to people from the rails had been identified and they were only used when it was the safest option. Action had been taken to keep people safe when the rails were in use, such as using padding on the rails to stop people knocking themselves.

Moving and handling risk assessments had been completed and staff had received training in how to move people safely. People were encouraged and supported to remain as independent as they could be. For example, people used the remote controls to straighten their armchairs up, so they were in the right position to stand with assistance from staff. One person told us, "Staff very good, if I call them to help me to move in my chair, they always wait until there are two staff present so I am moved correctly. They use a waist belt to get me up".

Risks to peoples' skin, such as the development of pressure ulcers, had been assessed. Action had been taken to minimise the risks and no one had sore skin at the time of our inspection. Special equipment, such as cushions and mattresses were provided to keep peoples' skin healthy, we observed these being used. Staff checked the mattresses to make sure they were on the right setting and people got the maximum benefit from them.

Accidents and incidents involving people were recorded. The manager had a process in operation to review accidents to look for patterns and trends so that the care people received could be changed or advice sought to keep them safe. People had been referred to health care professionals for support and advice when they had fallen. The support and advice was used to plan the care they received. Staff were informed of changes in the way risks to people were managed during the handover at the beginning of each shift. Changes in the support for people was recorded in their care records and the communication book so staff could catch up on changes following leave or days off.

Plans were in place to evacuate people in the event of an emergency and staff knew what action to take to keep people safe. Special equipment was available to support the people to evacuate safely and staff had received training in how to use it. Staff were confident to contact the manager for support in an emergency.

The service was clean and odour free. All areas of the service were cleaned regularly and domestic staff worked at the service each day. One person told us, "The staff always clean and vacuum my room every day, my laundry is taken away and it comes back all nice and clean the same day". People's relatives told us the service was always fresh and clean when they visited. Effective plans were in place to make sure that equipment was kept clean, including the bath hoist. The local district council environmental health department had awarded the service a 5 star rating for food hygiene and safety in October 2015. A visiting contractor had commented, "The kitchen is the cleanest I have ever seen".

The building and equipment were well maintained and regular checks, such as hoist safety and electrical checks had been completed. People told us that they reported any maintenance issues they had to the provider and these were "done straight away". Maintenance plans were in place. Many areas of the home, including the dining room, had been redecorated.

Equipment was checked and action was taken when it was found to be faulty. The lift had recently been serviced and action had been taken to bring it up to date and make it easier for people, staff and visitors to use.

The bath was fitted with a hoist and people used this to get in and out of the bath safely. A shower was also

available for people who preferred it. A third bathroom was available however people did not feel confident or comfortable in the specialised bath. The provider was making plans to change this bathroom into a room people would be happy to use.

The temperature of bath and shower water was checked before people used them. Staff knew the correct temperature range to make sure people had comfortable baths and showers and were protected from the risk of scalding. The temperature of water from sink taps was also checked and kept at a safe temperature.

An enclosed courtyard garden was available at the back of the service. This was maintained by a gardener with help from people who wanted to be involved. People told us they enjoyed sitting at the front of the service, 'watching the world go by' and looking at the sea view. The building was secure and the identity of people was checked before they entered. Internal doors were not locked and people moved freely around the service and were not restricted. Fire and environmental risk assessments had been completed and action taken to keep people safe.

A call bell system was fitted in peoples' bedrooms. One person told us, "I use the buzzer when I drop or lose something. The staff are quick, I don't have to wait too long". Another person said, "I have used the buzzer at night. The night person comes and helps. They come fairly quickly". People used the bells to call staff during our inspection and staff responded quickly. Staff regularly checked on people in their bedrooms who were unable to use the bell. Staff were present in communal areas with people and worked as a team to make sure they were safe.

There was enough space and furniture to allow people to spend time with each other or alone when they wanted to. Furniture was of a domestic nature and the service was comfortable and homely. People were able to bring personal items with them into the service and these were on display in their bedrooms. One person told us, "My room is very nice and comfortable and gets cleaned every day. I have arranged the room to suit me and have got my family photos around me". One person's relative said, "I am very impressed. It's like a five star hotel".

Staff recruitment systems protected people from staff who were not safe to work in a care service. Interviews were completed by two members of the senior management team such as the manager and deputy manager and records were kept. Information about staff's conduct in previous employment had been obtained. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Information about candidate's physical and mental health had been requested and checked. Other checks, including identity checks, had been completed. Processes were in place to dismiss staff whose practice did not reach the required level.

Processes were in operation to protect people from the risks of unsafe management of medicines, including systems for ordering, checking, disposal and administration of prescribed medicines. Medicines were stored securely and were well organised. People received their medicines at the time advised by their doctor. One person told us, "The senior [carer] dispenses my medicine so I don't have to think about it. I always get them on time". Staff's medicines administration skills were assessed following their training and annually after that to make sure they continued to use safe practices.

People were able to manage their own medicines if they wanted to. Risk assessments had been completed and were regularly reviewed to make sure they remained safe. Daily checks were completed so that any mistakes were identified quickly and action could be taken to keep people safe. One person told us, "I take my own medicine. The staff have told me if I want them to administer my tablets all I have to do is let them

know".

Some people were prescribed medicines 'when required' (PRN), such as pain relief. Staff asked people if they wanted pain relief regularly and only gave it when they wanted it. All the people prescribed with PRN pain relief at the time of the inspection were able to tell staff when they needed it. One person said, "I am very healthy and don't have regular medicine. If I have a headache I ask a senior carer and they will give me a painkiller". A pain assessment process was in place if people were not able to ask for pain relief and staff observed people's body language and their mood. The manager had a plan in place to provide staff with written guidance about how to manage each person's PRN medicines.

Records were kept of when people's creams were applied and where. The deputy manager and head of care provided care to people regularly and monitored people's skin to assess if creams were being used correctly. The manager was writing guidance for staff about when and where to apply prescribed creams to make sure that they were used correctly and people got the maximum benefit from them.

Staff had a good understanding of safe medicine management. They were knowledgeable and able to explain the action they would take to manage medicines safely.

Is the service effective?

Our findings

People were able to make choices about all areas of their lives, such as when they got up, when they went to bed and what they wore. One person told us, "I like the staff to give me advice and I decide if I want to take it. It is always my choice. I choose what I wear every day". Another person told us, "The staff always let me choose what I want to do. They always ask 'what would you like me to help with today'". People choose how they spent their time and who they spent it with. During our inspection people were offered choices and staff responded consistently to the choices they made.

Most people living at Ocean Swell were able to chat to staff and tell them how they preferred their care and support to be provided. Staff knew everyone using the service well. They understood people who had difficulty talking and knew how to share information with them so they would understand, including speaking clearly and showing people the things they were talking about.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

Staff had received training in relation to the MCA. Some people were unable to make complex decisions about the care and treatment they received and needed other people to make these decisions in their best interests. Decisions made in people's best interests had been made by relatives and friends who knew them well, with staff, and health and social care professionals on occasions, such as having flu vaccinations. The manager had plans in place to record the reasons for the decisions and who had made them.

Some people's capacity to make decisions had been assessed. The manager was in the process of completing assessments of people's capacity to make particular decisions, such as agreeing to receiving personal care. Everyone living at Ocean Swell was able to make straightforward decisions, such as what they wanted to eat or drink and shared these with staff.

Staff understood what the people were telling them and supported them to make decisions. We observed staff respecting the decisions people made and offering them alternative choices to keep them safe and well. For example, one person did not want their lunch on one day of the inspection. Staff offered them alternatives that they knew the person liked, such as soup.

The manager was aware of their responsibilities under DoLS. Applications had been made for standard authorisations where people were at risk of being restricted. The manager had taken action to comply with conditions placed on people's DoLS and knew when the authorisations expired.

People and their relatives told us that staff had the skills they required to meet their needs. One person told us, "When new staff start, they don't lift me until they have been trained. You can see them being trained on how to move people in chairs and how to make sure they are comfortable before moving them. Some of these staff have been here for years so know how to treat people and they are a good example to follow".

Staff told us they had completed training and had the skills and competencies they needed to fulfil their roles. We observed that staff knew what they were doing. Staff had received an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities. New staff had completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. New staff worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. One new staff member told us that the staff they had worked with all provided people's care in the same way.

Staff received the training they needed to perform their duties, including first aid, fire safety and end of life care. Staff told us they received the training they needed to fulfil their role. A training plan was in place and the manager knew what training staff had completed and when it needed to be refreshed. Training had been booked to make sure staffs' skills remained up to date. Staff had completed further qualifications and many staff had acquired level 2 or 3 qualifications in social care.

Staff told us they felt supported by the management team including the manager, deputy manager and head of care to deliver safe and effective care. Staff met with their supervisor regularly to talk about their role and people's care and support. They told us they were able to raise any concerns they had about people with the managers quickly as they were always available and worked alongside them. Staff practice, as well as people's needs, was discussed with staff throughout the shift to make sure they were supported to provide effective care. An annual appraisal process was in operation.

People were supported to maintain good health and care was provided to meet their health care needs. One person told us they had sore skin on their legs when they moved into the service. They told us staff had provided the care and treatment they needed and their legs had healed.

Another person told us, "Staff are very quick at getting the doctor in, the doctor seems to be here every other day". A third person told us, "If I want to see the doctor I just ask the staff to call him. The manager or one of the seniors always stays in the room with me when he is here, they can remember what he tells me".

Doctors and community nurses told us that staff contacted them quickly when people were unwell and followed the treatment plans they prescribed. A community nurse told us staff knew people well and were helpful when they visited. This supported people to be as well as possible. Community nurses visited some people to provide treatment for short term illnesses and when they reached the end of their life. People had been offered an annual flu vaccination.

Staff worked closely with the local mental health team to support people to maintain good mental health. Referrals to mental health services were made promptly. Most people had their own dentist who they visited regularly. The manager was working hard to get everyone registered with an NHS dentist. Other health care professionals, including a chiropodist visited regularly. One person told us, "I go up to the village with the senior [carer] to see the optician and the chiropodist comes here every six weeks and cuts my toenails and

deals with the dry skin".

People were supported by staff or people who knew them well to attend health care appointments, including emergency visits to hospital or outpatient appointments. This was to support them to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service.

Meals times were pleasant, social occasions at Ocean Swell and people enjoyed their meals in a social environment. There was a relaxed atmosphere in the dining room. It was lively with people laughing together and with staff. People chatted to other people sat at their table and nearby tables.

People were able to eat their meals in different areas of the service depending on their preferences and most people chose to eat in the dining room. Some people enjoyed breakfast in their bedroom in the morning. People who required assistance to eat were supported to do this with dignity by staff who took time to make sure they were comfortable and ate at their own pace.

There was a bar at the service and people were able to choose between a soft or alcoholic drink before lunch if they wanted to. People told us they were drinking port, sherry, whisky, lemonade and fruit juice. People were asked about the size of drink they wanted and staff asked some people. "Would you like a half or a pint?"

People told us they had enough to eat and drink. One person said, "The food is very good. Too much for me sometimes. They do believe in feeding you up". Food and drinks were offered regularly throughout the day and were available if people wanted them during the night. Snacks were offered between meals, such as tea and biscuits, which people enjoyed. Staff offered people drinks often to make sure they did not become dehydrated. They were offered adapted cups and crockery to help them eat and drink independently.

People told us they liked the food at the service. One person told us, "I eat most things, the chef know my likes and dislikes and will give me a choice if I don't like the main meal." Another person said, "I don't like beef stew so they always offer me an alternative. I do like the pasta bake here. I always have plenty to drink. I prefer coffee, at lunchtime I have squash and I always get offered plenty of water to take my tablets". A third person told us, "I think the food is very good. I don't go hungry. They have two very good chefs here. At breakfast I can have cereal, porridge or a cooked breakfast. I prefer cornflakes and toast and marmalade". One person's relative told us, "I am quite happy with the food my relative is given. They are encouraged to feed them self. The staff always make sure they are eating well".

We observed people eating the meals and snacks they were offered. The chef spoke to people at lunchtime and checked that they were enjoying their meal. People's nutrition and hydration needs were regularly assessed and reviewed and action was taken to meet their needs. When people lost weight they were quickly referred to health care professionals including the dietician for support and advice. Their advice had been put into action and most people had gained weight. One person had continued to lose weight and was quickly referred to their doctor.

Meals were planned to meet people's needs and preferences. People who were at risk of losing weight were offered food fortified with extra calories. Other people required a low sugar diet or a reducing diet and were offered the same foods as everyone else but made with sweetener rather than sugar. For example, one the day of the inspection the pudding was jam and coconut sponge pudding. People who were on a weight reducing diet received a smaller portion of sponge and custard made with sweetener so they did not feel they were missing out.

Menus were balanced and included fresh fruit and vegetables. All meals were homemade, including pies and cakes. There was a wide selection of breakfast options, which people could choose and three courses were offered at lunchtime. Staff knew people's likes and dislikes and offered them alternatives if they did not fancy the food they were offered.

Communication between care staff and catering staff was good. Catering staff were told quickly about changes in people's needs. They also had written information about people's needs and preferences to refer to if needed.

Is the service caring?

Our findings

All the people we spoke with told us the staff were kind, caring and fun, their comments included, "The staff are a friendly lot. They are always joking with me", "The staff are very good. They wouldn't be doing this job if they were not caring. I am always having a laugh and joke with them" and "The staff very caring". One person's relatives told us, "The staff know my relative very well. They know how to talk to them". Another person's relative said, "I can't speak highly enough of the staff. They are brilliant, very caring, they couldn't be more helpful. They are good people".

Staff knew about people's preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know them and provide their care in the way they preferred.

Staff knew people well, including how they liked things done. People were called by their preferred names. One person said, "The staff have such patience and call everyone by their first name. I don't know how they can remember all our names". A staff member told us, "Many people have a preferred name. We are careful to use their real name when we contact professionals such as their doctor, as we always use their preferred name". Another staff member said, "Everyone is an individual. They have very individual characters and we spend time getting to know their personalities".

People told us they always had someone to talk to and we observed people chatting to each other in a relaxed way. One person was holding their friend's hand. They told us, "We sit near each other often, we are catching up on what's going on". People were supported to sit with their friends and people they got on well with. Many people chose to sit in the same seats each day.

Staff showed genuine affection for people and people responded in a similar way. It was one person's birthday during our inspection and they unwrapped their gifts in the lounge with other people and staff. Other people were unwrapping Christmas gifts brought in by their visitors. People took an interest in what was going on and were keen to see what others were receiving. Everyone received a birthday cake on their birthday.

There was some flexibility in the routines of the service to respond to changes in people's needs and to their requests. Staff knew people's preferred routines, for example a small group of people enjoyed watching a film in the TV lounge each afternoon.

Staff responded to people's requests. One person told us, "I didn't feel well this morning and stayed in bed. One of the staff came and asked if I wanted my lunch in my room or did I want it downstairs. I decided to come down to the lounge and eat it down here". Another person told staff they did not want their lunch on one day. Several staff asked them if they felt unwell and offered them alternatives at different times during the lunchtime period. The person was very clear that they were well but didn't want anything to eat. Staff respected their choice and the person enjoyed their evening meal. This gave people control over their lives and reduced the risk of them becoming anxious or worried. Staff treated people with kindness and people

appeared relaxed in their company.

People told us staff treated them with respect. One person said, "Staff always treat me with respect. They are always kind, and laughing and joking. We like a bit of fun. They are like this every day not just because you are here". Another person said, "Everyone treats me with respect. I try and do the same with them".

People received the individual support and attention they needed. Staff offered people assistance without being intrusive. If the assistance was rejected they moved away but continued observing in case the person changed their mind. One person struggled to put on their cardigan and a staff member offered them some assistance. The person refused this and the staff member stood back whilst the person made them self comfortable.

Staff discretely asked people if they needed assistance, such as going to the toilet. One person told us, "Staff always offer help and let me decide if I want some help. They let me do what I want and when I want, there are no restrictions".

People were treated with dignity at all times. Staff explained to people about care they would receive before it was provided and asked them what they would like to do and when. For example, staff explained to one person how they were going to move them into their wheelchair. They asked the person, "Is it one, two, three or un, deux, trois today?" The person chose un, deux, trois and counted with the staff before they were moved.

Systems were in place to make sure that people's laundry did not get mixed up and items were returned to the correct person. People told us they got their laundry back quickly and it was rare that items went missing but if they did they were usually found. One person told us, "My dirty washing is picked up by the staff and back in my room the same day freshly washed and dried". Another person said, "Sometimes the laundry comes back a bit muddled but gets sorted out straight away, nobody suffers".

People had privacy. Staff knocked on doors before entering. People told us they had privacy when they washed and dressed and staff only stayed with them at their request. One person told us, "I always like to have my door open when I am in my room. When the girls come in to help me wash they always close the door until I have finished dressing".

People told us that when staff supported them to use the toilet or commode they left them in private and returned when they were called. One person said, "I buzz the staff to help me to the bathroom and then buzz them when I want help to move". People who wanted to, held a key to their bedroom door and were free to come and go as they pleased. We observed people doing this during the inspection.

The philosophy of care at Ocean Swell was to support people to maintain their independence and this was included in staff training. Staff knew what each person was able to do for themselves and supported them to retain their independence in all areas of their life. People told us they wanted to stay as independent as possible and staff supported them to do this. One person told us, "The staff know me. I am pretty independent and can move from this chair into my wheelchair myself. I dress myself as well". Another person told us, "My carer helps me quite a bit but she encourages me to do as much as I can. It is in my own best interest to do things for myself". One staff member said, "We try to get people to do as much as they can for themselves".

People were treated with dignity at all times. At lunchtime one person nodded off before the meal was served. A staff member gently rubbed their hand to wake them. The carer joked with the person, "Another

late night last night?" The person smiled and laughed in response. The staff member gave them time to wake up properly before offering them their lunch.

Personal, confidential information about people and their needs was kept safe and secure. Staff received information about how to maintain people's confidentiality. Staff told us at the time of the inspection that people who needed support were supported by their families, solicitor or their care manager, and no one had needed to access any advocacy services.

Is the service responsive?

Our findings

People had been involved in planning their care, with their relatives when necessary. One person told us, "The senior goes through the care plan with me once a month. She discusses things with me". People's friends and relatives told us that staff kept them informed about their relatives care, any concerns were identified quickly and staff acted to keep them safe and well.

People were able to tell staff how they liked their care provided and told us that staff did as they requested. They told us staff knew what they were able to do for themselves and encouraged and supported them to continue to do this. One person told us, "If I want help, staff will help. I just ask. They don't try and do it for me, they like me do as much as you can myself".

Staff knew about all areas of people's lives and the care and support they required. They described to us the way that each person preferred their care to be provided, including the support they required. Staff knew the equipment people used to move safely around the service and when they may need extra support. One person told us, "They got me this walking frame to give me some support when I walk about. The staff will always walk with me if I feel a bit unsteady".

Some people became confused at times and could become anxious. Staff knew the signs that people were becoming anxious or upset and ways to reduce their anxiety to help them remain calm and happy. They used the information they had about the person and their life before they moved into the service to provide them with a consistent response. One person was very concerned about some members of their family. Staff chatted to them about who was looking after their relatives and reassured the person that they were safe. This calmed the person.

Before people were offered a service at Ocean Swell their needs were assessed to make sure the staff could provide all the care they required. People and their relatives were also invited to visit the service before deciding if they wanted to move in. All the people's relatives we spoke with said they had visited a number of services before choosing Ocean Swell and were confident that it was the best service they had seen. They told us that staff had been welcoming and helpful when they visited. If people decided to move from Ocean Swell to another service, staff supported them to do this.

Further assessments of people's needs, along with discussions about how they liked their care and support provided were completed to find out what they could do for themselves and what support they needed from staff to keep them safe and healthy. Assessments were reviewed regularly to identify changes in people's needs. This information was used to plan people's care and support.

People's care plans contained information about what they were able to do for themselves and how they preferred their care to be provided. Plans contained some specific information about people's choices and preferences and the signs that people may be becoming unwell and the action to take. For example, what signs staff may see if a person with diabetes was becoming unwell. Staff were required to sign the care plans to demonstrate they had read and understood them.

Detailed guidance had not been provided to staff about how to provide some areas of the care people needed, such as how to meet people's continence needs and any products they used. This did not impact on the care people received and they received consistent care, in the way they preferred, to meet their needs. We recommend that the manager seek advice and guidance from a reputable source, about writing care plans in relation to peoples' specific needs including their continence needs to ensure there is an up to date and accurate record of the support people need. .

People's care plans had been regularly reviewed to make sure they remained up to date. When changes occurred care plans were rewritten. Systems were in place to make sure that staff had up to date information about people, including handovers between shifts. A communication book, daily logs and records of health care professionals input and recommendations were maintained so staff could refer to them when they returned from leave or days off. People knew that records were kept, one person told us, "The carers always write up what we have done for ourselves and what activities we have got involved in".

The manager and staff knew that some people would not ask for support when they needed it and plans were in place to check people had the support they needed. One person's care plan stated, 'Staff to be aware that [person's name] does not want to be a bother and doesn't always tell staff what they want or need. Staff to be proactive and ask if they want or need anything'. Staff did this during the inspection.

People had enough to do during the day and told us they liked the activities and outings that were on offer. Care staff and an activities co-ordinator provided a variety of activities each day. People were able to choose what activities were offered at the service. The activities co-ordinator told us, "We do whatever people ask for". An armchair exercise session, by a visiting exercise instructor, took place once a week and people could join in if they wanted to. People were reminded about the activities and outings so they could join in if they wanted to. On one day of our inspection the activities co-ordinator reminded people at lunchtime that they could decorate some festive biscuits with her after lunch.

One person said, "We have something going on most days. Monday we have woman come and do exercises. It keeps the spirits going. We do have a laugh. My hairdresser comes to do my hair on Monday I have been going to her for years and now she comes here. The hairdresser comes on Friday to see everyone else. Today I have had my nails manicured and painted." Another person said, ""I like to watch the television. I go to the cinema with quite a few of the other ones from here in the minibus. We go to the Winter Gardens, (a local theatre). We saw Margate Operatic Society and a musical recently. The organ man comes on Sunday and the Salvation Army come every so often". Staff told us that the 'organ man' and Father Christmas would be visiting the service on Christmas day to entertain people and hand out gifts.

We observed people taking part in the different activities, including a Christmas quiz, biscuit decorating and watching a film. Staff encouraged those who needed it and praised everyone. There was lots of laughter and people helped each other.

People were supported to continue participating in groups outside of the service, such as regular church services, that they had attended before they moved into the service. Services were held at the service for those people who were no longer able to visit their chosen place of worship.

People told us they were confident to make complaints about the service. One person said, "If I had a complaint I would go straight to the person in charge". Another person said, "If I have a concern I can talk the manager at any time she is always walking about". A process to receive and respond to complaints was in place. Information about how to make a complaint was available to people and their representatives. The manager and staff supported people and their representatives to raise concerns or make complaints about

the service. No complaints had been made for over a year.

Staff recognised when concerns were raised about the service and had passed the information to the manager for their action. People and their representatives told us they would raise any concerns they had with the staff or the manager and were confident that they would take action to address their concerns. The manager told us that any concerns were addressed immediately. Action had been taken to address day to day concerns or worries to people's satisfaction and records were kept of these. For example, one person had commented that their lunch was too small and had been given a second lunch. The person was happy with this response.

Is the service well-led?

Our findings

The registered manager was also one of the registered providers and had been working at the service for approximately 20 years. They knew all the people and staff very well. One person said, "I think the owners do a good job, it appears to run smoothly". Another person said, "The manager runs the place well. She knows all our names and always stops and chats". A third person said, "It is a lovely family run home and I like being here". One person's relative told us, "The boss is nice; I can talk to her at any time".

Staff told us they felt supported by the management team, including the providers. One senior staff member told us, "We support each other and get support from the manager. We lead by example".

Staff told us they were motivated and enjoyed working at the service. One staff member told us, "I look forward to coming to work. The people are nice and we get all get on well". Another staff member said, "I enjoy getting up and coming to work. Every day is a different experience". Staff said they felt appreciated and were thanked on occasions during the day and at the end of their shift for the work they did.

The manager had a clear vision of the quality of service she required staff to provide and how it should be delivered. The philosophy of care at Ocean Swell was clear and understood by all staff. Staff knew the aims of the service and shared the manager's vision of good quality care and supported people to remain as independent as they could. Values including privacy, dignity, and independence underpinned the service provided to people each day. Staff had job descriptions and knew their roles. They were accountable and responsible for the service they provided. One staff member told us, "The quality of care here is really good. I feel like I am working in a good home".

Staff worked together as a team to support each other and to provide the best care they could to people. Staff planned who was going to offer people support at different times of the day. They asked each other for advice and guidance about the best way to complete tasks and made sure that people were safe. All the staff we spoke with told us that the staff worked well together as a team.

Shifts were planned to make sure that people received the care they wanted, when they wanted it. Staff told us the service was well organised. The registered provider, registered manager, deputy manager and head of care were present in communal areas of the service during our inspection and demonstrated leadership and support to staff. Staff told us the managers were approachable and available to discuss any concerns they had.

People and their representatives were involved in the day to day running of the service. Systems were in place to obtain the views of people, their representatives, staff and visiting professionals, including annual quality assurance questionnaires. The process for 2015 had begun shortly before our inspection. The previous survey had been completed in December 2014 and showed that people were happy with the service they received. The provider had a process in place to review all the feedback they received and take any required action. One person had commented that corridors were blocked at times. The provider told us they were pleased this concern had been raised, as the corridors should not be blocked. They had taken

action to make sure that corridors were not blocked again. Positive comments from people included, 'Everyone is very helpful and friendly', 'I enjoy the arts and crafts' and 'The cinema trips are great'.

Staff had other opportunities to tell manager their views about the quality of the service and make suggestions about changes and developments, including staff meetings and supervisions. Staff felt involved in the development of the service and felt that their views were valued. They told us that they were listened to.

The manager had the required oversight and scrutiny to support the service. They monitored and challenged staff practice to make sure people received a good standard of care. Regular checks were completed on all areas of the care staff provided to people including observations of their practice. Any concerns found were addressed with staff at the time and included in the staff member's next supervision meeting.

The effective running of the service was possible because of good communication between staff. Processes were in place, such as handovers to share important information between staff and the management team. Accurate and complete records in respect of each person's care and support were maintained.

The manager kept up to date with the changes in the law and recognised guidance. They were aware of recent changes in health and social care law and the way that the Care Quality Commissions (CQC) inspected services. They obtained support from reputable sources including the local Care Homes Team, DoLS team and a private consultant when it was required. Policies were available in the service for staff to refer to when they needed them.

The manager had sent notifications to CQC when they were required. Notifications are information we receive from the service when significant events happened at the service, such as a when DoLS authorisations were made.