

Mr & Mrs M S Rose

Ocean Swell

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Ocean Swell is a residential care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ocean Swell accommodates up to 32 older people in one adapted building. There were 31 people using the service at the time of our inspection.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good

At the last inspection in December 2015 we recommended the provider seek advice and guidance from a reputable source, about writing care plans in relation to peoples' specific needs. At this inspection we found that the provider had acted on our recommendation and people's care plans contained detailed guidance to staff about their needs and wishes.

The management team had oversight of the service. They checked all areas of the service regular to make sure it met the standards they required. The provider worked to continually improve the care people received and had supported staff to continually develop their skills to meet people's needs.

Staff felt supported by the management team, they were motivated and enthusiastic about their roles. A member of the management team was always available to provide the support and guidance staff needed. Staff worked together to support people to be as independent as they wanted to be. All the staff we spoke with told us they would be happy for their relatives to live at Ocean Swell. Records in respect of each person were accurate, complete and kept secure.

Staff were kind and caring and treated people with dignity and respect. They had taken time to get to know each person well and provide the care they wanted in the way they preferred. People received the care and support they wanted at the end of their life.

Assessments of people's needs and any risks had been completed and care had been planned with them and their relatives, to meet their needs and preferences and keep them safe. Staff knew the signs of abuse and were confident to raise any concerns they had with the management team. People were not discriminated against and received care tailored to them. Complaints were investigated and responded to. People had enough to do during the day, including regular trips out.

Changes in people's health were identified quickly and staff contacted their health care professionals for support. People's medicines were managed safely and people received their medicines in the ways their healthcare professional had prescribed. People were offered a balanced diet of food they liked and that met their cultural needs and preferences.

People 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 support this practice. The registered manager knew when assessments of people's capacity to make decisions were needed. Information was available to people in a way they understood to help them make decisions and choices. Staff treated people with dignity and gave them privacy.

There were enough staff to provide the care and support people needed when they wanted it. Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The service and equipment were clean and well maintained. The building had been adapted to meet people's needs and make them feel comfortable. People were able to use all areas of the building and grounds and were encouraged to make their bedroom feel homely.

The registered manager had informed CQC of significant events at that had happened at the service, so we could check that appropriate action had been taken.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains 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 4 April 2018 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. Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Before the inspection we asked for feedback on the service from community professionals and other visitors to the service who had involvement with the service and staff. We received information from a GP and a clinical nurse specialist for older people who has supported the registered manager and staff.

We looked at three people's care and support records, associated risk assessments and medicine records. We looked at management records including four staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the provider who is also the registered manager, the deputy manager, ten staff, 18 people who use the service and their relatives and a community nurse team leader.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe at Ocean Swell. One person told us, "I definitely feel safe here and am happy and content".

There were enough staff on duty who knew people well to meet their needs and support them to do things for themselves. People's relatives told us, "There seems to be enough staff; they even ask us if we want a cup of tea". and "When I come there seems to be enough staff. I have never seen residents being rushed". The registered manager continued to consider people's needs when deciding how many staff to deploy at different times of the day. An additional staff member was deployed in the morning and evening to support people to get up and go to bed when they wanted. Staff were not rushed and supported people to do things at their own pace. The registered manager or deputy manager were on call out of hours to provide any advice and support staff needed.

Risks to people had been identified and they had been involved in planning how to manage these. For example, the risk of people developing skin damage had been identified and action had been taken to mitigate the risks. People were supported to change their position regularly and use pressure relieving equipment such as special cushions to help keep their skin healthy. No one at the service had a pressure ulcer.

People were supported to take risks when they wanted to. For example people living with dementia who wanted to go out alone were supported to familiarise themselves with the local area and get to know other people in the community. Staff assessed people's ability to return to the service from different locations and made sure they carried identification so other people who could help them if they needed support.

Accidents and incidents had been recorded and analysed to look for patterns and trends. Action had been taken to prevent accidents from happening again. People's falls risk assessments had been reviewed and updated after a fall and action had been agreed with them to reduce the risk of them falling again. This included using walking aids. We observed the person who had recently fallen using their new walking aid to maintain their independence during our inspection and records showed they had not fallen after they began using the aid. Where patterns had been identified, such as one person falling when they were 'stressed or worried' staff had taken action to reduce the risk of the person becoming anxious and offered them additional support at these times.

People and relatives we spoke with told us the staff were approachable and they were confident to raise any concerns about their safety with them. Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. The provider had introduced a 'freedom to speak up guardian' who staff could raise concerns with if they did not feel confident to tell a member of the management team. All the staff we spoke with knew about the guardian but were confident to raise any concerns they had with the provider or manager. Staff told us the management team would take any action that was needed if people were at risk of abuse or being discriminated against. Staff were aware of the whistle blowing policy and their ability to take any concerns

to outside agencies if they felt that situations were not being dealt with properly.

Plans were in place and understood by staff about how to support people in an emergency. These included supporting people to move to other parts of the building. Staff had completed fire training and told us they were confident to use the evacuation equipment. Regular checks were completed on all areas of the building and equipment, including fire alarms and hoists to make sure they were safe.

The service was clean and staff followed infection control processes. They had completed infection control and food hygiene training. The deputy manager had completed infection control training facilitated by the local clinical commissioning group and was an 'infection control link practitioner'. They had trained staff and assessed their hand washing skills. Staff told us the training had improved their practice. During a recent flu outbreak the registered manager followed Public Health England guidance about the management of flu in care homes.

People's medicines were managed safely and effective systems were in place to order, store, administer, record and dispose of medicines. We observed staff administering people's medicines safely. Staff explained to people what their medicines were and supported them to take them at their own pace. People were supported to have a medicines review when they began to use the service if they wished.

Guidance for staff about how to support people with their 'when required' medicines had been reviewed and updated since our last inspection. It now included the minimum gap between doses and the maximum the person could take in 24 hours. Staff had completed medicines training and their competency to administer medicines safely had been assessed.

Since our last inspection seven staff had completed training with the local clinical commissioning group to administer medicines to people with diabetes. Five staff had been assessed as competent and a further two staff were awaiting assessments. The community nurse team lead told us people's diabetes was well managed and they had assessed that staff had the knowledge and skills to administer people's medicine safely. Staff knew the actions to take if people's needs changed.

Staff continued to be recruited safely. The required recruitment checks had been completed including Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. The provider followed their disciplinary procedures when staff practice did not meet the standards they required.

Is the service effective?

Our findings

The registered manager met with people and their representatives to talk about their needs and wishes before they moved into the service. One person told us, "Before I came here, someone from the home came to see me to discuss my needs". A detailed assessment was completed which summarised people's needs and how they liked their support provided, including their likes and dislikes, religious and cultural beliefs, relationships and family, and personal history. This helped the registered manager make sure staff could provide the care and support the person wanted.

Further assessments of people's needs were completed, in line with best practice, when they moved into the service. These included malnutrition universal screening tool (MUST) assessments to identify risk of people losing weight and balance assessments to identify peoples' risk of falling. These were reviewed regularly to identify any changes in people's needs and were used to plan their care and support. People's weights were taken and analysed each month. When people lost weight they were referred to the dietician. While people were waiting to see the dietician staff followed recognised 'food first' guidance and offered people food and drinks fortified with high fat foods including double cream. Records showed that peoples' weight had increased.

A handover was completed between staff on each shift to make sure they had up to date information on people and their needs. This was recorded and staff referred to it to catch up when they returned from a day off or leave.

We observed people being supported to make choices about all areas of their lives, including where they spent their time and who with. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The 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.

People's capacity to make specific decisions continued to be assessed and recorded. Staff followed guidance in people's care plans and helped them to make decisions in ways they understood, including showing people a limited number of items at one time and giving people time to consider and tell staff about their choices.

The registered manager was aware of their responsibilities under DoLS and had made applications to the local authority. Some people had DoLS authorisations in place and others were waiting for assessments. People were not restricted and were free to come and go as they pleased, including with staff, friends and family.

Staff supported people to maintain good health. The community nurse team leader told us community nurses visited the service regularly and staff acted on the advice and guidance they provided. They told us

they and GPs were contacted at the right time and without delay. Staff continued to support people to see health professionals, attend appointments and offered people help them tell their health care professional about their needs. People had regular health care checks including eye tests and dental checks. People were supported to continue to go out to see their health care professionals and this was often combined with a visit to a café. People were encouraged to remain active inside and outside of the service and often went for short walks or took part in gentle exercise. One person's relative told us, "The staff picked up very quickly that my loved one was not well and called the G.P. They take them in the mini bus to appointments. They liaise very frequently with the community nurse and G.P."

People told us they liked the food at the service, they had enough to eat and drink and there was always a choice. One person told us they had enjoyed bacon, eggs and tomatoes for their breakfast and the food at the service was "excellent". Other people told us they had also enjoyed a cooked breakfast and could have a hot breakfast every day if they wished.

Meals and drinks were prepared to people's preferences, including dietary needs and cultural preferences. People who needed a low sugar diet continued to be offered the same foods as everyone else but made with sweetener rather than sugar. Meals were balanced and included fresh vegetables. Soft or pureed foods were prepared for people at risk of choking and were presented in an appetising way. People had been involved in planning the menus. If people wanted something which was not on the menu the chef prepared it for them.

Staff continued to receive the training they needed to complete their roles. They completed an induction to get to know people, their preferences and routines. Training was arranged to support staff to meet people's specific needs, including dementia care and communication. Staff's competency to complete tasks was assessed to check they had the required skills, including medicine administration and moving people safely. Staff had either completed or were working towards recognised adult social care vocational qualifications. The provider and staff continued to attend training event facilitated by the local clinical commissioning group, including clinical observations. Staff told us and the community nurse team leader confirmed that providing health care staff with information about people's health such as their blood pressure helped them make decisions about the care and treatment people needed and when.

Staff told us they felt supported by the management team and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development.

The service was decorated in a homely way and an on-going programme of redecoration was underway. The provider had followed good practice guidance about environments for people living with dementia and visual impairments and had fitted lighting in the lounge and other areas that simulated day light and helped people stay awake during the day and sleep at night. We asked people what they thought of the new lights and they told us the light felt like daylight.

People had brought small items of furniture, pictures and other things into the service to make their bedroom more homely. The provider tested equipment such as televisions and radios when people brought them in so they could continue to use them. There was a safe outside space which was accessible to people and their visitors.

Is the service caring?

Our findings

Everyone we spoke with during our inspection told us staff were kind and caring. People's relatives had written to the provider and staff to compliment them on the care their loved ones received. Their comments included, 'Our loved one flourished in your care', 'many thanks for all the love and attention you gave [person's name]' and 'I don't know where to begin to thank you and your staff for all the kindness and dedication you show to our loved one. We will always be grateful'.

People's friends and relatives were encouraged to visit their loved ones and spend time with them as often as the person wished. When people wanted their friends and relatives were able to continue to support them. We observed people's relatives visiting them at meal times and supporting them to eat their meal. People told us they enjoyed this and we observed them smiling with their relatives. People's visitors told us they were always made to feel welcome by staff. One person's relative told us, "The staff are very friendly and good, we always get a nice welcome and are offered a cup of tea."

The registered manager had asked people and their relatives about their personal history including jobs they had done and people who were important to them including their parents, spouse and children. This information was available to staff in people's care records and staff used this information to get to know them. During the inspection staff supported people to tell us about their occupations and members of their family.

People had privacy. People held a key to their bedroom door when they wanted to and staff only entered with the person's permission. Staff described to us how they maintained people privacy including using privacy curtains in shared bedrooms and keeping people covered while they helped them to get washed. Staff maintained people's privacy during our inspection. Personal, confidential information about people and their needs was kept safe and secure and staff were reminded of their responsibilities at staff meetings.

People told us they were treated with dignity. Two staff members were dignity champions. Dignity champions are staff that believe that being treated with dignity is a basic human right and not an optional extra. All the staff we met at the service held these values. We observed staff supporting people with their meals. They supported people at their own pace and waited for the people to tell them they were ready to eat or drink. They also explained what was on the spoon and checked that the person was happy with this.

People had been given opportunities to discuss their sexual orientation or gender identity and their responses were respected. Staff gave people time to chat privately about their personal relationships if they wanted to. People were treated as individuals and their choices and lifestyles were respected. They were referred to by their preferred names and were relaxed in the company of each other and staff. One person's relative told us, "My relative loves the staff and they love them."

People were actively involved in making decisions about their care and were supported to maintain their independence. One person told us they had got up, washed and dressed without staff support that morning

and proudly showed us their outfit. Another person's relative said, "My relative normally dresses themselves but someone goes in and asks if they need any help". This information was recorded in people's care plans for staff to refer to.

Information about when people may need reassurance was included in their care records and was followed by staff. Staff reassured one person when they were anxious and distracted them with their favourite food and drinks. This quickly calmed the person, staff stayed with them until they were calm and smiling.

Staff and the activities coordinator took photographs of people taking part in special events such as trips out and shared them with the person and their relatives with their permission. One person told us they particularly liked a book of photographs staff had made for them for a special birthday.

Some people were able to share their views about all areas of their life with staff and others involved in their care. However, when people required support to do this they were supported by their families, solicitor or their care manager. The management team knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as pictures, to support people to tell staff about their needs and wishes and be involved in planning their care.

Is the service responsive?

Our findings

People and their relatives continued to be involved in planning their care with staff. At our last inspection we recommend that the provider seek advice and guidance from a reputable source, about writing care plans in relation to peoples' specific needs. At this inspection we found that the management team had regularly reviewed and updated people's care plans and they contained detailed information about people's needs and preferences. For example, oral care plans included information about people's teeth and the support they needed from staff to keep their teeth and mouth clean and healthy.

Staff knew the support people needed and how they liked their care provided. We observed staff supporting one person to stand from a chair and sit in a wheelchair. Staff gave the person clear instructions including "move yourself forward, that's right" and "Put you hand here (pointing to the chair arms) and push". Another person told us they were able to wash themselves and staff helped them wash the areas they could not reach at their request.

Staff asked people about their preferred time to get up and go to bed and supported them to continue with their routine, including getting up, going out and having visitors. The routines at the service were flexible to people's needs and wishes. For example, people chose each day where they would like to eat their meals and staff asked people about their choice each day. We observed staff asking people at lunchtime "Would you like to come to the dining room for lunch?"

Staff worked with people's doctors and nurses to support people to be comfortable and remain at Ocean Swell at the end of their life if they wanted to. The community nurse team leader confirmed this and told us staff followed they symptom management care plans they put in place and contacted during the day and night for support as they expected.

The registered manager had recognised that staff did not know everyone's preferences about their end of life care. They had booked 'Difficult conversations and planning ahead' training with the local hospice for themselves and three staff to develop their skills and confidence to have conversations with people and their relatives about their end of life plans and preferences.

Staff supported people say goodbye and attend the funerals of family and friends if they wanted to. People's relatives had complimented the staff on the care they had provided at the end of people's lives. Their comments included, "Your care, love and support was endless and we will always feel grateful that our loved one spent their final years surrounded by such amazing people who genuinely care and loved them" and "Thank you for the care and love shown to our relative and to the two staff for being with our loved one when they passed away".

People continued to take part in a range of activities and pastimes including trips to cafes, walks along the seafront, the local RAF museum and the theatre. People told us they enjoyed going out very much and were able to do this often. People told had enough to do each day, one person told us, "We make things that are sold at the local church. I also like knitting". During our inspection people enjoyed taking took part in a quiz.

People were shouting out the answers and praising each other when they got the answer right. There was lots of laughter and people told us they were having fun. An activities plan was in place and included visits from outside entertainers.

Staff knew if people had a faith and supported them to continue to follow this when they wanted to, including attending local church services. Services were also held at the service and people took communion if they wished.

Before our inspection we were informed that the provider did not accept complaints by email. We discussed this with the provider during our inspection. They told us it was their policy to accept complaints verbally or in writing but not by email. The provider told us they would include an email address in their complaint process following our inspection and would share this with people and visitors to the service. We will check the provider has taken this action at our next inspection.

People told us they were confident that any complaints they raised would be listened to and addressed. One person told us, "I would feel fully confident to raise any problems with the manager". The provider considered complaints and feedback as learning opportunities. Day to day issues that people had raised had been recorded, investigated and addressed. For example, one person had raised concerns about a mark on their headboard, which had been immediately replaced. Everyone we spoke with told us the management team and staff were approachable and they would be confident to raise any worries they had with them.

Is the service well-led?

Our findings

One of the providers was also the registered manager and had been working at the service for a number of years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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 service is run.

People and their relatives told us the service was well led and the management team were approachable. People's comments included, "The management are like friends to us", "I would not hesitate to see the owners if there was a problem; they are very approachable" and "I think the place is well led: it is clean and tidy. My relative is well looked after and she is so much better now she is here. We are very happy for her to be here; we could not have found a better place; we are very fortunate".

The provider had a clear vision for the service which they described as 'an atmosphere of care and support which both enables and encourages our residents to live as full, interesting and independent a lifestyle as possible'. Staff shared the provider's philosophy and provided the service as they required. All of the staff we spoke with told us they would be happy for their relative to receive a service at Ocean Swell.

The provider continued to have oversight of the service and completed regular checks on all areas of the service. The management team monitored staff practice to check people received care and support to the standard the provider required. This included working alongside staff and observing their practice. Any shortfalls identified by the checks were addressed immediately and discussed at staff supervision meetings and were recorded. An effective process was in operation to analyse accidents and incidents to identify any patterns and trends on a monthly basis. Where patterns had been identified, such as one person falling when they were 'stressed or worried' staff had taken action to reduce the risk of the person becoming anxious and offered them additional support at these times.

There was a culture of openness; staff and the management team spoke with each other and with people in a kind and respectful way. Staff told us the management team were approachable and supportive and always available to give them advice and guidance. One staff member told us the providers "Do look after us" and told us how the provider had picked staff up and taken them home in the snowy weather to make sure they were safe. Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated by the management team and their colleagues and worked well together as a team.

Staff were clear about their roles and responsibilities, including their keyworker role and the management team held them accountable. Staff were reminded of their roles at regular staff and supervision meeting. The registered manager had informed staff of the role of CQC and understood the fundamental standards and inspection process.

The management team kept their skills and knowledge up to date, including attending workshops provided by the local clinical commissioning group. They continued to work in partnership with community

professionals, including a Clinical Nurse Specialist for Older People, to ensure people received the care and treatment they needed. The Clinical Nurse Specialist confirmed the registered manager asked for advice and guidance when it was required and acted on it.

People, their relatives, staff and visiting professionals were asked for their views on the service and these were used to make continually improvements. Everyone's feedback to the November 2017 survey had been positive and their comments included: 'I'm satisfied, everyone is kind and friendly', 'My relative is looked after well. I do not have to worry about them' and 'It's a pleasure to work at Ocean Swell'. Staff told us suggestions they made to improve people's care and support were listened to and implemented, including care and support for individuals.

Records of people's needs and the care they had received were accurate and up to date. All staff had access to information about people when they needed it. The provider was considering introducing electronic care records and was researching different systems.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager knew when notifications needed to be sent and we had received notifications when they were required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating in the entrance to the service. The provider did not have a website.