

Oceans Trading Company Limited

Oceans Care Services Limited

Inspection report

1-7 Langleys Road
Birmingham
West Midlands
B29 6HR

Date of inspection visit:
24 February 2016

Date of publication:
02 August 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 24 February 2016 and was announced. Oceans Care Services Limited provides personal care to seven people in their own homes. This was the first inspection of the service since they were registered with the commission in July 2015.

There was a registered manager at the service who was present throughout the inspection. 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.

People told us they felt safe whilst receiving support from staff at the service. Staff had a good understanding of possible indicators of abuse and told us action they would take should they become aware of any concerns. We saw that the provider had taken action to minimise individual risks to peoples support.

Only staff who had received training in safe medicine administration were able to give medicines. We found that some improvements were needed in the recording of information about the medicines people were currently taking.

People told us that staff were caring. People had been involved in planning their care and most people were able to tell staff on a daily basis of how they wanted their care delivered. People told us that care was reviewed with them but we saw that care plans were not always updated following a review to reflect the person's current needs.

Some people were supported by regular staff who had got to know them well. Some people we spoke with told us they wanted to have more consistent staff to support them. People were able to change their times of support and gave us examples of when the service had been flexible when changing support times.

Staff had received training on the Mental Capacity Act (2005), and staff were able to describe how they supported people in a way which followed the principles of this legislation. Further training had been provided to staff to ensure they could meet people's needs..

Staff told us they felt supported in their role and were able to seek advice at any time of the day. There were systems in place for staff to feedback any concerns or changes in care needs to the registered manager.

People and their relatives were aware of how to raise concerns or complaints.

People and their relatives were happy with how the service was managed. The service did not always have robust systems in place to monitor the quality and safety of the service. Quality monitoring systems had not

identified where improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Recruitment checks had been completed but systems around recruitment were not always robust.

People received medication they needed although records were not always kept up to date.

People were supported by sufficient numbers of staff who were aware of safeguarding practice and when to report any concerns.

Is the service effective?

Good ●

The service was effective.

Training had been provided to staff to ensure they could meet people's needs.

Staff were able to tell us how they supported people in line with the Mental Capacity Act (2005).

We found that people were receiving appropriate support with their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People received support from staff who knew their needs.

Care plans did not always contain sufficient detail about how a person would wish to be supported.

People and their relatives were happy with the care they received and were positive about the caring nature of staff.

Is the service responsive?

Good ●

The service was responsive.

People were involved in reviewing their care.

People were able to change the time or day that they required support.

People had the opportunity to raise concerns or complaints about the service.

Is the service well-led?

The service was not always well led.

The systems for monitoring the quality and safety of the service provided were not consistently robust.

People and their relatives were happy with how the service was managed and staff told us they felt supported in their role

Requires Improvement 

Oceans Care Services Limited

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 announced inspection took place on the 24 February 2016 and the inspection team consisted of one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the inspection.

As part of the inspection we received feedback from the local authority who commission services who raised concerns about some aspects of the service provided. We looked at these areas as part of our inspection visit.

We spoke with the registered manager and deputy manager. We looked at records including three people's care plans and three medication administration records to see if people were receiving care which kept them safe. We looked at three staff files including a review of the provider's recruitment process. We sampled records from training plans, staff meetings, incident and accident reports and quality assurance records to see how the provider assessed and monitored the quality and safety of the service. As part of the

inspection we also spoke with four people who received support, three relatives and four staff members for their views of the service.

Is the service safe?

Our findings

People told us they felt safe whilst receiving support from staff. One person commented, "I do feel safe whilst another commented, "Yes I feel safe, I've no reason not to think so." All of the relatives told us they felt their family member was safe.

All the staff we spoke with told us that they had received safeguarding training. Staff we spoke with could recognise the different types of abuse people were at risk of and told us of action they would take to report any concerns they may have. The registered manager had systems in place to report any safeguarding concerns to the local authority. This demonstrated there were safeguarding processes in place to keep people protected.

We gathered information about how the service managed risks to people. Before receiving support from the service, assessments were carried out to determine if they were able to meet the persons care needs safely. This ensured that the service only provided support to people whom they were able to meet their needs. There were plans in place of how to reduce individual risks to people to make sure they were cared for safely. These plans were reviewed and there was evidence that staff had read the plans to ensure they knew how to support the person safely. We saw that care plans contained specific details which indicated that staff followed precise instructions when necessary to ensure people felt safe when they were left at the end of a call.

People told us they were supported by sufficient staff. Some of the people who received support from the service required two staff to help them to meet their needs safely. We reviewed the processes in place for staff recruitment. The provider had ensured that all staff employed had a Disclosure and Barring Service (DBS) check prior to working with people using the service. This ensured that staff employed were suitable to work with people. However we found some gaps in other recruitment checks that the registered manager had not followed up or addressed. This meant that the registered manager had not consistently complied with safe recruitment practices.

Staff had received training on how to support people with their medicines. The registered manager informed us that competency checks of staff administering medicines had been carried out. Checking staff competency is another way of making sure staff have the skills and knowledge required to support people with their medicines safely. Staff we spoke with were able to describe how they supported people with their medicines including appropriate action to take if someone refused their medicines. We saw that audits of medication administration were carried out weekly. The registered manager informed us that no medication errors had occurred since the service started. We saw that care records contained some detail of the support people required to take their medicine. Care records did not always contain up to date information about the medicines people were taking and we saw that one person who was receiving support with their medicine did not have any detail in their care plan of the medicines they were taking. Following the inspection the registered manager provided us with assurance that care records had been updated to ensure staff had access to up to date information about the medicines people were taking.

Is the service effective?

Our findings

People that we spoke with were happy with the care the service provided. One person commented, "Staff are as knowledgeable as they can be with my condition." Another person told us that the care provided was a, "Marvellous service so far. Everything you want they provide."

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff had not received dedicated training in MCA although the registered manager informed us that this was covered within other training courses provided. .

Staff that we spoke with were able to describe how they provided support in line with the principles of the MCA. For example one staff member told us, "We work with people and give clients choice, it's their service and their home." Another staff member told us, "The care plan would tell me what choices they can make." We saw that care plans referenced the importance of offering people choices and involving people in decision making. However, where someone had been deemed as lacking capacity there was no guidance for staff about specific decisions or areas of everyday life the person was unable to make. In these instances the service had involved relatives in making everyday decisions that were in the person's best interests. People told us that staff offered them choices in their daily care and comments from the people we spoke with included, "They give me choices," and another person said, "Oh yes they do ask me about choices."

We saw that staff who were newly recruited to the service had to complete an induction to the service. This included working with a senior staff member to get to know the people they would be supporting. One staff member we spoke with confirmed that they had received induction training and that they had been introduced to each client before working with them. Training for staff consisted of a one day course that covered many key care topics. The registered manager informed us that following this training competency was assessed through observations of staff whilst carrying out their role. Whilst most staff told us they received enough training to enable them to carry out their role effectively, one staff member felt further training should be available for people's specific healthcare conditions. Some staff had completed the Care Certificate. The Care Certificate is a nationally recognised induction course which aims to provide staff with a general knowledge of good care practice.

We found that most people had their dietary and hydration needs met safely. Staff were only responsible for providing support with dietary requirements to a small number of people as relatives of people currently using the service usually took on this responsibility. In the instances when the care staff were providing support the relatives were responsible for providing sufficient food for their family member. We saw that there was some detail in people's care plans of the support people required to meet their dietary needs. One person's care plan detailed that they were at risk of choking but there was a lack of detail about the consistency of drinks. This placed the person at risk of receiving incorrect support. Following the inspection

the registered manager assured us that advice had been sought from a healthcare professional regarding this to ensure that safe, appropriate support would be provided to this person.

We looked at the support people received with their healthcare needs. We found that family members were usually responsible for arranging people's routine healthcare appointments. However, the registered manager said they had as necessary referred people to the relevant healthcare professionals to seek specialist advice if they had concerns about a change in a person's needs. Staff were aware of their responsibility to report changes in a person's health and one staff member told us, "I have to report everything to my manager if someone doesn't feel well." People and their relatives were happy with the support they received with healthcare and one relative told us, "They've been really good. If mum is ill they call the doctor." People were receiving appropriate support with their healthcare needs.

Is the service caring?

Our findings

People and their relatives were happy with the care they received and told us that staff were caring. One person described the staff who supported them as, "They're absolutely fantastic." A relative who spoke with us told us, "My aunt looks forward to seeing them. They are really very professional."

Staff we spoke with told us they enjoyed supporting people and were getting to know the people they supported. One staff member told us, "We want to deliver a high level of care," and another staff member commented, "We all care about the citizens."

People told us that whilst most of the time they got support from consistent staff this was not always guaranteed. One person told us, "Most of the time I get the same carers where they can," and another person told us, "I don't always know who's coming when." Relatives that we spoke to had had mixed experiences of consistent staff with one relative telling us, "Yes mum does have consistent carers who have got to know mum well," whilst other relatives commented, "We get a range of carers and don't always get the same staff which can be an issue." People and their relatives told us that due to this some staff had got to know them well but this was not all staff who were supporting them. We spoke to the registered manager who was aware that this was a concern for some people receiving the service and explained that wherever possible the same staff member would support the person. At the time of the inspection the staff group was small enough to ensure people were receiving care from only a small team of staff. The service had allocated a keyworker to each person who would get to know the person and work with the person regularly to develop a relationship.

We saw that care plans had been developed with the person and their relatives. The registered manager described the care planning process as, "We try and involve people as much as possible and value the person who is receiving the service." One person told us, "We discussed when I first started how I wanted my care." People were able to state the gender of carer who supported them and the times they wished to receive their calls. We saw that there was some information available about people's life histories. Whilst people told us they had been involved in discussions, the written care plans lacked detail of people's preferences for care and the care plan contained tasks to be completed with little reference to individual requirements. Most of the people receiving support from the service were able to tell staff how they wished to be supported and one person told us, "I identify with staff what my needs are daily." Staff that we spoke with were able to describe some people's likes and dislikes. Some care plans did not consistently contain sufficient detail of people's preferences and there was a risk that people who would not be able to express their wishes easily would not always receive care that met their preferences.

Some people that we spoke with described the support the service gave to the whole family and extra support where needed to the person. One person told us that the service had helped them with their emotional well-being as well as physical health. They described the action taken as, "They are very good, they encourage me daily." One relative told us that the service had supported another family member in the home and had sought medical intervention when their relative wasn't well.

People were treated with dignity and respect whilst receiving care. One relative told us how the service always made sure that their family members clothes were clean and that their hair was styled neatly. Staff we spoke with told us they supported people with their dignity and one staff commented, "We work with people to respect their privacy and dignity."

People had been supported to maintain their independence wherever possible. We saw that people's care plans had reference to encouraging people to maintain their independence. Staff were able to describe how they supported and encouraged people to complete care tasks as much as they could for themselves. The registered manager told us that, "We want to enable people to get back on their feet and get people to do it for themselves."

Is the service responsive?

Our findings

People and their relatives told us that the service responded appropriately to a change in their care needs. People told us that the service was responsive to changing the times they received their care. One relative gave an example of when the service had changed support times due to hospital visits their family member had to attend.

People and their relatives told us that care reviews took place to make sure care provided was still meeting their needs. One person told us, "We had a very thorough review of my care," and one relative commented, "They ask mum how things are going." The registered manager informed us that care reviews took place on a weekly basis to ensure the care provided was meeting people's needs. When a person first started to use the service these weekly reviews also served as a way of monitoring if the time spent providing the care was long enough. The registered manager was able to cite examples of when they had determined that the original length of time allocated to provide care was not long enough and the action they had taken to increase the time spent with the person. There were plans to complete full care reviews once a person had used the service for a year, although no one currently using the service had done so for a year yet. We saw that notes of reviews were made and there were systems in place to share any changes following these reviews with staff. However, we saw that some care plans were not updated following a review to reflect the change in care needs. This meant there was a risk that some people could receive inconsistent care that did not meet their most current needs. We spoke to the registered manager about this who told us they would ensure all care plans were checked and updated with current care information.

There were systems in place to ensure staff could report any changes to people's care needs. Staff we spoke with were aware of the importance of sharing information about the person they were supporting with the registered manager of the service who would then ensure all staff supporting the person were made aware of this information.

One person told us about the extra support the service was giving them to obtain up to date equipment to meet their needs. During the inspection we also observed the registered manager providing support to a person who was awaiting equipment to be delivered and we saw the registered manager make calls on the person's behalf to aid them.

People told us they knew how to raise any concerns or complaints they may have about the service. People were given a copy of the complaints procedure when they first started to use the service which detailed who they needed to contact if needed. The service had not had any formal complaints since they started the service. People and relatives told us they felt able to raise any concerns they may have. One person told us, "I have got [manager's name] phone number if I wanted to raise concerns," and another person told us, "I've got the managers phone number and would raise concerns." This demonstrated that there was an open culture around raising concerns

Is the service well-led?

Our findings

People told us that they were happy with how the service was managed. One person told us, "I can talk to the managers, they listen to you," and another person told us, "I'm very satisfied with the service." Relatives that we spoke to knew who the managers of the service were and one relative commented, "The managers are very approachable."

The registered manager received support from a deputy manager and senior staff members within the staff team. The registered manager understood their responsibility to inform the Care Quality Commission of specific events that occurred in the service and understood what recent changes in regulations meant for the service. The registered manager informed us of action they took to keep up to date with current care practice.

Staff that we spoke with felt supported in their role and told us they felt able to raise any concerns with the managers. One staff member said "We have good communication with the managers." Other staff commented about the support they received from the managers and said, "Yes we do get support. If something is not working right we can tell the manager," and another staff member commented, "We work as a team." Staff had opportunity for regular supervisions and one staff member told us, "We have supervisions every month. I report everything to the manager. The manager likes to know how it's going." Staff meetings occurred to share updates in people's care and to give staff an opportunity to suggest improvements for the future. Staff commented that, "I can tell them everything. We talk about what we should improve," and another staff member told us, "The managers genuinely care so will develop the service."

The registered manager told us of checks they carried out to monitor and observe staff practice in a person's home. We saw some evidence of these being carried out and one monitoring check had highlighted that one staff member had not been following a person's plan of care. The registered manager had taken action to ensure this did not happen again. The registered manager informed us that they planned to carry out these checks monthly although this wasn't currently occurring at this frequency.

We looked at systems the service had to monitor the quality and safety of the service. We found that the monitoring systems in place were not robust and had failed to identify that medication records and care records did not always contain current information about how to support people. Monitoring checks had not identified gaps in recruitment practices.

People and their relatives told us that staff usually turned up on time for a call. Staff were able to tell us action they would take to alert a person if they were going to be late due to unforeseen circumstances. One relative commented that, "There are no issues with late calls." Although people told us that there were no issues with staff turning up late for calls there were no formal systems in place to monitor lateness.

The registered manager had issued surveys to people using the service to gain their feedback to monitor the quality of the service. A small number of these surveys had been returned and we saw comments received

were positive.

The registered manager told us that future plans for the service included providing support to more people but they were unwilling to do this until more staff were employed. Further plans included introducing technology that would allow information to be shared more quickly between the staff team.