Ocean Breeze Residential Care Home Limited

Ocean Breeze Residential Care Home

Inspection report

22 Barton Wood Road
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New Milton
Hampshire
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Date of inspection visit:
23 November 2016
24 November 2016

Date of publication:
05 January 2017

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Ocean Breeze Residential Home offers accommodation for up to 23 people who require personal care, including those who are living with dementia.

The inspection was unannounced and was carried out on 23 and 24 November 2016.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

People, relatives and health professionals told us they felt the home was safe. Staff had received safeguarding training, demonstrated an understanding of the provider's safeguarding policy and explained the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks. Risk assessments were personalised and provided detailed guidance to staff in how to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development, supervision and appraisal to enable them to meet people's individual needs. There were sufficient numbers of staff deployed to respond to and meet people's needs in a timely way.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments.

People were supported to maintain their health and well-being and had access to healthcare services when they needed them.

Staff developed caring and positive relationships with people, were compassionate and reassuring, and sensitive to their individual choices. Staff treated people with dignity and respect and ensured their privacy was maintained.

People were supported to have enough to eat and drink and that met their specific dietary needs. Mealtimes were a social event and staff supported people in a patient and friendly manner.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

The service was responsive to people's needs and staff listened to what people said. People and, when

appropriate, their families or other representatives were involved in discussions about their care planning. Staff identified issues about people's health promptly and people were referred to health professionals when needed. People were confident they could raise concerns or complaints and that these would be dealt with.

People were encouraged to provide feedback on the service provided both informally and through satisfaction surveys.

Staff felt supported and empowered to raise any issues or concerns with the management team. Quality assurance systems were in place to monitor and assess the standards of care delivered, and actions taken to address any shortfalls. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

People and their families felt the home was safe and staff were aware of their responsibilities to safeguard people. Individual risks to people had been assessed and action taken to minimise the likelihood of harm.

People received their medicines at the right time and in the right way to meet their needs.

There were enough staff to meet people's needs and recruitment practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

People were supported to have enough to eat and drink in a way that met their specific dietary needs. They had access to health professionals and other specialists if they needed them.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

Staff received an appropriate induction and on-going training, development, supervision and appraisal to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect. Staff understood the importance of respecting people's choices and their privacy and put this into practice.

The service supported people and their families to express their views and be involved in making decisions about their care and support.

People received compassionate and dignified care at the end of their life.

Is the service responsive?

Good

The service was responsive.

The registered manager involved people and their representatives in planning care. Care plans were personalised and focused on individual needs, choices and preferences.

Opportunities were offered to people to increase social interaction, have fun and keep healthy and active if they wished to do so.

People and families knew how to make a complaint if they wanted to and felt confident any concerns they had would be responded to.

Is the service well-led?

Good

The service was well-led.

The registered manager adopted an open and inclusive style of leadership. Staff understood their roles and responsibilities and there were clear lines of accountability within the service.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided.

The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare.

Ocean Breeze Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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. We also needed to check the provider had the made improvements we told them to make during our inspection in March 2016.

The inspection was unannounced and was carried out on 23 and 26 November 2016 by one inspector.

Before the inspection, we reviewed all the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with four people living at the service and six relatives/visitors. We observed people being cared for and supported at various times during our visit to help us understand the experience of people who could not talk with us. We spoke with four members of the care staff, the chef, the administrator and the registered manager. During the inspection we spoke with a visiting GP and two visiting community nurses. Following the inspection we also received feedback about the service from another community healthcare professional.

We looked at a range of documents including four people's care plans and risk assessments, 15 medicine administration records (MARs), six staff recruitment, supervision and training records and duty rotas. We also looked at records of complaints and monitoring the quality of the service provided within the home.

The home was last inspected in March 2016 when we carried out a focussed inspection to check improvements had been made to manage people's medicines and record keeping as we had identified some concerns at our previous inspection in April 2015. The management of medicines had improved and

met the required standard. The recording of people's care had also improved but there was still work to do.

Good

Is the service safe?

Our findings

People and relatives said they had no concerns about safety at Ocean Breeze. A person told us "I feel safe here. I have a call bell and I don't have long to wait." A visitor told us "I have never seen anything that concerned me here." One person told us "I feel safe, absolutely. They always check at night that the doors are locked. No-one would get through the front!" Their relative visited them later and confirmed "They're very concerned about security here. Staff are told not to give out the keypad number." Comments from one health professional visiting the home included "I have no concerns at all."

People were protected from avoidable harm. Risks to people had been identified, assessed and were reviewed at regular intervals by staff. Actions had been taken to minimise any risks, such as the risks of people falling, developing pressure sores or becoming malnourished. When talking about people at risk of pressure sores a health professional confirmed "They're on top of it." Any changes to the level of risk or changes to people's health were recorded and communicated to staff. Staff were aware of the risk assessment and management plans in place for people. Staff recognised that some informed risks to people's health and wellbeing were acceptable, in order to promote and not limit people's freedom and independence.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting any concerns. They knew how to report any suspicion of abuse to the management team and outside agencies, such as the local authority. Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Staff confirmed they had received training in safeguarding adults as part of their training and records showed this was regularly updated.

People were supported by sufficient staff who had the rights skills and knowledge to meet their assessed needs. Staffing levels were reviewed and additional staff were rostered on duty if people's care needs increased. Staff told us there were enough staff on duty and they were able to respond to people quickly. This was confirmed by our observations throughout the inspection. The registered manager told us they had re-structured the staff team to enable them to have more time to manage the home, rather than working alongside staff providing care. They were in the process of recruiting new staff to replace those who had left. They had recruited a new Head of Care, two activities co-ordinators and were advertising for more night staff.

The provider had a system in place to assess the suitability and character of staff before they commenced employment. Staff were required to submit an application form with a full employment history and a health declaration to confirm they were fit for work. All applicants attended an interview and references were obtained from previous employers to confirm they were of good character. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

Robust systems were in place to ensure people's medicines were ordered, stored, administered or disposed of safely. Medicines were all clearly labelled, and creams and liquid medicines were dated when opened

which ensured they were not used beyond their use by date. Medicines trolleys were clean and attached securely to the wall when not in use. The fridge and medicines room temperatures were recorded daily which ensured they were stored in line with the manufacturer's instructions. A controlled drugs (CD) cabinet and logbook were in use in line with the Misuse of Drugs Act 1971. CDs are medicines that require special management. People had individualised care plans and protocols for taking their medicines. For example, clear guidelines were in place that helped staff to understand when 'as required' (PRN) medicines should be given. These had recently been reviewed by people's GPs to help ensure that PRN medicines were still current and relevant to them. Any medicines that were no longer required were securely stored, and ready to be sent back to the pharmacy. This ensured there were no excess medicines on the premises. Medicines audits were completed regularly to check that records, storage and stocks of medicines were satisfactory.

We observed people receiving their medicines and noted that staff checked the label and medicines administration record (MAR) to ensure they were correct before giving them. People told us they received their medicines regularly and staff explained what they were for. One person told us "The staff bring it around, in the morning, first thing." Another person said "They are very good with medicines. They put a red 'do not disturb' bib on. They bring mine regularly. They have to wake me up early to take it (before food). I haven't had to worry about prescriptions, they do all that for me." There were no gaps in the MARs we reviewed, which were signed after each medicine was administered. Any changes to people's medicines were signed by the GP and also recorded, signed and counter signed by two staff on the MAR to confirm they were correct.

The home environment was clean and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. Training records showed that staff had received training in infection prevention and control in 2016.

There were appropriate plans in place in case of an emergency or other event that required immediate action. For example, if there was a loss of electricity or a fire. Personal evacuation plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. The emergency plan contained useful phone numbers of utilities, accessible transport and contingency plans for alternative accommodation in the event the home had to be evacuated.

Good

Is the service effective?

Our findings

People told us they thought the staff were well trained and were confident the staff knew what they were doing. A relative told us "I'm very impressed. They're very attentive and top rate!" A healthcare professional told us "Staff operate within their capabilities. I trust the information they're giving me and trust them to deliver on the instructions." They went on to say "I trust their judgement." Another health professional told us "Staff are great. They're on board. We're all looking at the same end plan. Our advice is listened to."

Records confirmed that staff contacted community health and social care professionals in relation to concerns about people's health. People had access to a range of preventative health care services including chiropody, dentists and opticians.

People were supported by staff who received on-going training and support. Key topics included food safety, moving and handling and fire safety. Staff were also given the opportunity for further development such as recognised accredited vocational qualifications in health and social care.
The provider had a system to record the training staff had completed and to identify when training needed to be repeated. Staff told us the training helped them to understand and meet people's needs. One member of staff told us "I've just learnt how to use a de-fibrulator. That was useful." A de-fibrulator is an electronic device used to re-start a person's heart if it has stopped.

New staff completed an induction that included working alongside experienced staff on a supernumerary basis. The provider had introduced the new national Care Certificate, which sets out common induction standards for health and social care staff. A recently recruited member of staff told us their induction was thorough and the managers and staff team were supportive. They said "They always answer my questions." They went on to say they had individual learning needs and things were explained in a way they could understand.

Staff received regular supervision and an annual appraisal. Supervision and appraisal provide opportunities for line managers to meet with staff, give feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away.

Staff had received training in the Mental Capacity Act 2005 (MCA). The MCA 2005 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. The registered manager demonstrated an understanding of mental capacity and best interest decisions. Where relatives had stated they had lasting power of attorney, this had not always been checked by the registered manager, however this was addressed during the inspection.

Staff showed an understanding of the principles of the MCA in relation to people they were supporting. Before providing care, they sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others may require more support in relation to bigger decisions that may need to be made. They said they would report any concerns about a person's capacity to make particular decisions to one of the management team.

People can only be deprived of their liberty so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities and had submitted DoLS applications to the local authority for authorisation where required.

People said they had enough to eat and drink and they enjoyed the meals and the variety provided. Their comments included "It's very good food. I have no complaints. The chef will do anything you want" and "They come around and will get you something else if you don't like it" and I have fruit every day, and loads to drink, orange juice or water." Drinks were offered regularly and were available in rooms and communal areas. Staff were aware of who was drinking and offered encouragement. For example, one staff member asked a person, "Has your tea has gone cold. Would you like another one?" The person confirmed they would and they were brought a fresh cup. One person chose to eat in their room and while our inspector chatted to them, they said they were not enjoying their meal. Our inspector suggested they use their call bell and ask for something else, which they did. Staff attended promptly and asked the person "What do you fancy? Would you like some pasta?" The person agreed they would. The staff member asked "Would you like it in a bowl or on a plate? Would you like a cup of tea with it?" This was brought up to their room soon afterwards. The person told us their meal was "much better" and they seemed to enjoy it.

We observed staff patiently assisting people to the dining room to eat, giving people a choice of where they wanted to sit. Staff gave verbal prompts or physical assistance to eat where required, were patient and did not hurry people. For example, a staff member asked one person "Would you like me to cut up your pork chop?" and "There you go. Are you going to eat some?" The staff member then encouraged another person to eat by putting some food on their fork, which they then ate. They told us "We just need to get him started then he's off!" The dining area was clean, well-presented and included daily menus in photograph format for people to see.

People's support plans included nutritional assessments and details of their dietary requirements and support needs. The chef had attended a menu planning course and was currently reviewing the menus. The chef was knowledgeable about people's dietary requirements and had a list of people who were on special diets, such as soft or diabetic diets. The chef told us how they met these needs by ensuring appropriate ingredients were ordered, such as sweeteners to replace sugar in cakes and puddings for people with diet controlled diabetes. They told us communication between care and kitchen staff was good and any changes affecting a person's diet, appetite or weight were relayed effectively. Staff also demonstrated knowledge of which people were on soft, fortified, or other special diets and people's records also contained this information.

The home was designed and decorated to meet the needs of people with dementia. Colours were relaxing and calming and seating was arranged in small cosy areas with tables for people to put things on. Signs and notices around the home were bright and doors had signs in pictorial format to help people recognise rooms for example. The maintenance staff had made a 'Fiddle board' for one person who had been an engineer in their working life and liked to look at things. They had been setting off alarms due to their curiosity, so the fiddle board had helped to distract the person with other things to look at and touch. It

comprised of a board with bolts, chains, padlocks, latches, curtain rings and other interactive items the person could 'Fiddle' with. The registered manager told us "We heard about this but when we looked it up to buy, it cost a lot of money. We showed our maintenance man who made this for about £30."

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the care they, and their family members received. Their comments included; "They [staff] are so very, very nice, all of them" and "They're very welcoming. I never feel I'm in the way" and "The staff make this place. I haven't met one that's not kind and patient with me" and "They're always so cheerful." A health professional told us "It's a lovely home, one of my favourites. They will go out of their way for people."

We observed that staff were kind, caring and friendly in their approaches to people's care. The interaction between people and staff was relaxed and respectful. There was a good rapport between staff and the people they supported with lots of smiles, banter and laughter. A member of staff told us "I love coming to work. It's a lovely atmosphere. It's calm and relaxed."

Staff treated people with dignity and respect. We observed they knocked on doors before entering people's rooms and asked for permission before providing any care or support. People received personal care in the privacy of their bedrooms. Staff gave examples of respecting people's privacy and dignity, for example keeping a person covered as much as possible while assisting them to wash. Relatives told us "They [staff] respect their dignity, they're always kind and discreet." The home had a dignity champion and had received a certificate of commitment from the National Dignity Council. There were prompts and 'Top tips' for staff displayed around the home reminding them of 'Dignity dos and don'ts'.

Staff spoke in a caring and respectful way about people, were compassionate and used gentle, appropriate touch to help reassure people if they become upset or anxious. For example, one person clutched some crumbs from their dessert in their hand. A staff member noticed and said "What's in your hand? Shall I take that? It's crumbs from your cheesecake." The person insisted the crumbs were seeds and wanted to plant them. The staff member responded gently and positively, without being dismissive and said "I'll speak to [The registered manager] and we'll get you some seeds for the summer to plant. Shall we do that? Shall I take them? Thank you." The person then willingly gave the staff member the crumbs. The interaction was sensitive and very understanding of the person's feelings.

Care plans included people's likes and dislikes and their family and friends were involved in providing this information, where appropriate. Care plans and associated records were written in a way that promoted dignity and respect. For example, people's care plans stated the name by which they liked to be addressed and we observed staff addressed each person by their preferred name. The service supported people to express their views and be involved in making decisions about their care and support. Staff facilitated relationships between people using the service, their families and staff. People were supported to keep in contact with friends and families. Visitors were welcome at any time and shared in activities and social events if they wished to do so.

People's end of life care wishes and any advance decisions were also discussed and documented in their care plans. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate. The registered manager told us that where end of life care was needed, the service sought

advice from specialist palliative care nurses. Emotional support was provided to relatives and visitors at these times. Relatives who were recently bereaved told us "They kept [Our relative] as comfortable as possible. The level of care was a contributory factor…didn't suffer. They had dignity in death."

Good

Is the service responsive?

Our findings

People were positive about the care they received and felt staff were responsive to their needs. One person told us "I don't have to wait long if I use my bell." Another person said "They come very quickly if I need anything." A healthcare professional confirmed the staff were responsive and said "If there's a problem they address it immediately."

A personalised approach to responding to people's needs was evident in the home. People and their families or representatives participated in an assessment of their needs before moving into the home to ensure the service was suitable for them. Involving people in the assessment and subsequent reviews helped to make sure that care was planned around people's individual care needs and preferences. Following the initial assessment, personalised care plans were developed which provided guidance to staff about how each person would like to receive their care and support. This included their skin integrity, mobility, personal care and any aids they used to help with, for example, their mobility sight and hearing.

Records showed care plans were kept under review and, where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. People and/or their relatives/representatives were involved in reviews according to each person's wishes or best interest decision. A relative confirmed "If anything happens they contact me directly to keep me up to date." It was clear from our observations and talking to staff that they were knowledgeable about people's care and support needs. The registered manager had recently implemented a new care planning format and had given staff responsibility for reviewing and updating people's care plans. Most plans had been robustly reviewed and updated to reflect people's changing needs, although we found some discrepancies and have addressed this under the well led section.

The home had an activities area including dressing up hats, arts and crafts and games, which were well used. We saw people's artwork on walls and reading materials were available for people who wanted read or look at picture books. We observed staff supporting people to engage in group activities such as balls games or bingo, and staff had time to sit with people for one-to-one activities, such as looking at old family photos and reminiscence. There was positive interaction and banter between people and staff and people seemed stimulated and happy. People told us there were activities available if they wanted to join in. One person explained "There's always something going on; painting, making things, I made a hedgehog! They have entertainers, singers and a religious service one evening. I did some singing!" They went on to say "We do exercises. It's very important. It keeps you moving."

People told us they would feel comfortable raising any concerns or complaints. There was a procedure in place to record and respond to any concerns or complaints about the service and this was on display in the reception area. The complaints records showed that one formal complaint had been received about fees within the past year which had been addressed and responded to in line with the procedure. There was a wider concern about fees increase which had also been raised by other families. The registered manager had listened and taken action, and had involved the provider who had met with the families personally to explain the reasons for the increases.

Good

Is the service well-led?

Our findings

People and relatives told us they thought the home was well managed and organised. A relative commented "The manager and deputy manager are always around." They went on to say they could speak to them at any time about anything. They told us "I would recommend it to anyone. If you had to be in a home, I'd be happy to be here. Well not happy but you know what I mean." One person told us "I did extremely well to pick this place. I can't fault it. It's well managed." Another person said "It's a very good home. They work very hard, extremely hard. I know the manager, she's very good, approachable. The deputy is wonderful. Everyone knows her."

The service worked in partnership with community professionals to help ensure people received the care they needed. A healthcare professional told us "This is a well-managed home." They went on to say it was a challenge for care homes who needed to build relationships with community teams to provide the nursing care when necessary. They said "They [The home] work within their capabilities. I have confidence in them." Another health professional said "We work together. There is no conflict. They're not defensive. They listen to advice and the communication is good."

The registered manager promoted an open and inclusive culture within the service. They had an open door policy for people living in the home, their relatives and staff. The registered manager had recently implemented a new staffing structure and had delegated responsibilities for care plan reviews to care staff. They told us "There has been a culture change but it takes time. They haven't been allowed to things in the past" but they had responded positively and felt empowered. Staff were becoming familiar with the care plans and building their confidence to make any changes required. We noted that most care plans had been updated and accurately reflected people's changing needs although two records contained conflicting information. This was addressed immediately by the registered manager who updated the records. They told us they had not yet introduced care plan audits and showed us the list of new audits they were about to put in place. Checking of people's care plans was one of them.

Staff were involved in the running of the home. Staff meetings took place regularly both on an afternoon and evening, so all staff could participate. Staff told us they were able to raise any issues or concerns they might have. Minutes of a meeting held on 9 November 2016 showed they had discussed rotas, equipment and closing the curtains sooner now it was dark earlier in the evenings. Managers meetings took place where heads of departments got together to discuss the running of the home. Minutes from the 31 October showed they discussed audit findings, COSHH (control of substances hazardous to health) and lone working. Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. There were processes in place to enable the registered manager to account for the actions, behaviours and performance of staff, and the registered manager told us how they had implemented the procedures when necessary.

People were asked for their views about the care and support they received. A satisfaction survey had taken place in June 2016. People commented on different aspects of the home, such as choice of food, staff availability, attitude, activities and cleanliness. Overall, people were every happy with the standards within

the home. Where comments had been made, for example about the laundry, these had been addressed.

Monthly audits of the quality and safety of the home took place and were recorded. For example, health and safety and accidents were reviewed and people's weight were monitored every month, and any actions were addressed. The provider also visited monthly and carried out a service audit which included checking medicines, nutrition and safeguarding. Most audits were effective, although we found some issues which had not been identified. For example, some accidents and incident forms were reviewed by senior staff and had not always been reviewed by the registered manager before being filed away. The registered manager was not aware of one incident which should have been further investigated. They addressed this immediately and changed the procedure so that all incident and accident forms should be passed to them for review and be signed off.

The registered manager had demonstrated an awareness of the duty of candour and followed the relevant company policy and procedure. The duty of candour regulation sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.