

RRC (GB) Ltd

# Ocean Retreat

## Inspection report

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16 September 2019

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Ocean Retreat is a residential care home providing personal care to up to four people in one adapted building. The service specialises in supporting people with mental health needs. There was one person using the service at the time of this inspection. They had started using the service after our last inspection.

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

The person using the service was safe. Staff were trained to safeguard the person and knew how to keep them safe from risks to their safety and wellbeing. The provider had arrangements in place to maintain and service the premises and equipment to make sure they were safe. The premises were clean and tidy. Staff followed good practice when providing care and when preparing and handling food which reduced infection risks.

There were enough staff to support the person. However, the service had experienced turnover in staff which meant the person had not always received consistent care as new staff needed time to learn about them and the care and support they required. The provider carried out checks on staff before they started work to make sure they were suitable. Staff were provided training to help them meet people's needs. The registered manager met with staff regularly to make sure they understood their responsibilities and to help them improve their working practices.

The person was involved in planning the care and support they needed. Their records contained information for staff about how they should be supported with their physical and mental health needs. Staff provided support in line with the person's wishes. The person was supported to attend regular appointments with professionals involved in their care and treatment. Recommendations from professionals were acted on so that the person received relevant care and support in relation to their healthcare needs. The person was encouraged to eat meals they liked, to drink enough to meet their needs and to take their prescribed medicines.

Staff were friendly and kind and supported the person in a dignified way which maintained their privacy and independence. The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There were a range of spaces for the person to spend time in when at home and staff were starting

to plan how to support the person to take part in activities of their choice.

There were systems in place to assess the quality and safety of the service. However, we could not fully check at this inspection if these were being used effectively to improve the quality and safety of the service when needed. The provider was acting to improve this after this inspection.

The registered manager worked closely with the provider to manage the service. But it was not clear at times where management responsibilities lay, which could impact on the quality of care and support provided to people. The provider was reviewing management arrangements immediately after this inspection to make sure these did not pose unnecessary risks to people.

The registered manager notified us, without delay, of incidents involving people. They made sure incidents and complaints were investigated. Learning from investigations was shared with staff to help them improve the quality and safety of the support provided. However, some decisions made by the provider in response to incidents had not helped to protect people and others. The provider was taking action to ensure future decisions would keep people and others safe from risks at all times.

The person and staff were encouraged to give feedback about how the service could improve. The provider worked with other agencies to make improvements and acted on their recommendations to improve the quality and safety of the service. The provider was working on improving relationships with the local community after incidents at the service had raised concerns.

As the service had only been supporting the person using the service for six months, we were unable to obtain sufficient evidence of consistent good practice to rate the service at this time.

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

This service was not rated at the last inspection (published 8 April 2019). This is because we were unable to gather enough information and evidence of consistent good practice to rate the service at that time. At this inspection the service remains unrated.

#### Why we inspected

This was a planned inspection based on our usual timescales for inspecting unrated services.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

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

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

Details are in our Safe findings below.

**Inspected but not rated**

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

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

Details are in our effective findings below.

**Inspected but not rated**

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

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

Details are in our caring findings below.

**Inspected but not rated**

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

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

Details are in our responsive findings below.

**Inspected but not rated**

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

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

Details are in our well-led findings below.

**Inspected but not rated**

# Ocean Retreat

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

One inspector carried out this inspection.

#### Service and service type:

Ocean Retreat is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection visit took place on 16 September 2019 and was unannounced.

#### What we did:

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

During the inspection we spoke to the registered manager and the director. We observed interactions between the person using the service and staff. We looked at the care records of the person using the service, their medicines administration record (MAR), the records of a recently recruited staff member and other records relating to the management of the service including policies and procedures.

# Our findings

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

At the last inspection this key question was not rated. At this inspection this key question remains not rated.

Systems and processes to safeguard people from the risk of abuse

- The person using the service had no concerns about their safety at the service.
- Information was clearly displayed at the service about how to report any concerns about a person's safety and wellbeing.
- When concerns about a person were raised, the provider assisted the local authority with their enquiries and investigations. This helped the local authority identify any actions that needed to be taken to ensure the person's ongoing safety.

Assessing risk, safety monitoring and management

- The provider had assessed risks posed to the person's safety and wellbeing. These assessments covered risks posed to the person's physical, emotional and mental health.
- There was information for staff on how to manage risks to the person to keep them safe from injury or harm. The registered manager was one of the staff members that regularly supported the person using the service. They understood the risks posed to the person and what action they needed to take to make sure the person stayed safe.
- Safety systems and equipment were regularly serviced to make sure these remained in good order and safe for use.
- The provider had acted on recent recommendations made by the London Fire Brigade, following their inspection of the service, to make the premises safer for people.

Staffing and recruitment

- There were adequate numbers of staff to support the person. Staff were present and accessible to the person if they needed their help and support.
- The provider undertook appropriate checks on staff that applied to work at the service. These checks helped the provider make sure staff were suitable to support people.

Using medicines safely

- The person's records contained information about their prescribed medicines and how they should be supported with these. Our checks of stocks and balances of medicines and records showed they

consistently received the medicines prescribed to them.

- Staff had been trained to manage and administer medicines. Medicines had been stored safely and securely.
- The registered manager carried out regular checks to make sure medicines were managed and administered safely by staff.

#### Preventing and controlling infection

- Staff followed current guidance to reduce infection risks associated with poor cleanliness and hygiene and when preparing, serving and storing food. They had access to cleaning supplies, materials and equipment to help them do this.
- People had access to hand sanitisers, soap and drying facilities. This helped to reduce infection risks.

#### Learning lessons when things go wrong

- Staff recorded accidents and incidents involving people when these happened.
- The registered manager reviewed this information to identify any learning for staff to help them improve the quality and safety of the support they provided.



## 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.

At the last inspection this key question was not rated. At this inspection this key question remains not rated.

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

- Prior to the person using the service, the provider had assessed their needs with them and their representative. This helped the provider obtain the information they needed to plan and deliver the care and support the person required.
- The assessment took account of the person's medical history, current healthcare conditions, their care needs and the outcomes they wished to achieve. A care plan was then developed for the person which set out the support they needed from staff, including information about their choices for the way this should be provided. This helped to ensure people received care that was relevant and appropriate to their needs and wishes.

Staff support: induction, training, skills and experience

- Staff received training to help them meet people's needs. Training was ongoing and at the time of this inspection staff were in the process of completing accredited training to support people with their mental health needs.
- New staff were enrolled on training and required to complete the Care Certificate. The Care Certificate is a nationally recognised learning tool to support staff new to care.
- Staff had regular supervision (one to one) meetings with their line manager to discuss any concerns they had about their role and any further training or learning that would help them provide the support people needed.

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

- The person using the service had been involved in planning their meals. This meant staff prepared meals that the person liked which encouraged them to eat well.
- Staff supported the person to make healthy food and drink choices and to eat nutritious and well-balanced meals. Staff checked the person was eating and drinking enough to meet their needs. If they had concerns about this they discussed them with the relevant professionals involved in the person's care and treatment.

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

- The person's records contained information for staff about the support they needed to manage their health and medical conditions. The person had to attend regular medical appointments and staff made sure that they did.
- Staff followed recommendations made by healthcare professionals involved in the person's care and treatment to help the person achieve effective outcomes in relation to their physical and mental health and wellbeing.
- Staff shared information with each other about the person's current health and wellbeing at shift handovers. This helped keep all staff informed about any specific concerns about the person and how these were being managed.
- When the person needed to go to hospital, staff sent information with them about their current health, medical conditions and their medicines. This helped inform ambulance and hospital staff about the person and their needs when they had to make decisions about the person's treatment.

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

- The premises offered the person different spaces they could spend time in, without restrictions. In addition to their own room, they could spend time in the lounge and dining room and the garden.
- The person's bedroom was decorated and furnished to their choice and reflected their interests.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider had arrangements in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. If people lacked capacity to make specific decisions, the provider had systems in place to involve people's representatives and healthcare professionals, to make sure decisions were made in people's best interests.

## Our findings

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

At the last inspection this key question was not rated. At this inspection this key question remains not rated.

Ensuring people are well treated and supported; respecting equality and diversity

- Since our last inspection the service had experienced turnover in staff which meant the person had not always received consistent care as new staff needed time to learn about them and the care and support they required.
- Notwithstanding the above, staff were kind and helpful. The person was relaxed and comfortable with staff and interactions between them were warm and friendly. Staff prompted the person to make decisions about what they wanted to do. They were given time to do this and staff respected their choices.
- The person's specific wishes in relation to how their social, cultural and spiritual needs should be met were noted in their care records so that staff had access to information about how to support them with these.
- Staff received equality and diversity training as part of their role. This gave staff knowledge and understanding of what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- The person was involved in making decisions about their care and support. They were asked for their views and choices prior to moving in and then on a regular basis in meetings with staff. This helped staff check that the support provided was tailored to their specific preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful when talking to the person and listened to what the person had to say.
- Staff gave the person the space they needed to spend time alone if they wished. During the inspection the person returned at lunchtime from an early morning medical appointment and staff were considerate about making sure the person had the peace and quiet they needed to get some rest.
- The person's records were stored securely so that information about them remained private and confidential.
- The person was being supported to the maintain skills they needed to undertake tasks associated with daily living. The person was encouraged to get washed and dressed each day, clean and tidy their room, do

their laundry, their personal shopping and help plan and prepare their meals and drinks.

## Our findings

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

At the last inspection this key question was not rated. At this inspection this key question remains not rated.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person's records contained information for staff about their preferences and choices for how care and support for their needs should be provided. This helped to ensure the person received personalised care and support from staff with these needs.
- Staff reviewed the person's progress in terms of their physical and mental health and wellbeing and prepared a report every three months for all involved in the person's care and treatment. This information helped all involved to check the support provided remained appropriate and was continuing to meet the person's needs.

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

- Staff were supporting the person to identify activities they wished to do. Staff had started to plan with the person how they would be supported with their activities of choice. However due to the person's health this was still in progress as staff prioritised supporting the person to regain and maintain good health.
- The person was encouraged to maintain relationships with the people that mattered to them. Their relatives were free to visit them with no restrictions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

Improving care quality in response to complaints or concerns

- The provider had arrangements in place to deal with concerns or complaints. The person had been

provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.

- The registered manager told us the provider was taking action at the time of this inspection to improve their admission processes to make sure they were able to fully meet people's needs. This was in response to concerns raised prior to this inspection by local neighbours and other agencies about incidents involving people that had previously used the service.

#### End of life care and support

- The person using the service was not receiving end of life care and support. The provider had established relationships with the relevant healthcare professionals that would need to be involved should this need be required.

## 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.

At the last inspection this key question was not rated. At this inspection this key question remains not rated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager worked closely with the provider to manage the service. However, it was not clear at times where responsibility for making decisions and managing the service lay which could impact on the quality of care and support provided to people. We asked to see training records for a staff member. These were maintained electronically. The registered manager had not been given access to this information which was held at provider level. This meant the registered manager could not check and monitor that staff were completing relevant training to help them meet the needs of people using the service. We discussed this with the director who told us they would review this arrangement immediately after this inspection.
- The registered manager understood their responsibility for meeting regulatory requirements. They notified us promptly of events or incidents involving people. This helped us to check that appropriate action was taken to ensure the safety and welfare of people and others in these instances.
- The registered manager investigated incidents that happened and made sure people and their relatives were kept involved and informed of the outcome.
- However, decisions made by the provider in response to incidents had not always sufficiently protected the safety and wellbeing of people and others. The provider did not take appropriate action when concerns were raised about a person that had previously used the service, to help protect people and others. They eventually took action but later reflected that they needed to take more prompt and appropriate action in future.

Continuous learning and improving care; working in partnership with others

- The provider had systems to assess the quality and safety of the service. We saw evidence of regular audits of medicines. These were paper based checks and no concerns had been identified about the management and administration of medicines by staff.
- However, the registered manager was not able to show us checks they had made of other aspects of the service. This was because these records, which were maintained electronically, had been lost after the computer system at the service had failed in the month prior to this inspection. This meant we could not

check that the provider took appropriate action to improve the quality and safety of the service when shortfalls or gaps were identified in areas covered by these checks. The provider was taking action to recover the missing files at the time of this inspection. The registered manager said in the interim they would undertake paper based checks until the system was restored.

- The provider had worked with other agencies to make improvements to the quality and safety of the service. For example, the local authority had undertaken quality monitoring visits to the service and made recommendations to the provider about how the service could improve, which the provider had acted on.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager knew the person using the service well and was focussed on meeting their needs. They encouraged the person to give feedback about the support they received each day during planned one to one sessions.

- The registered manager held regular team meetings with staff to make sure they were clear about their responsibilities for providing high quality care and support to the person. Staff were provided opportunities at these meetings to give feedback on areas that they felt the service could improve.

- The registered manager at the time of this inspection was looking at ways to improve relationships with neighbours who had previously raised concerns following incidents at the service. The registered manager told us this was still in early days and had met with some resistance but said they would keep trying to improve this as they recognised the value and benefit that positive relationships could have on people using the service.