

Mr Lloyd Myrie

Ocean Care

Inspection report

Pure Offices, Oldbury
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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

The inspection took place on the 26 May 2016 and was the provider's first inspection and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Oceans Care is registered to provide personal care services to people in their own homes. On the day of the inspection, there was one person receiving support. We were therefore not able to award a rating as we could not answer all the KLOES against the activity. The provider does provide other activities to people which are not regulated by us.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

We found that care staff were able to explain how people were kept safe, the action they would take where people were at risk of harm and that they had received safeguarding training. The provider had sufficient care staff in place and staff were able to support people with their medicines as required.

Care staff were able to get the appropriate support to ensure they had the right skills and knowledge to meet the person's needs. The provider was aware of the principles of the Mental Capacity Act (2005).

Care staff knew how to ensure the person's independence, dignity and privacy was respected. Care staff were able to explain how they encouraged the person's independence. We were unable to verify how the person was involved in the decision making process as they did not want to speak with us.

We found that an assessment and care planning process was in place to identify how the person's needs were being met. The provider ensured there was a complaints process in place.

We found that the provider did not have a system in place to show when a review had taken place, who had attended and the outcome from the review.

The provider used questionnaires to gather stakeholders views on the service. The provider carried out quality assurance checks and audits on the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Care staff knew how to keep people safe from harm.

The provider ensured medicines were managed appropriately.

The provider ensured that where care staff were recruited that the appropriate checks were carried out.

Inspected but not rated

Is the service effective?

The service was effective.

Care staff were supported to be able to meet the needs of people.

The provider was aware of the principles of the Mental Capacity Act (2005).

Health care support was made available as and when this was required.

Inspected but not rated

Is the service caring?

The service was caring.

Care staff supported people in a friendly manner.

Care staff knew how to respect people's independence, dignity and privacy.

Inspected but not rated

Is the service responsive?

The service was responsive.

The person's support needs were assessed and a care plan was in place to identify how their needs would be met.

The provider had a complaints process in place to enable concerns to be raised.

Inspected but not rated

Is the service well-led?

Inspected but not rated

The service was well led.

Care staff told us they were able to get support in emergencies when the office was closed.

Checks and audits were carried out to ensure care staff supported people appropriately.

The provider had a system in place to gather views on the quality of the service.

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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.

Our inspection took place on 26 May 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The Inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from health care professionals, but we received no information.

We visited the provider's main office location. There was one person receiving a service, for the regulated activity and they did not wish to speak to us or tell us about their care experience. We spoke with two members of the care staff and the registered manager who was also the provider. We reviewed the care records for the only person receiving a service that was regulated, reviewed the records for two members of the care staff and records related to the management and quality of the service.

Is the service safe?

Our findings

Care staff we spoke with understood the principles of keeping people safe. A member of the care staff said, "I have had safeguarding training". We found that the registered manager had a safeguarding policy in place to guide care staff as to how they should deal with concerns where people were at risk of harm. We saw that training was made available and the care staff were able to explain the action they would take where people were at risk of harm.

Care staff we spoke with told us that risk assessments were available in order to identify where there were risks to how they supported the person currently receiving a service. We found that risk assessments were being used and where risks were identified there was a system in place to reduce these and care staff knew what these risks were and how to minimise the risks. We saw that risk assessments were carried out on manual handling tasks, health and safety, supporting the person with their medicines and their home environment.

A care staff member said, "There is enough staff to support [person's name]". We saw from the rota used to identify the care staff supporting the person that there were enough staff. The provider told us that there were enough care staff and there was never a time when the support the person needed was not covered or missed.

The care staff we spoke with told us that they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before they were offered a job. These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. The registered manager explained the process they went through as part of how they recruited care staff. We found that the provider had systems in place to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that references were being sought to check the character of all potential care staff and proof of their identification was part of the recruitment process.

A care staff member said, "I have completed medicines training". We found that care staff all had to go through medicines training before they were able to prompt the person to take or administer medicines. We found that where the person received medicines 'as and when required' that care staff did not have the appropriate guidance in place to ensure the consistency of provision of these medicines. Where medicines were prompted or administered a Medicines Administration Record (MAR) sheet was being used to show when the person was given their medicines and which care staff member administered or prompted the medicines. We found from care staff we spoke with that they knew when the person needed to be given their medicines.

Is the service effective?

Our findings

A care staff member said, "I do feel supported in my job". We found that care staff received supervision and received training as part of developing their skills and knowledge. We found that care staff received training in a range of areas, for example food hygiene, health and safety and manual handling. A care staff member said, "I am able to speak with the manager on a daily basis so we don't have staff meetings".

A care staff member said, "My induction lasted two weeks and I was able to shadow experienced staff". The registered manager told us that they were aware of the care certificate but as they had not recruited any staff for some time they had not used the induction process. The registered manager did however have plans to use the process once new care staff were recruited. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction.

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.

We found that the person receiving support did not meet the principles of the MCA as they had full capacity and were able to make their own decisions and give consent. Care staff we spoke with told us that the person's consent was sought before they supported them. We were unable to verify this as the person did not wish to speak with us. The registered manager told us that care staff received training in the MCA and Deprivation of Liberty Safeguards (DoLS). Care staff we spoke with confirmed this.

Care staff we spoke with told us that they prepared meals for the person they supported. They told us that the person made their own choices as to what they had to eat and drink and that they received training in food hygiene. This would ensure they knew how to prepare the person meals appropriately. We saw evidence to confirm this on care staff files and that the person's dietary needs were considered in how they were supported with their meals.

A care staff member said, "I support [Person's name] to get to doctor's appointments or the hospital". Care staff told us that they would seek medical support or advice where the person was found to need medical attention. They also confirmed that the chiropodist visited regularly and where other health care professionals input was needed this was sought. We saw evidence of these appointments on the person's care records.

Is the service caring?

Our findings

We were unable to verify with the person receiving the service how care staff interacted with them as they did not want to speak with us. However care staff told us that they had a good relationship with the person and supported them in a friendly and professional manner. Care staff were able to demonstrate an understanding of how they should support someone in a caring manner.

Care staff told us that the person made their own decisions which they respected and they supported them to do so by always asking them what they wanted. For example, did they want to wash and dress now or later and what did they want to wear. Care staff showed a good understanding and history of the person they supported as they had supported them before they received personal care. Care staff had known the person for some time and knew what their preferences, likes and dislikes were, so they were able to support them to meet their preferences when needed.

A care staff member said, "We do encourage [person's name] to do as much as he can". This would promote the person's independence. Care staff were able to explain how they respected the person's privacy and dignity. They told us they would leave the room when the person was using the bathroom and would tell them to call out when they needed assistance and in so doing they would respect the person's dignity. They explained they always ask if it was okay to enter the person's bedroom if they were still in bed.

Is the service responsive?

Our findings

We found that the registered manager had an assessment and care plan in place to show how the person's needs were assessed and how support should be delivered. Care staff we spoke with were able to explain the person's support needs and what they did for the person, which matched the information in their care records. We found that there was a note on the person's care records to show that a review had taken place, however the registered manager told us that they did not complete any specific paperwork and they would document who attended and the outcome of any discussion from a review in future.

Care staff we spoke with told us there was a complaints process in place and they were able to explain how they would deal with a complaint. A care member of staff said, "I would deal with the complaint if I was able to resolve the concern or I would inform the manager". We found that there was a complaints process in place and this was available through the service user's guide. However it was not available in other formats. The registered manager told us they would look to make the complaints process available in other formats if needed in the future. We saw that there was a system in place to keep a log of all complaints and monitor them for any trends, but the registered manager had not received any complaints.

Is the service well-led?

Our findings

Care staff we spoke with knew the registered manager and told us that the service was well led. One member of the care staff said, "The service is an excellent service".

We found that the registered manager had an accident and incident procedure in place. Care staff were able to explain how they would handle accidents/incidents and confirmed they would complete the appropriate incident logs. We saw evidence that a log was in place to identify accidents and incidents so any trends could be monitored. Although no incidents or accidents had happened.

We found that the registered manager had an on call system in place so care staff were able to seek support in an emergency during the times the office was closed. The registered manager who was also the provider told us care staff would contact them. Care staff we spoke with confirmed that they would contact the registered manager in an emergency. When they were not available there was a care manager who would cover in their absence.

We found that the registered manager had a whistleblowing policy displayed in the office. Care staff we spoke with were aware of the policy and knew its purpose in enabling them to raise concerns anonymously where people were at risk of harm.

The registered manager told us they used questionnaires to gather views on the service as a way of making improvements. We were unable to verify whether the person receiving the service had received a questionnaire. Care staff we spoke with did not all provide a consistent response to show whether they received a staff questionnaire. The registered manager told us that professionals were also sent a questionnaire. We found that a questionnaire was in place to gather views, but we were unable to see any completed questionnaires to see what action had been taken in response to feedback.

We found that the registered manager who was also the provider carried out regular spot checks and audits on the quality of the service. For example, staff timesheets and ensuring staff were following the procedures they were required to work to. Care staff we spoke with confirmed that spot checks were carried out. A care staff member said, "They [manager] do just turn up". The provider told us they would also start spot check on medicines which were not currently part of the spot check process.

The registered manager told us they were aware of their responsibility for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.

Before the inspection, we asked the provider to complete a provider Information Return (PIR). Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.