

Oceanic Care Services Ltd

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Inspection report

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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

Oceanic Care Services Ltd is a domiciliary care agency and is based in the London Borough of Barking and Dagenham. The service provides personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 2 people using the service.

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

People were protected against the risks of abuse as staff were clear of their responsibilities to protect people from harm. Staffing levels were sufficient to meet people's needs and recruitment processes were safe. Risk assessments had been undertaken which informed staff how to keep people safe. The provider had a system in place to record and monitor accidents and incidents. People were protected from the risks associated with the spread of infection.

An assessment of people's needs was undertaken before they started using the service. People received support from staff who had the knowledge and skills to meet their needs. Staff were supported by a system of induction, training, and supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with respect, their privacy and dignity were protected. Staff promoted people's independence. People were supported to exercise their choice in areas such as how they wanted to be supported. Information about people was treated confidentially. Care records were written to reflect people's individual needs and were regularly reviewed. The provider had a policy and procedure for dealing with any concerns or complaints.

The registered manager was aware of when Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager. They carried out regular audits to make sure people were receiving care and support to expected standards. The provider had a range of policies and procedures governing how the service needed to be run.

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

Rating at last inspection

We did not give a rating to the service as there was only a limited number using the service at our last inspection on 14 November 2018. The report was published on 4 December 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Oceanic Care Services Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 9 August 2023 and ended on 14 August 2023. We visited the office location on 9 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed notifications that the registered provider had sent to us since the last

inspection. A notification is information about important events which the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 2 people's care records, 2 staff files, training records, risk assessments and satisfaction surveys. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

Following the inspection, we spoke with 2 relatives by telephone to obtain their views of the service. We also contacted 2 members of staff by telephone, to ask them questions about their roles and to confirm information we had received about them during our inspection.

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 were protected against the risks of abuse as staff were clear of their responsibilities to protect people from harm. Staff understood how to keep people safe and report any concerns they had. A relative told us, "[Family member] is safe. I don't have any concerns with the carers."
- There were policies and procedures for safeguarding people who used the service. Staff had received training in the subject. They had a good knowledge of safeguarding and were able to give us examples of the types of abuse and actions they would take if they had any concerns. A member of staff told us, "I will report any abuse to my line manager."
- Staff were aware of the whistleblowing procedures. Whistleblowing occurs when an individual raises concerns, usually to their employer or a regulator, about a workplace practice or other colleagues' conduct.

Assessing risk, safety monitoring and management

- Risk assessments had been undertaken which informed staff how to keep people safe. This helped to ensure people were supported to remain as safe as possible.
- Staff were aware of potential risks to people and ensured they were safe when carrying out any tasks.
- Where there were changes in people's risks, their risk assessments were reviewed accordingly.
- The registered manager also had an environmental risk assessment in place which identified potential risks and how to minimise them. This helped to ensure people received care and support within a safe environment.

Using medicines safely

- There were suitable arrangements to protect people using the service against risks associated with the unsafe management of medicines.
- At the time of our inspection the registered manager informed us the people who used their service did not require assistance with taking their medicines.
- However, the provider had suitable arrangements to protect people using the service against risks associated with the unsafe management of medicines.
- There was a policy and procedures in place for staff to follow when people needed support with their medicines and staff had received appropriate training.

Staffing and recruitment

- There were enough staff working for the service to ensure people's needs were met.
- The registered manager told us there were always enough staff to cover for sickness and holidays and to provide care and support to people. The registered manager also helped if staff had to take leave at short

notice. They said they worked along with their staff in the community. Staff confirmed the registered manager did help with visits when needed.

- People received care and support from the same group of staff. This helped with consistency of care and support people were provided with. Staff told us they were happy with the numbers of staff working. One relative said, "There are 3 regular carers that visit."
- Relatives told us they never had a missed or late visit from staff.
- The provider had a system in place to ensure only suitable staff were recruited to work with people who used the service.
- We looked at staff files and found several checks were undertaken before staff started working at the service. This included obtaining references, checking if they had any criminal records and checking their identification and immigration status to see if they were legally allowed to work in the United Kingdom.
- Staff also had an interview to ensure they had the right skills and experience to provide care and support to people.

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents within the service.
- The registered manager told us there had not been any incidents or accidents recently. However, they mentioned that if in future there were any accidents/incidents, they would review them and take action to reduce the likelihood of them happening again.
- The registered manager was always available for staff if they needed any advice in the event of an emergency.

Preventing and controlling infection

- There were systems in place to ensure people as well as staff were safe regarding the spread of infection.
- Staff were aware of their responsibilities regarding infection control and prevention and they had received training in this subject.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons to protect the spread of infection.
- Staff had access to a good stock of PPE and could request more from the office as needed.
- A relative told us, "The carers wear their aprons and gloves when they come."

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

- Before people started using the service, the registered manager carried out an initial assessment of their needs.
- People and their relatives were involved in the process. This covered a number of areas such as their care and support needs, wishes, preferences, routines, medical and past histories.
- From the assessment, a care plan was developed, and this covered all aspects of the person's care needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the knowledge and skills required to meet their needs. A relative told us, "The staff are very good, yes they know what they are doing."
- The provider had a training programme in place for all staff to complete whilst they were employed at the service.
- Staff had been trained in areas such as first aid, Mental Capacity Act, food hygiene, infection control and safeguarding adults and children.
- Staff told us the training they received was good and equipped them to care for the people who used the service and meet their needs. A member of staff said, "The training is good and helpful to me."
- The registered manager monitored the staff training needs.
- The provider had systems in place to ensure all staff received the support they needed.
- Staff had regular meetings with the registered manager where a range of issues were discussed, including staff training needs. One member of staff told us, "I have regular supervision with the manager."
- New staff received an induction when they started working at the service. This covered their familiarisation with the service, the people who used it and the policies and procedures of the provider.
- Staff were also given opportunities to shadow more experienced staff until such a time they felt confident to work on their own.

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

- People were assisted to have enough to eat and drink where this was part of their care needs.
- Staff knew what people's likes and dislikes were or if they had any special dietary requirements due to their medical condition. One member of staff told us, "[Person] likes to eat cakes, biscuits and crisps."
- Care plans included people's preferences and the support they may require with meals.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked closely with other professionals to ensure people were supported with

their health needs.

- Staff monitored people's health and welfare and reported any concerns to the registered manager. The registered manager would seek advice from health care professionals where required. For example, the registered manager had contacted an occupational therapist recently for advice regarding a person who used the service.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the registered manager as well as the staff were aware and understood their responsibilities under the MCA.
- Staff had received training on how to protect people's rights and were familiar with the processes and principles of the MCA.
- Before people received any care or support staff asked them for their consent and acted in accordance with their wishes. A relative told us, "The carers always let [family member] know before they do anything."

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

- Relatives commented the staff were kind and caring. A relative said, "The staff are very kind and very caring."
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. Staff had received training in this area. Staff treated everybody who used the service equally and recognised people's individual religious and cultural preferences. They had a good understanding of equality and diversity. A member of staff told us they treated everybody equally and did not discriminate for example, because of their sexuality.
- Staff had a good understanding of the care needs for people who used the service. They were able to tell us what people did and did not like and how they liked to be supported. They had built up a good relationship with them. This helped in ensuring people needs were met fully.

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

- People were given sufficient information by the service about their care and support. They were involved, where they were able to, in decisions about their care. This helped them to retain choice and had a say on how their care and support was delivered.
- If people were not able to, their representatives made the decisions on their behalf. One relative told us, "I contributed to the care planning for my [family member]."
- Relatives told us they were always kept informed of changes regarding their family member's wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff and had their privacy, dignity and independence respected.
- Staff described how they would maintain a person's privacy and dignity when assisting them with personal care, for example, closing curtains and doors and cover the person with a towel when providing personal care to them.
- People were supported to maintain their independence. Staff encouraged them to do as much as possible for themselves. For example, when people were offered a drink, staff encouraged them to hold their cups or glasses.
- Care records mentioned what people were able to do for themselves and what assistance they needed.
- The provider had a policy on confidentiality which staff were aware of. Information about people was treated confidentially. Staff knew not to disclose information to anyone unless they had the right to have that information. All personal records were kept locked.

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; End of life care and support

- People received care and support that was personalised and responsive to their individual needs.
- Care plans contained sufficient information about the care and support people needed. This helped to ensure staff met people's needs.
 - There was also information about specific health conditions that detailed the actions staff needed to take to ensure the person were safe. For example, in a care plan, it was clearly recorded how staff should support a person with aspects of their personal care.
- People received support in their preferred way and staff were responsive to their needs. Care plans contained information about their individual wishes, preferences, and how they wanted their care was to be delivered.
- Relatives commented positively about the care and support provided by staff. One relative said, "I am very very happy with the carers."
- People and their relatives were given an opportunity to be involved in the delivery of care and support being offered.
- Staff were aware of people's current needs and the registered manager informed them when a person's needs had changed. They told us the care plans had useful information in them and this helped them when providing care and support to people. One member of staff told us, "The care plans give us enough information to meet the needs of the clients."
- Care plans were reviewed regularly. This meant people's ongoing and changing needs were kept under review, and staff supported people accordingly.
- The registered manager informed us that 2 people used the service was receiving end of life care at the time of our inspection.
- Staff had received training to ensure they had the knowledge and skills to care for people who were approaching the end of their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager ensured people had access to information in formats they could understand.
- Information on how staff should communicate with people was recorded in people's care plans.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place about how and when people could make a complain. This included information how complaints would be dealt with and if people were not happy with the outcome, they could approach the Local Government and Social Care Ombudsman.
- Relatives did not raise any concerns with us. They knew that they were able to express any concerns to the registered manager. One relative told us "I am very happy with the service and have written a letter of compliment to the manager. I have no concerns." We saw the service had received compliments from other relatives as well.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were satisfied with the service and how it was managed. A relative told us, "I am very happy with the agency and the staff."
- Staff told us they felt supported, and the registered manager was approachable. They were able to contact the registered manager for advice when needed. Staff were supported by the registered manager in their role. There was good communication between staff and the management of the service.
- Staff had a clear understanding of what was expected of them. They were aware who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible. They operated an open-door policy where people, relatives and staff were encouraged to discuss any issues they might have.
- There were staff meetings held for staff and this gave them an opportunity to share any ideas for the development of the service. A number of topics were discussed during those meetings such as people care needs and staff training. Staff felt these meetings were helpful.
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. Everyone had an equal chance to take up opportunities to fulfil their potential.
- Staff and relatives commented positively about the registered manager. A relative told us, "The manager is very good at what they do." A member of staff said, "The manager is very good, I can ask for advice when I need, I have their mobile number."
- The registered manager carried out regular audits to make sure people were receiving care and support to expected standards. These included areas such as care records, daily records, communication books, staff training and immigration status of staff if they were due to expire.
- The registered manager carried out regular spot checks on staff to ensure people received the care and support as requested. They had regular contact with relatives and people through phone calls or visiting people in their homes.

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

- The registered manager was aware of requirements in relation to the duty of candour as part of their roles and responsibilities. They were also aware of when the CQC should be informed of events and incidents that happen within the service.
- The registered manager understood their legal responsibility to be open and honest when something goes wrong.

Working in partnership with others

- The registered manager worked well with other health and social care professionals to ensure people met and they received the care and support they needed. This helped to ensure people's needs were met and improved their wellbeing.
- The registered manager attended various workshops to keep themselves updated with the latest practices in health and social care. For example, they attended the meetings which were organised by the local authority for all the providers within the area.
- They also regularly visited different websites and subscribed to different newsletters to ensure they were familiar with the changes happening within the health and social care.