

Taher Limited

# Ocean Healthcare

## 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

### About the service

Ocean healthcare is a domiciliary care service providing personal and nurse led care to children and adults in their own homes. People supported by the service often had complex, and sometimes life limiting, conditions. At the time of our inspection there were 42 people using the service.

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

People's care plans were person centred and contained detailed information about them as a person, their home lives and what was important to them. Parents told us they felt confident that staff had the skills and experience required for caring for children with complex medical conditions and trusted care staff to care for their children. One parent was able to take a holiday for the first time in 23 years, because they felt confident in the team caring for their child. Staff supported families to enjoy outings and spend time with each other. One person's relative said, "They support us not to be isolated. I can relax when we go out, they will take [child] off so I can spend time with our other children."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Care was personalised and bespoke to each individual person receiving care. People were supported to eat and drink and maintain a balanced diet and staff supported people to be as independent as possible and to develop skills. People's care plans contained specific information about their needs in relation to the Accessible Information Standard, including where people responded to touch, rather than verbal prompts, to communicate. Staff communicated with people in the ways that suited them.

Risks were assessed and monitored and detailed risk management plans were in place. People's relatives felt confident that staff had the skills needed to manage people's risks safely. Staff were recruited safely and there were enough staff to meet people's needs, effective systems and processes were in place to safeguard people from the risk of abuse. Staff were matched to people to ensure they not only had the clinical skills required to meet their needs but that they also had the right personality to meet their emotional needs. One person's relative told us, "Staff were matched really well, the team slots right in with the family." Staff celebrated people's achievements and special occasions. For example, one member of staff made a power point with pictures of one child taking part in lots of exciting activities to celebrate their birthday. Staff respected the privacy and dignity of both the person they cared for and their family.

Innovative training methods were being used to make sure staff delivered care in the right way and the provider had purchased specialist training aids to support staff to develop their skills in a learning

environment. New staff completed training specific to the person they would be working with. The registered manager had recruited qualified nursing staff with different areas of expertise, including learning disabilities, mental health and paediatric care. This meant staff were supported by qualified staff with specialist knowledge.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Ocean Healthcare's culture was driven by its organisational values. These were developed through team exercises and examining which values staff felt best represented the service and were woven through all aspects of the business operation. Staff spoke proudly about the values and how they made them a 'living' part of their everyday work. For leaders and staff, upholding the 'caring' aspect of their values meant not only caring for people using the service but for each other. For example, the provider recognised that staff found it difficult to obtain closure after supporting a child at the end of their life, especially where they had been supporting them for several years, so they purchased a piece of rural woodland with a stream running through it for staff teams to use for quiet reflection.

The provider had established a 'quality advisory committee' which met quarterly to analyse the quality and safety of the service being provided. The membership of the committee included external professionals and leaders invited challenge and scrutiny in order to drive improvement. The structure of the governance and quality management systems had been expanded and strengthened and consisted of a number of groups at different levels of management all contributing to the governance and oversight of the safety and quality of care being provided.

Ocean Healthcare is actively involved in the local community and has supported both groups of people and individuals through a number of initiatives. The managing director told us, "We believe we have a responsibility to help make where we live a richer place through what we do but also by giving back where we can.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service at the previous premises was requires improvement, published on 6 May 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well led	<b>Good</b> ●

# Ocean Healthcare

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector, an assistant 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 November 2022 and ended on 29 November 2022. We visited the location's office on 3 November 2022.

#### What we did before the inspection

We reviewed information within our systems and used the information the provider sent us in the provider

information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 14 members of staff, including the registered manager and senior leaders. We spoke to the managing director who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 12 people's relatives and sought feedback from 7 health professionals. Whilst we did not receive any feedback from the health professionals we contacted, the registered manager shared feedback that had been sent directly to the service. We reviewed a range of records including 5 people's care records, recruitment and training records, quality assurance records, policies and a range of qualitative information the provider shared with us.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered location. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks were assessed and monitored and detailed risk management plans were in place.
- Staff had completed training in managing the risks specific to people's health conditions, and care plans contained clear details about what action staff should take and how to escalate any concerns about risk.
- Some people used equipment to manage their health risks. For example, staff used a suction machine to minimise one person's risks associated with aspirating secretions. Their care plan contained good detail about how staff could recognise when suctioning was required, including getting to know the person's breathing patterns and sounds.
- People's relatives felt confident that staff had the skills needed to manage people's risks safely. One relative said, "They know what they are doing." Another said, "They are safe with the carers."

### Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs. Recruitment checks were completed before new staff started work, including obtaining references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing was organised by teams, ensuring staff knew the person/people they were working with well.
- People's care plans contained contingency plans for unexpected staff absence, to minimise the risk of staff working with people they don't know well.
- Recruitment systems used the company values to assess candidates and ensure new staff held values that aligned with the organisation. Staff had produced a video, which was available on YouTube, which explained the recruitment process and what it was like to work in complex care, so applicants could know what to expect.
- People's relatives told us they had staff teams they knew well. One relative said, "We have had most of our care team for a few years."

### Using medicines safely

- People were supported to take their medicines safely.
- Medicines risk assessments and care plans were in place and, in the case of children, responsibilities between staff and parents were clearly defined.
- Electronic Emar records alerted staff where a medicine had been omitted and enabled team leaders to address any missed medicines in a timely way.

### Systems and processes to safeguard people from the risk of abuse

- Effective systems and processes were in place to safeguard people from the risk of abuse.
- Staff had completed training about safeguarding children and adults and told us they felt comfortable raising any concerns.

#### Preventing and controlling infection; Learning lessons when things go wrong

- Measures were in place to prevent and control the spread of infection.
- Staff had completed infection control training and had sufficient access to personal protective equipment (PPE).
- People's relatives told us they felt confident infection control was well managed throughout the COVID-19 pandemic.
- Systems were in place to learn lessons when things went wrong and incidents and accidents were reviewed.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered location. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Various training methods were being used to make sure staff delivered care in the right way. For example, one person's care plan contained photographs of exactly how their hoist sling should be positioned, and videos demonstrated how they should be supported to carry out a set of exercises.
- The provider had purchased training aids to support staff to develop their skills in a learning environment. For example, a prosthetic bottom aided staff learning how to provide personal care to people with spinal injuries. This meant staff had specialist knowledge and skills prior to commencing work with people and minimised any disruption to people when new staff joined their team.
- The provider had recently completed work on a training suite. This classroom learning environment meant staff had a dedicated space to complete training in a collaborative way. The provider intended to offer this space to other local companies to support staff development and training across the local workforce.
- New staff completed an induction programme, completing 14 online training courses prior to starting work. This training was consolidated and extended with two face to face essential skills training days. New staff then completed training specific to the person they would be working with.
- The registered manager had recruited qualified nursing staff with different areas of expertise, including learning disabilities, mental health and paediatric care. This meant staff were supported by qualified staff with specialist knowledge.
- Delegated nursing tasks were only carried out by staff who had completed training specific to that task and been assessed as competent by an appropriately qualified member of staff.
- Regular spot checks were completed with staff, and systems were in place to ensure staff received supervision. Care team managers had personal development plans and all staff were supported to develop their knowledge and skills.
- Parents told us they felt confident that staff had the skills and experience required for caring for children with complex medical conditions and trusted care staff to care of their children. One parent said, "They really get them, they understand them and can read them, they go above and beyond." Another parent was able to take a holiday for the first time in 23 years, because they felt confident in the team caring for their child.

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

- People's physical, mental health and social needs were holistically assessed.
- People's care plans were person centred and contained detailed information about them as a person, their home lives and what was important to them. For example, one person liked to wear their hair in a particular

style. Their care plan contained a video to guide staff so they could make sure they styled their hair exactly as they liked it.

- Care planning focused on people's goals and how staff could support people with their individual needs. For some children this included supporting them in the school environment and working closely with teachers, support staff and other health professionals.
- One staff member told us, "I have been supporting [person] to become more independent with the wheelchair, to use their controller and to drive themselves to the different places. It has massively improved their confidence and you can see they have come on leaps and bounds."
- Staff also supported people to take part in extra-curricular activities. One person's relative told us, "A carer took them to the school disco, if they had not done that, they wouldn't have been able to go."
- Staff used technology to help people progress and achieve their goals. For example, one person's relative told us staff had suggested an alphabet app to use to help develop their vocabulary. They said this had been successful and "now they can say 'a' and 'o'."

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

- People were supported to eat and drink and maintain a balanced diet.
- Staff supported people who received food and drink via Percutaneous Endoscopic Gastronomy (PEG) and people's care plans contained good detail about their feed regimes and how staff should support them.
- Care plans contained person-centred information about how people wanted to be assisted. For example, one person's care plan detailed exactly how staff should use a straw to assist them to drink, positioning it so the person could then drink freely.
- Staff supported people to be as independent as possible and to develop skills. One person's relative said, "They try and enable them to feed themselves."
- One staff member told us, "I support [person] at lunchtime and I have been encouraging them to use the cutlery and to do it themselves, now they can do it independently."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Capacity assessments were completed where appropriate.
- Consent was gained from the appropriate person and recorded within people's care plans.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered location. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff were matched to people to ensure they not only had the clinical skills required to meet their needs but that they also had the right personality to meet their emotional needs. One person's relative told us the staff team was "matched with my child, and they love them all." Another relative said, "Staff were matched really well, the team slots right in with the family." A third relative said, "They get on famously, both have the same sense of humour."
- Staff really celebrated people's achievements and special occasions. For example, one member of staff made a power point with pictures of one child taking part in lots of exciting activities to celebrate their birthday. The member of staff shared this with the child's parents on their birthday as a keepsake of the special memories they had made.
- People's relatives told us staff were caring and treated people well. One relative said, "The staff care for them and empathise with us, they reassure us."
- Staff respected the privacy and dignity of both the person they cared for and the family. One person's relative told us, "They're always respectful, they don't intrude."
- People's relatives told us the support they received supported them to cope. One said, "They help to give them a better quality of life and allow us to recuperate."
- Staff supported families to enjoy outings and spend time with each other. One person's relative said, "They support us not to be isolated. I can relax when we go out, they will take [child] off so I can spend time with our other children." Another relative said, "The fact that we have help means we can go out, I can now go and help with my local lunch club."
- A staff member told us, "We take [Name] to the beach, it had been a long time since they had been onto the beach and we managed to get a wheelchair that enabled them to go."

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

- People and their relatives were involved in developing their care plans. One person's relative said, "Yes I was involved (in creating the care plan), very much so."
- Some people made videos with staff so their care plan could fully reflect how they wanted their needs to be met.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered location. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans contained specific information about their needs in relation to the Accessible Information Standard, including where people responded to touch, rather than verbal prompts, to communicate.
- Staff communicated with people in the ways that suited them. Staff were trained in using Makaton and told us they understood how people communicated by getting to know them well.
- People were supported to use a variety of methods to communicate, for example prompt cards.
- One staff member told us how they were able to communicate with one person who was non-verbal. They said, "We use signing and Makaton and [person's] communication skills have come along way. They are now able to tell you exactly what they want."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care was personalised and bespoke to each individual person receiving care.
- People's care plans contained details of their personal preferences and choices, their daily routines and how staff should support them.
- Staff supported people to live full and active lives, and where appropriate to attend school.
- One person's care record demonstrated staff were monitoring how well they were coping with their school day and celebrating a good week. Staff worked in conjunction with school staff to support the person to have the best experience they could.

### Improving care quality in response to complaints or concerns

- Complaints and concerns were recorded and analysed to identify areas for improvement.
- All of the relatives we spoke to told us they felt very comfortable raising any concerns. One relative said, "I have no hesitation."

### End of life care and support

- End of life care was discussed with people and their families as appropriate, where support was required.

- Staff worked with other agencies, such as hospice care and local health professionals, to support people and their families at the end of their life.
- One person's relative told us, "There's a contingency plan, Ocean are part of it."

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered location. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The managing director described a 'live happy, care well' philosophy as being core to their approach. They explained that this meant putting relationships, values and lifestyle at the heart of the working environment. They believed that by supporting staff in a caring, person-centred way meant staff would be better equipped to provide care to people using the service.
- Ocean's culture was driven by its organisational values of being 'caring', being 'a team', being 'real' (working with honesty and integrity) and striving for 'excellence'. The values were developed through team exercises and examining which values staff felt best represented the service. These were woven through all aspects of the business operation and staff spoke proudly about them and how they made them a 'living' part of their everyday work.
- The staff team introduced a values card and stamp system to help embed their values. Staff were able to award themselves, and each other, with stamps when they recognised they were demonstrating one of the organisation's values. The stamp cards then entitled staff to small bonus gifts when completed.
- For leaders and staff, upholding the 'caring' aspect of their values meant not only caring for people using the service but for each other. For example, the provider recognised that staff found it difficult to obtain closure after supporting a child at the end of their life, especially where they had been supporting them for several years. They purchased a piece of rural woodland with a stream running through it for staff teams to use for quiet reflection.
- Staff told us that wellbeing and team building events, for example lama walking and an escape room challenge made Ocean Healthcare a positive place to work.
- The provider had organised and held an inaugural awards ceremony for staff in 2022. This event was held at a local hotel and rewarded staff with an evening of celebration.
- Care managers were asked to celebrate at least one 'shining star' at every team meeting, this was a regular opportunity for staff to acknowledge achievements and empower other staff by sharing them.
- Staff were supported by a wellbeing officer. This member of staff's role was dedicated to supporting staff on an individual basis and included weekly welfare calls to 'check in' with staff. They told us how they were developing a 'break out' area for staff to use within the office building, which would be a relaxing, work-free space for staff to use. Staff also had access to trained mental health first aiders who could signpost them to sources of support as required.
- Staff were encouraged to get to know their colleagues through social events and peer support. This has included peer support for fitness and health-based challenges, a garden party and informal socials such as 'payday pizzas' provided by managers.

- Staff work anniversaries were celebrated with a small gift and staff told us they felt highly valued as employees. One said, "I have worked for a few agencies and Ocean are by far the best for support."
- The company values and well-being initiatives supported the staff team to remain healthy, engaged in their work and resilient to the inevitable challenges they faced both at work and at home. The managing director told us, "It's what we're most proud of. It's one of the big reasons why staff are here, and why they stay."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had established a 'quality advisory committee' which met quarterly to analyse the quality and safety of the service being provided. The membership of the committee included external professionals and leaders invited challenge and scrutiny in order to drive improvement.
- A 'carers council' had recently been launched which gave twelve care staff the opportunity to feedback to the director and provider in an informal environment over a shared meal. The provider had identified that they received better feedback from staff outside of formal supervisions and intended to run the carers council on a quarterly basis, feeding the outputs into assurance and oversight systems.
- Staff engagement surveys were used to gather feedback and establish how well the staff team was performing in line with the organisational values. The registered manager also held regular drop-in sessions for staff.
- A 'good news' board was used to celebrate successes and news. One member of staff sent positive feedback about their team leader. They said, '[Name] is a fantastic team leader, she's approachable, patient and does everything humanly possible to keep us carers happy. I've never worked for a company that is so colleague focussed.'
- Leaders continued to seek ways of involving people using the service in governance systems. The director told us they were working on plans to establish an 'expert service user panel' which would seek advice from representatives of people using the service.
- Health professionals gave positive feedback. One health professional emailed the registered manager after they worked together to set up a new package of care. They said, 'It has been a pleasure to work with you as a company. You have ensured that the care was holistic and the extra training you put in place ensured my client has been able not only to communicate but build relationships.' Another health professional said, 'I am so grateful to have found your company and cannot thank [Name] enough. You have made my Christmas by taking on my client, who I was worried about.'
- Ocean Healthcare is actively involved in the local community and has supported both groups of people and individuals through a number of initiatives. The managing director told us, "We believe we have a responsibility to help make where we live a richer place through what we do but also by giving back where we can. We are very proud to sponsor a local inclusion football team." This team supports young people with disabilities and autistic people the opportunity to access football training sessions.
- Other sponsorships have included the Torbay half marathon, a local rugby team, a North Devon Under 18's girls team and a member of staff's Bangor racing car.

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

- The structure of the governance and quality management systems had been expanded and strengthened in a planned way before expanding the amount of care provided and the geographical area Ocean Healthcare serves. The managing director told us they had invested in the management infrastructure to ensure that there were excellent governance systems in place prior to expanding the business.
- There were very good systems in place to ensure managers reviewed and analysed quality performance and risks were regularly reviewed. Managers and leaders welcomed external scrutiny.

- A Quality Advisory Committee met quarterly and reviewed the service at a high level. The responsibilities of the committee included discussing live topical quality issues and considering the views of local staff, families, patients, other healthcare professionals and agreed standards and local policies. They also considered reports from commissioners and regulatory bodies, information and data sources, incident reports and responses to safety concerns.
- The Clinical Audit and Risk Committee met on a monthly basis to support the senior management team with oversight of risk and governance. This committee had a development role and reviewed new processes and policies, care management, the internal audit system, training and the risk register. The risk register was used to monitor the most complex risks.
- A weekly Complex Care management team meeting also supported senior management, reviewing the performance of staff teams and overseeing compliance.
- In March 2022 an external professional was commissioned to complete a comprehensive clinical risk assessment to identify any areas for improvement. An incident analysis report was also completed in August 2022. This included an analysis of incidents and recommendations for improvements, for example a new medication error form was created in response to this analysis.
- Managers held regular staff meetings. Performance targets and assessments were shared, and agendas included analysis of how aligned practice was with the company values.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the requirement to be open and honest when things went wrong.