

Blue Ocean Services Limited

Blue Ocean Services

Inspection report

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Date of inspection visit: 25 February 2016
Date of publication: 15/04/2016

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?

Good 

Overall summary

This inspection took place on 25 February 2016 and was announced. Blue Ocean Services is a domiciliary care service that provides personal care for people living in their own homes. At the time of the inspection, 60 people were using the service.

The service had 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.

At the last inspection on August 2014, the provider had not met all the regulations we inspected. The provider did not manage people's medicines safely and we issued a compliance action. We asked the provider to take action to make improvements and to send us an action plan. We did not receive this.

However, at this inspection, we found the provider had met the all the regulations we followed up on and inspected.

Summary of findings

People had their medicines as prescribed. Staff had an awareness of the appropriate management of medicines. The registered manager completed medicine audit checks of medicine administration records (MAR) to ensure safe administration.

Staff demonstrated awareness of the signs of abuse and took appropriate actions to report an allegation of abuse. Staff identified risks to people and plans were in place to monitor and manage them. The provider's safeguarding policy gave staff guidance on how to protect people from abuse.

People were cared for by sufficient numbers of staff to meet people's needs. Staff had a weekly work rota that held the details of people they were providing care. Recruitment processes in place ensured the employment of suitably skilled staff to work safely with people. The registered manager carried out appropriate checks before staff worked with people.

The registered manager arranged support for staff. Staff received regular supervision, appraisal, and training to support them in their caring roles. The registered provider had a training programme and systems in place to ensure staff completed all mandatory training.

The registered manager and staff demonstrated their understanding of the requirements and their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People gave staff their consent to care and support and a record made of this in their care plan.

Staff members shopped and provided meals for people on a regular basis, which met their needs and preferences.

Staff supported people to access health care services and professionals when their needs changed or required this service. Staff referred people to health and social care professionals for additional support or equipment to meet that need. Staff provided a service to people, which was flexible and responsive to their needs.

People were treated with kindness and compassion by staff. People told us that staff provided care to them in a thoughtful and considerate manner.

People and their relatives had an opportunity to make decisions about the way in which they received care. The registered manager had a system in place to empower people to be involved in and making informed care choices.

People had their care needs met by staff who respected them. People told us and records showed that staff had delivered care which, demonstrated staff respected their privacy whilst retaining their dignity. People had care delivered in their home and had privacy when they wished.

People had assessments of their needs completed and they were encouraged to contribute to them. The registered provider had systems in place to ensure people had regular reviews of their care needs.

People had an opportunity to complain about the service or aspects of their care if they were dissatisfied. Staff provided people with a copy of the complaint procedure that was included in the service user's handbook.

The registered manager provided clear leadership and support to staff in order to deliver their roles effectively. The registered manager maintained an overview of the service because they were involved in the arrangements for the delivery of care.

The registered manager informed CQC of incidents at the service that required notifying.

The provider had a system in place for people to give feedback on the service. People and their relatives had opportunities to give their views about the quality of care. The registered provider monitored, reviewed, and made improvements to the service delivery and quality of care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. The provider's safeguarding policy provided guidance to staff to keep people safe. Staff had an awareness of the signs of abuse and demonstrated how they would manage an allegation.

Risks to people were identified and plans in place to manage them.

The provider had recruitment systems in place and appropriate checks were undertaken prior to staff employment. People had adequate staff to ensure they were safe and their needs met.

Staff managed people's medicines safely and people received them as prescribed.

Good



Is the service effective?

The service was effective. The registered manager and staff had an awareness of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had completed an induction when they began working for the provider. All staff had regular training, supervision, and appraisals to support them in their roles.

Staff supported people to access to healthcare services when their needs changed.

People had meals provided by staff, which met their nutritional needs and preferences.

Good



Is the service caring?

The service was caring. People were treated with kindness and compassion from staff.

People and their relatives were involved in making decisions about how they received care.

People's dignity and privacy were respected by staff.

Good



Is the service responsive?

The service was responsive. People and their family had an opportunity to contribute to assessments of their needs and develop care plans.

The provider had arrangements in place for regular reviews of people's care needs.

Systems were in place for people to make a complaint.

Good



Is the service well-led?

The service was well led. The registered manager provided clear leadership and support to deliver their roles effectively.

Staff contributed to regular meetings and were able to share their views on how to improve the service.

There were systems in place to monitor the quality of the service.

The provider sought feedback from people and their relatives.

Good



Blue Ocean Services

Detailed findings

Background to this inspection

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

This inspection took place on 25 February 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by two inspectors. Before the inspection, we looked at information the service held, including notifications. A notification is information about important events, which the service is required to send us by law. We spoke with 12 people and seven relatives who use the service. We also spoke with the registered manager, the care co-ordinator and five care workers. We looked at fifteen care records, seven staff records and other records relating to the management of the service.

After the inspection, we contacted representatives from the London Borough of Greenwich commissioning teams.

Is the service safe?

Our findings

People we spoke with told us that they felt safe with the care and support received. One person told us, “I’m definitely safe with [care workers].” A relative said they felt their family member was safe with the care and support they received.

Staff kept people safe from harm and took action to report an allegation of abuse. The registered manager had effective processes in place to reduce and manage the risk of abuse. Staff demonstrated their awareness of the signs of abuse and told us that they would raise an allegation of abuse with the office based staff or registered manager if they suspected this. Staff had regular safeguarding training and there was a safeguarding policy in place. The registered manager told us the training and policy gave staff guidance on how to protect people against the risk from harm and abuse. Staff demonstrated they had knowledge of local safeguarding arrangements to report abuse.

The provider had a whistle-blowing policy in place. This gave staff guidance on how to raise a concern to the appropriate authority if they felt dissatisfied with the management of their concern by the registered manager or registered provider. Staff we spoke with had an awareness of whistle-blowing policy and its use, by were able to explain how they would raise a concern promptly.

People were at a reduced risk of harm because staff had assessed risk and developed and implemented risk management plans to support people appropriately. Staff told us that before a person received care, senior staff carried out risk assessments, including the home environment and equipment used for caring for them. This was to ensure the safe management of identified risks to the person using the service and staff. A staff member told us they would contact the office if they had concerns about the safety of any equipment to avoid harming the person or themselves.

Care records held copies of people’s risk assessments and management plans. For example, one person was assessed as having very limited mobility. Their assessment identified that they were at risk of falls and needed support with

transferring from their bed with the assistance of a hoist and two care workers. We spoke with the person and they told us, staff did not attempt to manoeuvre them until there the second care worker arrived.

People had appropriate moving and handling equipment in place to support them safely. For example, one person whose mobility needs required them to use a hoist was provided with one. The person told us care workers checked whether their sling and the hoist were safe and clean before using them. We found the registered manager identified, managed, and mitigated risks to keep people safe.

The registered manager regularly assessed and monitored staffing levels to ensure they were flexible and could meet people’s needs. The registered manager had a process in place that monitored or reviewed care visits undertaken. This was to ensure there were enough staff to provide care to people. For example, arrangements and adjustments were made to the staff rota to ensure when people required two care workers to assist them with their care, this was available to them. People and their relatives told us staff were reliable and arrived on time.

The provider had a recruitment process in place. The provider took steps to complete checks on staff’s suitability to work with people. Staff had criminal records checks and references taken up before they came to work at the service. Staff records held copies of the identification documents used in the application process.

People’s medicines were managed safely. The registered manager had copies of all people’s medicines administration records (MARs). We looked at MARs charts for 15 people using the service. On each of these staff used a MAR code to record any gaps in them. On each MARs, there was a record of the name of the medicine, dose, frequency, and time of the administration of medicine. The registered manager told us staff had completed medicine management training and we saw records of this.

Staff understood what to do if they noticed an error in the administration and management of people’s medicines. One staff member told us, If an error occurred or they noted something incorrect while supporting a person with their medicines, they would, “inform the office and seek advice as well as record the incident.” Another staff member said, “they would ring ‘111’ for advice.” The NHS has non-emergency number, which is 111. Staff can call to

Is the service safe?

speaking with healthcare professionals who are able to assess symptoms and direct them to best medical care service. The provider had processes in place to complete medicine audits on MARs, order, administer, store, and dispose safely of people's medicine. The registered

manager completed medicine audits on the medicines stored in people's home and the associated records during home visits and 'spot checks' with staff. One staff member confirmed spot checks included checks on medicines and related documentation.

Is the service effective?

Our findings

People were cared for by staff that were supported to care effectively for people. Staff received ongoing support from the registered manager to carry out their duties effectively. Staff had regular supervisions with their line manager. Supervisions were used for staff to discuss all aspects of their role for example, issues or concerns related to their role and a solution or action point developed to address them.

Staff appraisals were up to date. Staff had the opportunity to identify their professional development needs to support them in their caring role. All the staff we spoke with and staff records we looked at confirmed an annual appraisal was in place for them.

People were cared for by trained and skilled staff. Staff completed training to help them gain skills and knowledge to care for people effectively. Staff completed mandatory training such as medicine management, moving and handling and basic first aid. Staff also had the opportunity to complete training to meet people's individual needs. For example, staff completed training in understanding dementia care or Parkinson's disease. One staff member told us they would not provide care for someone unless they had received specific training. For example, staff had training in colostomy care before they supported a person who had a colostomy. One staff member told us they had experience caring for people living with dementia, so the agency allocated them to support people with dementia because of their skills and background. Staff had an opportunity to gain knowledge and skills to provide effective care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. 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.

The provider and staff had an understanding of their responsibilities of how to support people within the MCA. All staff we spoke with told us they were aware of the MCA and people had copies of their mental capacity

assessments, which detailed people's levels of ability to make decisions for themselves, where appropriate. Staff were able to support people in line with their abilities, which were documented in a record made in the person's best interests'.

People were cared for in a way, which protected them from unlawful deprivation of their liberty.

The provider had an awareness of how to care for people, which did not lead to a deprivation of their liberty. Staff were aware that the Court of Protection authorised DoLS applications for people living in their own homes.

People gave consent to staff when providing care to them. People we spoke with told us that staff consulted with them on a daily basis and had their agreement before providing support. Care records and care log records demonstrated where people gave consent, and recorded. Staff we spoke with told us, they sought consent from people when providing care to ensure they gave their permission.

People had access to care services when their needs changed. For example, the registered manager made a referral to the health care professional for specialised advice because the person's care needs had changed. We saw copies of the person's assessment; the referral to the health professional, the health professional's response and action taken. One person told us that when they were unwell the care worker encouraged them to contact their GP for advice and make an appointment with them if needed.

Staff followed professional guidance when providing care and support. For example, a physiotherapist had developed an exercise programme for a person. They asked staff to assist a person to continue with their exercises, and left written information for them to follow. People's health needs were met and prevented from deteriorating because staff and the registered manager had taken prompt action to manage this.

People had meals, which met their needs and preferences. For example, people told us that they chose and enjoyed the meals prepared by staff. Care logs documented what meals people had for breakfast, lunch, and evening meals. People told us that they enjoyed their meals however, on one occasion a care worker had not provided a meal, which

Is the service effective?

they had chosen. The person was able to discuss this with the registered manager who spoke with the care worker. Following this, the quality of the meals provided to the person improved.

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person told us “My regular carer helps me when I need her to. She is very kind and caring.” One relative said of the staff, “They’re very good, they’re conscientious” and “She’s the best I’ve ever had.” Another relative said, “She’s quite nice.” and another relative said the staff member was “not a miserable person and very, very helpful.”

People or their relatives had an opportunity to make decisions in planning people’s own care. For example, people had an assessment of their needs and their opinions and views recorded. Assessments identified people’s needs and the care planned detailed the care and support required to meet them. People chose to be involved in the planning and review of their care. For example, one person said that their care was flexible so they could change what care and support they wanted on the day. They were able to choose which day they had a shower which met their needs. A staff member told us “[We] ask people, ‘What would you like me to do this morning?’ You have to ask [people] questions. You need to talk with them.” This demonstrated that people received care that was flexible to meet their individual needs.

People received person centred care that was tailored specifically to their individual needs. Staff told us they read the care plans and risk assessments in people’s homes, so they became familiar of people’s needs and support. Staff told us these were sufficiently detailed and up to date for them to provide safe care and to feel safe in people’s home. One staff member told us they were very useful if they were covering for a colleague, and they contained emergency contact numbers such as for GPs and the person’s family.

When people began using the service office, based staff had met a staff member at a person’s home to introduce themselves and so they could discuss their support. Office based staff visited people when they raised concerns with their care. For example, a person regularly refused support with their personal care. The person explained they wanted to manage their personal care needs themselves, staff respected the person’s view, and a new care plan developed to enable and support the person with their choice. The staff member told us, “I think they want to keep their independence, and not have everything taken away from them.” Staff listened to people and supported them to contribute to their assessments and their views taken into account when planning their care.

People told us that they felt staff respected them and staff showed them kindness and compassion when supporting their needs. For example, during the times when staff helped people with their personal care. One person told us staff, “respected their wishes”, and provided care, which demonstrated their gentleness when caring for people. People told us staff addressed them by their preferred name, and overall staff were polite and respectful.

People had the dignity and privacy that they needed. People we spoke with told us that staff treated them in a way that respected their dignity and privacy. One person said, “When the staff wash me they make sure I am covered as soon as they are finished, they do this all the time.” Staff spoke about people they cared for in a caring and respectful manner. Staff told us the importance of maintaining people’s privacy and dignity. People could be confident that staff treated them in a way, which valued and appreciated them.

Is the service responsive?

Our findings

People received a service that responded to their needs promptly. People had an assessment of their needs including their personal histories, individual interests, and preferences to ensure they could be met before receiving a care service. Assessments reflected the way people wanted to receive their care, which meant the person was central to the assessment process. For example, staff and people identified their abilities and implemented these into their care plans. People and their relatives contributed to their assessment; they were able to give their views, which helped to the development of their care plan. One person said, “My regular carer knows me well and how I like things done.” People had regular care plans reviews to ensure the service continued meeting their needs and people had copies of them. We found that the systems or processes in place ensured people had an ongoing assessment of their needs. People had a regular review their care following the start of the service.

People received person-centred care through regular care plan reviews to ensure they continued to be effective. Staff were responsive to people’s changing needs. If staff noticed someone’s care needs had increased or they required additional support than had been allocated they reported this to the office. The registered manager or office based

staff would discuss the concern with social workers to review the amount of care allocated. This meant that the registered manager took prompt actions to resolve this issue.

People told us staff were generally punctual and stayed the correct amount of time. One person said, “If I want anything done, she’ll do it for me, I don’t have to check things are done, because I know they’re done.” A relative said, “They are very lovely to my relative.” People and staff told us communication was good between people and their relatives and care workers and with the office staff. The service had an out of hours system that responded to people, family member or staff concerns, or queries. When people had contacted the agency out of hours with any concerns, they had always been able to speak to a member of staff. People told us the office staff were helpful regarding requests for changes to visit times. For example, if the change was to accommodate an appointment, this was acted on.

The registered provider had a complaint system in place for people. People said that they did not have any complaints about the care or the service but knew which member of staff to contact if they had. Staff were aware of the service’s complaints policy and were able to support people in its use if needed. Each person had a service users’ handbook, which contained information on how complain or raise a concern with the service.

Is the service well-led?

Our findings

The registered manager ensured people received a well-led service. The service's team of office based staff coordinated and managed people's care. The registered manager had an overall daily management of the service and they understood their responsibilities and provided leadership to staff so they delivered their roles effectively.

The registered manager supported staff to be responsible in their caring roles. Staff told us their manager listened to their views. Staff had regular team meetings where they discussed issues relating to the service and their caring. Minutes from these meetings demonstrated staff were able to discuss their concerns and actions points recorded to resolve raised issues. One staff member said, "They [staff] really do try to provide a good service. They are strict – you have to be on time. They do spot checks."

Staff carried spots checks to ensure people received a safe service. People told us staff had spot checks carried out in their homes, as often as twice a week for one newer staff member. One staff member told us they received positive feedback from their line manager after one spot check, given by the person about them. The registered manager carried out 'spot checks' when staff members were providing care. The registered manager told us they carried out these checks to review the quality of care delivery. One staff member said, "I get a spot check every month." We asked the manager for records of staff 'spot checks' these were on staff records. We saw that staff used guidance in people's care records to carry out their duties safely and the quality of care provided was good.

Staff were complimentary about the registered provider and the manager. Another staff member said, "I'm really happy working for them." This meant that staff had the opportunity to improve the service, share their ideas, and talk with other staff members to share good practice and develop solutions to any concerns they had with their caring role.

The registered manager demonstrated an open and transparent approach within the service. People told us that if they had a concern they felt able to discuss these with the staff at the service. One person said, "There's

always support whenever you need it." Staff told us the registered manager took time out to listen to them. One staff member told us, "They're always there to assist and give advice."

The registered manager at the service was aware of their responsibilities as registered providers with the Care Quality Commission (CQC). The registered manager and provider informed CQC of notifiable incidents that occurred at the service.

The registered manager reviewed, monitored, and improved the quality of care for people. For example, staff completed regular health and safety audits on the quality of the service. The registered manager completed audits on people's care records so they were accurate and up to date and reflected people's needs. This was to ensure people's care records had appropriate information to meet all of their needs. Therefore, people received care that was safe because staff completed routine monitoring and improved the service to ensure care was safe.

People and their relatives were encouraged to feedback on the quality of service. People told us they received telephone calls from office staff, seeking their views of the service and of new staff that had supported them, their service in general, or asking if there was anything, they wanted changing. One relative had requested copies of their relatives care records. After consent was obtained discussions about the request was had and an agreement with the person using the service. They told us, "The agency had provided them with the care records." People told us, office based staff completed home visits to obtain people's views of the service. A relative said, "A supervisor comes to check the file." The registered manager told us that office based staff contacted people on a regular basis every three months for their feedback on the service.

People completed annual questionnaires that asked them for their feedback on the service. We saw the latest copies of these, people said they were happy with the service and the care provided. Where there had been concerns these were acted on, responded to promptly and to their satisfaction. This meant that people were able to provide feedback and actions taken to resolve any concerns. We also found the service had systems in place to could identify concerns promptly. Therefore, reduce risks because the quality assurance processes in place to mitigate risks to people.

Is the service well-led?

People's records were stored securely. We saw people's care records were kept securely in a locked cupboard. The registered manager kept people's personal and private information safe to ensure their confidentiality was maintained at all times