

RRC (GB) Ltd

Ocean Retreat

Inspection report

52 Buxton Road
Thornton Heath
CR7 7HG

Tel: 02070186700

Date of inspection visit:
02 September 2021

Date of publication:
29 September 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ocean Retreat is a residential care home which can support up to four people in one adapted building. The service specialises in supporting people with mental health needs. There were three people using the service at the time of this inspection.

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

People were safe at the service. Staff had been trained to safeguard people from abuse and knew how to manage risks to people to keep them safe. There were enough staff to support people. Recruitment and criminal records checks had been undertaken on staff to make sure they were suitable to support people.

People had a choice of comfortable spaces to spend time in at Ocean Retreat. The provider adapted the premises when needed to meet people's needs. The premises were clean and tidy. Staff followed current hygiene practice to reduce the risk of infections. Visitors to the service were given information to help them reduce the risk of catching and spreading infection. Health and safety checks of the premises and equipment were carried out at regular intervals.

People were involved in planning their care and support and could state their preferences for how their care was provided. Staff knew people well and understood how their needs should be met. They were provided relevant training to help them meet people's needs. Staff were supported by the provider to continuously improve their working practices to help people achieve positive outcomes.

Staff were kind and caring and respected people's rights to privacy and to be treated with dignity. People were supported to be as independent as they could be with daily living tasks. They were helped to undertake activities and interests they were interested in and to maintain relationships with the people important to them. Relatives were free to visit family members without unnecessary restrictions.

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

People were supported to stay healthy and well. Staff helped people eat and drink enough to meet their needs, to take their prescribed medicines and to manage their healthcare and mental health needs. Recommendations from healthcare professionals were acted on so that people received the care and support they needed in relation to their healthcare and mental health needs.

People were satisfied with the quality of care and support they received. People knew how to make a complaint if needed. The provider had arrangements in place to make sure any accidents, incidents and complaints were investigated and people kept involved and informed of the outcome.

The provider encouraged people and staff to have their say about how the service could improve. They used

this feedback along with regular audits and checks, to monitor, review and improve the quality and safety of the support provided.

The service worked proactively with other agencies and healthcare professionals. The provider acted on their recommendations to improve the quality and safety of the service for people.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 11/07/2018. The service was first inspected on 13/03/2019 and then again on 16/09/2019. We were not able to rate the service on either occasion as we were unable to obtain sufficient evidence of consistent good practice to do so. You can read the reports from these inspections on our website.

Why we inspected

This was a planned inspection based on the length of time since the service registered with the CQC.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team:

The inspection team consisted of one inspector.

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 did not have a current registered manager in post as they had recently left. The provider had plans in place for appointing a new registered manager for the service. The registered manager 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:

This inspection was unannounced. Before entering the premises, we checked the service was set up as safely as possible to accommodate an inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We observed interactions between people and staff. We also carried out checks of the premises. We spoke with the deputy manager, the nominated individual and a care support worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including two people's care records, medicines stock and records, two staff records and other records relating to the management of the service.

After the inspection

We contacted two relatives and two healthcare professionals about their experiences of the service. We continued to speak with the deputy manager and nominated individual and sought clarification about the evidence gathered. We also reviewed additional documentation relating to the management of the service.

Is the service safe?

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 has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe at the service. One person said, "I'm happy here and I do feel safe here." Another person told us, "I feel safe in the home and I know the carers will keep me safe." A relative said, "I think [family member] is very safe and comfortable and they're quite happy and [family member] tells me that."
- Staff had been trained to safeguard people from abuse. The provider had systems in place to regularly check staff understood their responsibility to safeguard people and how to escalate any concerns about people's safety and wellbeing.
- The provider understood their responsibilities to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- People's records contained current information about identified risks to their safety and wellbeing. This information had been discussed with people so they understood what these risks were and what they and staff would do to reduce these.
- There were plans in place for how identified risks to people would be managed to reduce the risk of harm or injury to them and others. Staff understood these risks and what to do to keep people safe.
- Staff had been trained to support people to manage behaviour that might challenge them and others. Staff used the least restrictive methods to support people in such instances to reduce the risk of people and others getting hurt.
- There were regular health and safety checks of the premises and the provider dealt with any issues arising from these. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff had received training to deal with emergency situations.

Staffing and recruitment

- People said staff were available when they needed their support. One person told us about a recent experience when a staff member was immediately on hand to provide them with reassurance and support. They said, "[Staff member] was amazing last night and really helped me as I had a bad panic attack."
- We observed staff were present and accessible to people and responded promptly to any requests for help and support.
- There were enough staff to support people. Staff on duty were suitably skilled and experienced.
- The provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure only those suitable were employed to support people.

Using medicines safely

- People received their medicines safely and as prescribed. A healthcare professional told us how staff support provided to one person to maintain a consistent routine when taking their medicines had significantly helped reduce the risk of the person's mental health deteriorating.
- People's records contained information about their prescribed medicines and how they should be supported with these. This helped staff make sure people took them in a timely and appropriate way.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them. Medicines were stored safely and appropriately.
- The provider audited medicines stock and records and checked staff's competency to make sure they were managing and administering medicines safely.

Preventing and controlling infection

- Risks associated with infection control and hygiene had been well managed. Staff followed current guidance and used personal protective equipment (PPE) safely and effectively.
- People were encouraged by staff to wear face masks, especially when out in the community, and to practice good hand hygiene to help reduce risks. One person told us, "Since day one I have been wearing a mask and it's working ok."
- Visitors were given clear and detailed information to help reduce the risk of them catching and spreading infections.
- The premises was clean. Cleaning took place at regular intervals throughout the day to prevent the spread of infection. One person said, "There has not been one day when the cleaning was never done. It's immaculate and nothing is missed. This goes for night staff as well."
- The provider's infection prevention and control policy was up to date. The provider had plans in place to manage an infection outbreak at the service.
- Staff followed current food hygiene practice to help them reduce risks to people of acquiring foodborne illnesses when preparing, serving and storing food. They carried out food safety checks at appropriate intervals.

Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents.
- The provider investigated accidents and incidents and took appropriate action when needed to reduce the risks of these reoccurring.
- Accident and incident debriefing discussions were held with people and staff to learn from these and help improve the quality and safety of the support provided.

Is the service effective?

Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had been involved in assessments of their care and support needs prior to them using the service.
- The provider took account of people's life and medical history, healthcare conditions, their care needs and the outcomes they wished to achieve from the support provided. The information obtained through these assessments help the provider plan and deliver care and support to people.
- People's care plans detailed the staff support they required to have their needs met and included information about their choices about how, when and from whom this was provided.

Staff support: induction, training, skills and experience

- Staff were able to meet the range of people's needs. They received relevant training to do this. This included specific training to support people with their healthcare and mental health needs, for example, mental health awareness, positive behaviour support, epilepsy and stoma care. A staff member said, "I think the training does help me. I've learnt that everyone is different and the training helped me to understand how to get on with people and meet their needs."
- Staff were encouraged to learn and improve in their role. They had regular supervision (a one to one meeting) and a yearly appraisal at which they were encouraged to discuss their working practices, concerns they had about their role and any further training or learning they needed to help them provide effective support to people. A staff member told us, "I feel I am learning a lot while on the job. I always ask if I'm not sure about something. I have supervision meetings and I find them helpful."

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

- People were involved in planning the meals they ate. Staff prepared meals people liked which encouraged people to eat well. Staff took people's specific dietary needs into account when planning and preparing meals.
- Staff were flexible and accommodating when people wanted something different to what might have been planned. We saw one person tell staff they wanted to eat something different for lunch and dinner and staff made sure they could have this.
- People were encouraged to make healthy food and drink choices. Staff checked for any issues people might be having with food and drink so appropriate support could be sought for them. One person said, "Recently I wasn't well and didn't want to eat. The staff did try and encourage me to eat more. I'm back to eating again now."

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

- Staff helped people manage their healthcare conditions and mental health needs to achieve positive outcomes. One person told us the support they had received from staff to manage a specific healthcare condition had increased their confidence to go out in the community again.
- People's records contained current information about the support they needed to manage their health and medical conditions.
- Information about people's current health and wellbeing was shared and discussed by the staff team each day. This helped keep all staff well informed and updated about any specific concerns about a person and how these were being managed.
- Staff sought support for people in a timely manner, especially when they became unwell. They worked well with healthcare professionals involved in people's care and followed their recommendations to help people achieve positive outcomes in relation to their healthcare and mental health needs.
- People had reviews with the mental health professionals involved in their care. Outcomes from these meetings were reviewed for any changes that might be needed to the support people required.

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

- The provider adapted the service when needed to meet people's needs. We saw a good example of this for one person who was not able to use the bath to have a wash and in response the provider installed a shower for them to make washing easier.
- The layout of the premises gave people flexibility about how they spent their time at home. In addition to their own bedroom, people also had use of a communal lounge/diner, kitchen and garden with a designated area for people to smoke.
- People's bedrooms had been decorated and furnished to their choice and preference and reflected their hobbies and interests. One person said, "They do look after the place well. I can have my room how I want it." A relative told us, "[Family member's] room is lovely and really nice."

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.

- People using the service had capacity to make and to consent to decisions about specific aspects of their care. They were free to leave and return to the service with no undue restrictions.
- There were processes in place for people that lacked capacity to make specific decisions. The provider would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

Is the service caring?

Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and looked after people well. One person said, "Since I've moved in...the carers have been absolutely brilliant in their job. They do care...to be honest I class them as family." Another person told us, "I love it here. I had a review last week and I was scared they would take me away from here. This feels like home." A relative said, "They have helped [family member] an awful lot. I think they are happy there." Another relative told us, "The staff are very kind, very caring...I think [family member's] happy and they treat [family member] like family."
- People were relaxed and comfortable with staff and asked for their help without hesitation. Staff supported people to do tasks and activities in the way people preferred. Staff did not rush people and gave them time to make choices about what they wanted to do.
- Conversations between people and staff were warm and friendly and indicated staff knew people well as they talked with people about things that were of interest or important to them. A staff member told us, "I do what I can to make people happy. If people just want to sit and talk...that's fine with me."
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded so staff had access to information about how people should be supported with these.
- People had also stated how they wished to express their sexuality needs and how staff could help support them with this, for example, by giving them privacy and time when they needed this.
- Staff received equality and diversity training as part of their role. This helped staff understand 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

- People were continuously involved in planning and making decisions about their care and support needs. The provider met with people at regular intervals to get their feedback about the support they received to check this was helping them meet their care needs, goals and objectives.
- The provider took account of people's specific communication needs and made sure people could fully participate in discussions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to build and maintain the confidence they needed to be as independent as they could be. One person told us they were being supported by staff to travel alone again on public transport. The person said, "They take me out and helped me build my confidence and now I can do two stops myself." Another person told us they were looking forward to being supported to cook meals again.

- Staff prompted people to get washed and dressed each day, clean and tidy their room, do their laundry, their personal shopping and plan and prepare their meals. Staff only stepped in to provide support if people could not manage a task safely.
- Staff respected people's privacy and dignity. They were respectful when talking to people, listened to what people had to say and responded in an appropriate way. They made sure people could spend time alone in their rooms and knocked on people's doors and asked for their permission before entering.

Is the service responsive?

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 has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People told us staff provided care and support which met people's needs. One person said, "I'm happy with the support I get from staff with day to day needs. I like the way they do things now." A relative told us, "They have been looking after [family member] quite well. They do understand [family member's] needs. They do so well with them."
- People's records contained information for staff about how their care and support should be provided. This included information about their likes and dislikes, their preferred routines and their choices for how they wished to spend their day.
- Each person had a designated keyworker who was responsible for ensuring their needs were being met. Keyworkers checked with people at regular intervals the care and support they received was continuing to meet their needs, choices and preferences.
- The provider prepared regular progress reports for everyone involved in people's care, which set out people's progress in terms of their healthcare and mental health needs. This helped staff and those involved in people's care, check the care and support provided was continuing to meet people's needs and preferences.

Support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- People were encouraged to take part in activities and pursue interests that were important to them. For one person staff made sure they could have their pet visit and stay with them and had assessed any potential risks posed by this to make sure people would be safe.
- Gardening was a favourite hobby for people at the service and staff had supported people to grow fruit and vegetables in the communal garden.
- During the period of national restrictions due to the COVID-19 pandemic people were supported to undertake a range of activities via video calls hosted by a local mental health charity.
- With the ending of restrictions the provider had arranged for people to do more activities out of the home. A relative told us, "They had a trip to Hastings recently and that was lovely. They made loads of food and drink for people and that was nice."
- People received support to maintain relationships with the people that mattered to them. Relatives were able to visit with their family members if they wished. A relative told us, "I visited with [family member] and we had a cup of tea in the garden...I could turn up at any time to visit."
- The provider was following current guidance to make sure visits were undertaken safely.

Improving care quality in response to complaints or concerns; meeting people's communication needs

- People's feedback during this inspection indicated they were satisfied with the quality of care and support they received. One person told us, "They look out for me. When I'm not doing so good they do try and help me by letting me have my space...the staff listen to me. They do give me good advice." A relative said, "I do think the home is lovely and has done a lot for [family member] since they've been there." Another relative told us, "I have no concerns and would like [family member] to stay there long term if they want this."
- People were encouraged to raise concerns with staff and when they did, we saw these were dealt with appropriately.
- There were arrangements in place to deal with formal complaints. People 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.

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.

- People's communication needs had been discussed, recorded and highlighted in their individual care records. Staff understood how people should be supported with these needs.
- The provider had made key information available to people in easy to read formats. For example, information had been provided to people about: how they would be supported and involved in planning their care and support needs; how they could make a complaint and why staff may have to help remove them from situations when their behaviour may become challenging to them and others.

End of life care and support

- People were asked about their wishes for the support they wanted to receive at the end of their life. Where people had stated their wishes, this was recorded on their records. This helped to ensure that staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

Is the service well-led?

Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback from people, relatives and healthcare professionals indicated that despite a recent change in leadership at the service, the service had continued to operate as normal and was managed well by the nominated individual and deputy manager.
- The registered manager had recently left their post. The deputy manager was working towards achieving an appropriate management level qualification with the intention of applying for the role of registered manager. People and relatives told us the deputy manager kept them well informed and up to date about any changes at the service and to their care and support needs.
- All staff clearly understood their roles and responsibilities to people using the service. The provider used regular supervision and staff team meetings to check staff remained focussed on providing high quality care to people. A staff member told us, "I try and encourage and prompt all of the people to build their confidence and meet their objectives. I really like to come in and work with people. They put a smile on your face."
- The provider undertook regular audits and checks to monitor and review the quality and safety of the service. When issues were identified through these checks, action was taken to address these including supporting and encouraging staff to learn and improve their working practices.
- The provider understood their responsibility for notifying CQC of events or incidents involving people. This helped us to check they had taken appropriate action to ensure people's safety and welfare in these instances.

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

- The provider was proactive about putting things right and learning from mistakes. They investigated, accidents, incidents and complaints and made sure people were kept involved and informed of the outcome. When the outcome of investigations found care and support had not been provided to the required standard, people were offered an appropriate apology.

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; working in partnership with others

- People spoke positively about staff and their experiences of using the service. One person said, "This care home is run by people that care. I'm happy here." A relative told us, "They have done a lot to help [family

member] regain their independence and [family member] has more control over what's happening to them." A healthcare professional said, "I find them very supportive of my client."

- The provider made sure people's views and suggestions for improvements were used to make changes people wanted. They used surveys, meetings and reviews of care and support needs to obtain people's feedback. People's recent suggestions about meals had been incorporated into their individualised menus. Following the installation of a new shower, people had suggested the provider reuse the old bath as a planter in the garden for people to grow fruit and vegetables in, which the provider was planning to do.
- Staff knew people well and their interactions with people were focussed on meeting their needs. A staff member told us, "I really like to come in and work with people. They put a smile on your face. [Person using the service] likes to have a joke with you and they help me feel like I do a good job and I'm happy to go home. There's nothing I would improve about the role. I feel proud of what I have achieved."
- Staff worked well together and well supported by the provider. A staff member said, "I feel supported by the managers and can talk to them about things."
- Staff's views about the service were sought through supervision and team meetings. Staff said the provider listened to their feedback about how the service could improve.

Working in partnership with others

- The provider worked proactively with healthcare professionals involved in people's care. They acted on their recommendations and advice to design and deliver care and support that met people's needs. A healthcare professional told us, "The communication is fantastic with the home and we get regular updates. I know what is happening on a daily basis and it gives me peace of mind knowing [person] is there."