Ocean Breeze Residential Care Home Limited

Ocean Breeze Residential Care Home

Inspection report

22 Barton Wood Road
Barton on Sea
Hampshire
BH25 7NN
Tel:01425621863
Website: www.oceanbreezecarehome.co.uk

Date of inspection visit: 29 & 30 April 2015
Date of publication: 29/06/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We inspected Ocean Breeze on 29 and 30 April 2015 in response to some concerns we had received. This was an unannounced inspection.

The service had a registered manager in place. 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.

Ocean Breeze is registered to provide accommodation and personal care for up to 23 older people. The home had been completely rebuilt and opened in January 2015. It provides accommodation over three floors with

Summary of findings

bedrooms and communal areas on the ground and first floor. On the second floor is an activities room, the medication room and a staff room. The home has landscaped gardens which were accessible for people.

People and their relatives were all complimentary about the quality of care and the management of the home. Staff said the morale was good. The registered manager promoted a culture of openness and there was a clear management structure, which had recently been reviewed, with systems in place to monitor the quality of care and deliver improvements.

People were protected from possible harm. Staff were able to identify different types of abuse and what signs to look for. They were knowledgeable about the home's safeguarding processes and procedures and who to contact if they had any concerns. This information was also on display in the reception area for people and relatives if they needed it.

People told us they felt safe and staff treated them with respect and dignity. People's safety was promoted through individualised risk assessments and effective management of the premises. There were systems in place to manage, record and administer medicines. However, there were some concerns in relation to the administration of medicines.

Staff were caring, compassionate and kind when interacting with people. Staff knew people well and talked with them about topics they were interested in. There was a range of activities on offer throughout the week within the home, such as quizzes, physical and memory games. One to one support was provided for people who needed support to access their community. Staff supported people to make decisions and to have as much control over their lives as much as possible. The home was welcoming and visitors could come and go as they wished.

Medical advice and treatment was sought promptly when people required additional assistance. A range of health professionals were involved in people's care including GPs, community nurses, dentists and chiropodists.

Meals were prepared in a way that met people's specific dietary needs. The chef was knowledgeable about people's specific dietary needs and other important information, such as allergens in food, which was available to people and staff. People could ask for something to eat whenever they were hungry and staff responded to their requests.

The home was mainly well led. However, people's care records were not always accurate or fit for purpose and these issues had not been identified. Staff understood their responsibility to provide care in the way people wished and worked well as a team. The registered manager operated safe recruitment processes and recruitment was on-going to meet the increasing number of new admissions and staffing ratios were currently high due to the low numbers of people at the home. Staff were deployed to provide care and staff were supported in their roles with training, supervision and appraisals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The new manager understood this legislation and had submitted DoLS applications for some people living at the home. Staff were aware of their responsibilities under this legislation and under the Mental Capacity Act (2005).

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what we have asked the provider to do at the back of this report.

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?
The service was not always safe.

People's medicines were not always given in accordance with instructions.

There were sufficient suitable staff with the right skills and experience to care for people.

Staff protected people from avoidable harm and understood the importance of keeping people safe, risks were managed safely and incidents were reported and investigated.

Requires Improvement

Is the service effective?
The service was effective.

Staff were trained and supervised to provide effective care in an environment that had been purpose built for people living with dementia.

People were supported to have enough to eat and drink at a time that they chose and were helped to maintain their health and wellbeing, saw doctors and other health professionals when necessary and were involved in planning their care.

Staff understood the Mental Capacity Act (2005) and the home met the requirements of the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

All staff had a good rapport with people and were compassionate, kind and supportive. Staff gently encouraged people to participate in activities, and promoted independence and autonomy.

Staff recognised people's right to privacy and dignity, listened to people's views and preferences and acted upon them.

Staff showed a genuine interest in people, made time to sit and talk with them about things that were important to them and found creative ways to reassure them when they showed signs of distress.

Good

Is the service responsive?
The service was responsive.

Care plans were person centred to reflect people's assessed needs and contained information about their medical and life histories.

Activities took place both inside and outside of the home dependent on people's interests.

Good

Summary of findings

People knew how to make a complaint if they needed to and were confident they would be listened to.

Is the service well-led?

Requires Improvement

The service was well led.

People's records were not always accurate and fit for purpose.

There was an open and transparent culture within the home. Staff felt supported and valued and there was an 'employee of the month' scheme to recognise excellence in care provision.

Quality assurance systems were in place and staff responded appropriately to feedback from people and relatives.

Ocean Breeze Residential Care Home

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 29 and 30 April 2015 in response to some concerns we had received. The inspection was unannounced.

The inspection team consisted of an inspector, a specialist adviser (a nurse with experience of older people and dementia care) and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about the service including notifications received by the Care Quality Commission. A notification is when the registered manager tells us about important issues and events which have happened at the service. We had not requested a Provider Information Return (PIR) before the inspection because there was not time. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps us decide what areas to focus on during inspection. However, we will request a PIR before the next inspection.

We spoke with five people and two relatives who were visiting, four care staff, the chef and deputy manager, as well as the registered manager. We carried out observations throughout the day in the lounge and dining room. We pathway tracked four people's care to check that they had received the care they needed and that accurate records were maintained. (We did this by looking at care documents to show what actions staff had taken, who else they had involved such as a GP, and the outcome for the person). We looked at quality monitoring of the service, such as questionnaire results, equipment and environmental audits, infection control audits and complaints. We reviewed seven staff recruitment, training and development records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at Ocean Breeze and had no concerns. When asked if they felt safe one person told us "I do here, secure". Another person showed us the call bell system and understood how to use it. They said that staff were "Very good indeed" in responding when they needed them. One person told us about their medicines and said "I know what I have and wouldn't take anything if not explained".

Medicines were not always given in accordance with instructions and had not been reviewed with their GP when problems arose. One person's medicine instructions stated they should take it at 7am and an hour before food or drink. The person's food and fluid chart showed they had been given tea to drink between 7.20 and 7.40 on most mornings. One person had been prescribed pain relief to be taken four times a day but had not been given the lunchtime dose on two recent dates. Staff told us this person got up late and their morning dose was therefore taken late and too close to the lunchtime dose for it to be given. Another person had been prescribed medicine to be taken at 9pm but their medicine administration record (MAR) had been altered by staff to say it was to be taken at 5pm. Staff told us this was because the person was asleep at 7pm. This put people at risk of not receiving the appropriate dosage of their medicine for it to be effective.

The investigating, recording and reporting of missing medicines was not robust. For example, two tablets were missing from one person's pack of medicine but this had not been recorded as administered. The manager had spoken to staff, the person had been monitored for any unusual symptoms and staff had referred to the pharmacy for advice. This was recorded, but the manager could not confirm the person they had spoken to at the pharmacy was the pharmacist and therefore qualified to give advice. The manager told us they were sure the person had not been given the tablets but could not account for the missing medicines and had not reported this as a medicines error.

This shows a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment. (The proper and safe management of medicines).

The provider had arrangements in place to manage other aspects of medicines effectively. Systems for ordering, receiving and disposal of medicines were managed robustly. The storage of medicines, including controlled drugs (CDs) met the required standards, although no one had yet been prescribed CDs. Controlled drugs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971.

On the day of our inspection medicines were dispensed appropriately. Staff took time with people and asked them for their consent before giving their medicines. They explained what each medicine was and why they needed to take it. They ensured each person had a drink to assist them to take their medicines easily. MAR charts were signed after each medicine was successfully dispensed.

People were protected from abuse because safeguarding procedures were in place and staff understood them. Staff had received safeguarding training and were able to explain how they would identify and report suspected abuse. They told us they had access to the manager and felt confident they would act if concerns were raised. Staff also knew who to report concerns to outside of the home if they needed to such as the Care Quality Commission or social services. There was up to date safeguarding information for people on the noticeboard in the hall way to explain what they could do and who they could call if they felt unsafe or at risk of abuse of any kind. The home had a safeguarding policy which included contact details of external agencies for staff to report any concerns to. Staff knew about the safeguarding policy, including the whistleblowing procedure and confirmed they would use it if they had to.

There were sufficient staff to support people with their care, support and social needs. Due to the home having recently opened, there was currently a high ratio of staff to people, but the home continued to recruit in anticipation of increasing numbers of admissions. Staff frequently asked people if they needed anything and requests were responded to promptly. Staff visited people in their rooms regularly to check that they were okay. Call bells were answered promptly and people didn't have to wait long for assistance. Staff told us they were happy with the level of staffing and they could meet people's needs.

Requires Improvement

Is the service safe?

Staff rotas for the week of our visit showed the numbers of care staff on duty were in line with what we had been told, and there were currently more staff on the rota than required on some shifts. The rotas also included the chef, domestic staff and administrators.

People were cared for by staff who had demonstrated their suitability for the role. Recruitment procedures included checks on staff suitability, skills and experience. Previous training records were obtained as well as satisfactory references and criminal records checks were completed.

People were protected from foreseeable harm. Environmental and individual risk assessments were carried out and measures put in place to reduce the risks of harm to people. Accidents were recorded and analysed for trends, such as trips and falls, and actions taken to minimise future risks. The home and its equipment were maintained to a safe standard. Regular checks were carried out on equipment such as the fire alarm, emergency lighting, hoists, call bells and window restrictors. Any actions required were recorded and completed.

The home had an emergency contingency plan which outlined steps to be taken in the event that the home was unable to function, such as a loss of electricity. The plan included risk assessments and actions to take, as well as contact details of utilities companies such as gas and water suppliers, and locations of alternative accommodation should this be required.

Good

Is the service effective?

Our findings

People told us they felt well supported by staff who knew them well. Relatives told us "The assessment was fantastic" and "Thorough". They told us staff responded quickly to health concerns and the doctor had come in to see their relative when concerns had been identified.

People and relatives were complimentary about the food. One person said "The chef comes round and I can choose from a menu. I tell him what I like and he encourages me to try new things. I had stuffed courgettes and I enjoyed it". Another person told us "I'm a fussy eater. I say if I'm not going to eat it and the chef will get me something else". One person had gained weight since moving in to the home and told us "I don't go without my food".

People were supported to eat and drink sufficiently for their needs. Menus were prepared in advance and discussed with people each day so they could make informed choices. The chef explained there were always options of hot and cold food at each meal, and would cook an alternative if it was requested. Any alternative meal would also be offered to other people so that everyone had the same opportunity to eat it.

We observed the lunch meal being served in the dining room. The food was hot and well presented. The main food item of meat or fish was served on the plate, and the vegetables were served by staff from a dish at the table so people could choose the amount that was right for them. The chef talked to people during and after meals to check that they had enjoyed their food or to find out the reasons if they had not.

Drinks were freely available throughout the day and during the evenings. People were also offered mid-morning and mid-afternoon drinks and homemade cakes, and evening drinks with biscuits.

Staff understood people's likes, dislikes and allergies and provision was made for people requiring specific diets. The chef was kept up to date with people's requirements and received information prior to a new person moving in so they could obtain any special ingredients in advance. The chef had a list of people's requirements in the kitchen and showed us ingredients to meet the specific needs of people such as diabetic jelly, sweetener to add to cakes instead of sugar and vegetarian gravy. Allergy information was obtained from each food supplier and recorded so people and staff could be aware if there was something they could not eat.

People were supported appropriately with their specific health needs. Staff monitored people's health effectively and were aware about any changes. Staff talked knowledgably about people's health needs and shared any recent observations or changes in people's wellbeing. Health professionals were called promptly if there were concerns about people's health and referrals to dentists, speech and language therapists, opticians and chiropodists were made when necessary to assist people to maintain their wellbeing. There were effective staff meetings at shift-changes to hand over information about people's health and welfare.

People were cared for by staff who were trained and competent to provide effective care. Most staff had been in post before the home had opened, so had been given dedicated time to complete all of their relevant training before people had moved in. Training included safeguarding adults (to help staff to understand how to keep people safe from abuse), fire safety, record keeping, health and safety and first aid. All staff had received a planned induction at the start of their employment to inform them about the home and their responsibilities. Some staff had enrolled in further courses to aid their understanding of their responsibilities, such as a level 2 diploma in health and social care.

People were supported by staff who received effective supervision and appraisal. The registered manager provided individual supervision meetings for staff and records of what was discussed was recorded in staff files. These meetings covered topics such as safeguarding and Deprivation of Liberty Safeguards. Staff confirmed they had received recent supervision and could talk openly and freely about their work, ideas for training or any concerns they may have. Annual performance appraisals were not yet due.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA is designed to support people to make their own decisions, and protect those who lack capacity to make particular decisions. People's mental

Good

Is the service effective?

capacity had been assessed. We looked at four people's records and found there were mental capacity assessments that were decision specific for three people who lacked the capacity to make those decisions.

Staff had received training in the MCA and understood what it was for and how it was applied. There was guidance in people's records to remind staff how to apply the MCA when making assessments. Part of the MCA relates to the safeguards that protect people's freedom of movement, known as the Deprivation of Liberty Safeguards (DoLS). If there are any restrictions on people's freedom or liberty, these restrictions need to be authorised by the local authority. The Care Quality Commission has a duty to monitor the operation of the DoLS, which applies to care homes. Staff were aware of DoLS and how it was applied. The registered manager had made appropriate DoLS applications to the local authority when required.

Good

Is the service caring?

Our findings

People told us they were happy living at Ocean Breeze. As the home had recently opened, people had not lived at the home for very long and some people were still adjusting to their new living arrangements. One person told us "In the night I couldn't sleep and [the staff member] spoke with me to see what the problem was. They asked what they could do for me and brought me a cup of tea". Another person said I am free to get up and go to bed when I like. The staff are very friendly". A relative also told us the staff were caring. Relatives of another person also told us the staff were "Wonderful. They told us they were "Kept involved" and updated about any changes or health concerns.

Our observations confirmed that all staff, including non care staff, were respectful and displayed compassion and kindness when interacting with people. When one person became anxious, staff used appropriate touch to provide reassurance and this seemed to be effective as the person became calmer. Several staff told us about the chef who had received an "Employee of the month" award. They told us how thoughtful and involved he was in supporting people. He had observed a person who was sitting in the lounge and seemed upset about something. The chef went upstairs to the activity room to get a brightly coloured balloon, brought it down and started gently tapping the balloon backwards and forwards with the person which cheered them up.

People were encouraged to maintain their independence. During games, such as quoits or beetle drive, the staff made adaptations for each person so that everyone had an opportunity to get involved if they wished. People were encouraged to play and add their own scores up by themselves, but staff were able to offer help if they found this difficult to prevent people becoming frustrated or distressed. They engaged and encouraged people in an unhurried manner, such as when walking, by saying "You are doing really well".

Staff were able to tell us in detail about people, such as their care needs, preferences, life histories and what they liked to do. Staff exchanged banter with people and talked about things people were interested in, such as aircraft or their hobbies, which stimulated their enthusiasm and engagement. Staff spoke sensitively and enthusiastically about the people they supported. One staff member said "This is not just a job. They are real people, this is their life, their reality".

Staff were busy, but provided care and support for people in a calm and relaxed way and made time to sit with people when having a conversation, showing them respect and consideration. They communicated clearly and effectively with people in a relaxed and informal way. Staff recognised when people needed assistance and this was offered appropriately and with dignity. One person had not drunk their tea and staff offered to make them a fresh cup in case it had got cold. A staff member told us "One person puts cream on their face but they can't see properly to rub it in. I help them to make sure they don't come out with cream all over their face".

People told us they made choices about their day to day lives, such as choosing where they had their meals and what time they got up. Others explained how they preferred to spend time in their room. Staff described how they recognised people's individual choices and their views were respected. They treated people with dignity and respect, used people's preferred names and checked for permission before providing any care or support. Staff were discrete and ensured people's privacy and dignity were respected. We saw staff knocking on people's doors and calling out to them before they entered their bedrooms.

There was a 'homely' atmosphere and rooms were organised in an informal way, with a choice of seating arranged in small clusters. Relatives were welcomed, visiting was not restricted and people had use of communal areas to entertain visitors as well as their rooms. People were smartly dressed in clean clothes, and wore jewellery and make up if they chose to.

People's birthdays and other events were celebrated if they wanted to do so. Relatives told us that staff helped people to celebrate their "Special day" with a birthday cake. People had helped to make bunting for an open day and this was still decorating the lounge along with 'welcome' flags for people who had recently moved in.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received but did not remember seeing their care plans and did not remember being involved in planning their care. Relatives said they were kept informed of changes to care needs and felt involved in care planning.

Most people knew how to make a complaint and said they would speak to the staff or manager. One person told us "I would go to the office with a problem. They would cure it if they could". A relative said they gave the home "Ten out of ten".

People told us that there were activities throughout the week, such as games and quizzes. One person said "A fortnight ago they had transport and they took me to Bournemouth". They added they thought they would go out more when the home got their own minibus which was planned. Other people confirmed there were opportunities to do things outside of the home such as, "We went to the New Forest a couple of weeks ago and then to a garden centre for lunch" and "I get out for little walks".

The provider had ensured comprehensive care plans were in place which were personalised and provided useful guidance to staff in how to provide care in the way people wanted. Care documents included information about people's life history, interests and individual support needs. This included details such as food preferences and what was important to the person. Relatives had contributed information about people's life history and their choices in respect of care. People's care plans included specific plans for their health conditions, such as diabetes, and how to support them if they became unwell. These were explained in sufficient detail for staff to understand people's conditions and what the illness meant for the person concerned. People's care plans were relevant and up to date and were reviewed and updated each month with contributions from people and care staff.

People's day to day care was recorded, with daily records showing the support people had received. This was kept in each person's room along with a summary of their care plan and support needs so they could read it at any time. The information for staff on the back sheet included guidance about how they should communicate with people. For example, how to find out what people's needs were if they found expressing these difficult.

There were a number of ways people and visitors could comment on the service. The manager welcomed people to speak with them directly if they had concerns or worries and they had held their first residents meetings. This had taken place two days before our inspection so the meeting minutes were not yet available. Residents and relatives questionnaires had been sent out and responses were logged. Any concerns were recorded, investigated and responded to. The manager was committed to developing a culture of encouraging feedback and using this to improve the service.

People were supported to pursue social activities to protect them from social isolation. The home employed a part time activities co-ordinator who told us they spent time with people, finding out about their life histories and likes and preferences to assist them in planning relevant activities. They were enthusiastic and excited to be in this new role. Social events were arranged in the home, which included visiting entertainers, singing and dancing and seasonal celebrations. The activities coordinator outlined other activities offered, such as skittles, quizzes and other games. Staff were aware of gender preferences in relation to specific events. For example, pamper nights had been arranged which staff said the men chose not to attend so they had recently introduced a film evening for the men as an alternative.

Requires Improvement

Is the service well-led?

Our findings

People and relatives thought very highly of the manager and staff and thought the home was well run. Relative's questionnaires were mostly positive with two suggestions given for improvement in relation to the menus and mini bus. 100% of relatives said they had been given enough information beforehand, that people appeared well cared for and happy at the home and the manager was approachable. People felt the manager was visible and on hand to discuss any concerns and would listen and act on these.

Care records such as MAR charts and care plans were not always accurate and fit for purpose. People's behaviour patterns had not been recorded so it would not be possible for the provider to recognise if a person's symptoms were becoming worse. For example, in one person's records there were frequent references to "agitation and aggression", not sleeping and other behaviours. Out of 20 days commencing 10th April the records included 16 references to distressed behaviour but the provider had not recorded any patterns. Another person also lived with some behaviours that were difficult for staff to support and their care plans also did not include appropriate evaluation to inform staff of any patterns.

One person's MAR chart had been altered without explanation. Food and fluid charts were completed for people and daily intakes recorded but there was no target amount recorded, so staff could not be assured that people were receiving appropriate amounts. Daily records did not provide a good description of the way people lived their lives which would aid staff in understanding their behaviour and mood. For example "Asleep in clothes" and "Refusing to undress".

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance.

Staff reported that there was a positive culture of empowering staff to make improvements at Ocean Breeze. The recent staff survey, carried out in Spring 2015, showed staff liked working at the home. Staff were complimentary about the management of the home, with 100% reporting that they felt valued, felt part of a team, were encouraged and motivated to complete further training and were kept informed of what was happening in the home. One question asked staff if they would move in to the home and 75% confirmed they would and 100% said the home was a positive place for people to live.

The manager provided an induction to all staff, including non care staff, which included the philosophy of the home and ensured all staff attended all available training. They had implemented an "Employee of the month" award which had recently been awarded to the chef for his compassionate care.

The culture within the home was open and transparent. Staff told us the home was well led and that the manager was professional and approachable. The atmosphere in the home felt positive with management and staff working to together to implement improvements. The manager was available and visible throughout the home and interacted well with people, relatives and staff.

The home had operational policies in place and staff knew where they could find them. Some of the policies required updating and the manager was in the process of reviewing all of these following the new regulations that came in to force on 1 April. Audits and safety checks were carried out to monitor the safety of the home. For example, infection control, health and safety and legionella testing.

We spoke at length with the manager to understand how they were approaching the process of developing the service, recruitment, training and managing new admissions. We found they were enthusiastic and proactive in their approach to developing the service and were also open to all of the issues we raised and responded positively to us throughout the course of our visit. They had a clear vision for the future of the home and for people who lived at Ocean Breeze and this had been communicated to staff.

The manager was supported by a deputy manager and administrative staff who had been involved in developing quality monitoring systems. There had been a recent review of staffing needs and a new staff structure had been put in place, resulting in a new post of 'Head of care'. The manager and staff were all clear about their responsibilities and how they contributed to the delivery of the service.

There was a system in place to monitor incidents and accidents, which were recorded and investigated. These were then analysed for learning and any action required. The home had a complaints procedure and this was available on the noticeboard in the reception area for

Requires Improvement

Is the service well-led?

people's information. People and relatives told us they knew how to make a complaint if they needed to do so. The home had not received any formal complaints, but any concerns or comments raised were acted on, such as updating the menus, which the chef had already begun to do.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment. (The proper and safe management of medicines). How the regulation was not being met: The provider had not always ensured the safe administration of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance. How the regulation was not being met: Accurate, complete and contemporaneous records were not kept for each service user in relation to the care and treatment provided.