

Ocean Breeze Residential Care Home Limited

Ocean Breeze Residential Care Home

Inspection report

22 Barton Wood Road
Barton On Sea
New Milton
Hampshire
BH25 7NN

Tel: 01425621863

Date of inspection visit:
17 March 2016
18 March 2016

Date of publication:
27 April 2016

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●



Summary of findings

Overall summary

Ocean Breeze is registered to provide accommodation and personal care for up to 22 older people. The home had been completely rebuilt and opened in January 2015. It provides accommodation over three floors with 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.

The service did not have 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.

We inspected Ocean Breeze on 17 & 18 March 2016 to check the provider had made improvements required following our inspection in April 2015, and in response to some concerns we had received. This was an unannounced, focussed inspection.

At our unannounced inspection on 29 & 30 April 2015, the provider was in breach of two regulations relating to; safe care and treatment (medicines management) and governance (record keeping). The provider sent us an action plan telling us what they would do to meet the requirements.

We undertook an unannounced focused inspection on 17 & 18 March 2016 to check they had followed their plan and to confirm that they now met legal requirements in relation to the regulations. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ocean Breeze on our website at www.cqc.org.uk. We also wanted to check the provider had appropriate recruitment procedures in place due to some concerns that had been raised with us.

There had been a second change of manager at the home the week before our inspection. The new manager had not yet started the application process to register with the commission.

There were systems in place to manage, record and administer medicines. Medicines were ordered, stored and disposed of safely. People were given their medicines in accordance with instructions.

Recruitment processes were followed to ensure only staff suitable to work in a care setting were appointed. Where standards of staff practice fell short, disciplinary procedures were followed.

The home was mainly well led. However, people's care records were not always accurate or fit for purpose. This had been identified by an internal audit and the new manager who had an action plan to redesign the care records in addition to implementing other improvements to the home.

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.

There were systems in place to manage, record and administer medicines. People's medicines were given in accordance with instructions.

The provider had appropriate recruitment practices in place. Where standards of staff practice fell short, disciplinary procedures were followed.

Is the service well-led?

Requires Improvement ●

The service was mainly well led.

People's records were not always accurate and fit for purpose but this had been identified and was due to be addressed.

The home did not have a registered manager in place.

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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. The inspection checked whether the registered provider had made the necessary improvements required following our comprehensive inspection in April 2015.

This inspection was carried out by an inspector on 17 March 2016 and was unannounced. We returned on 18 March to collect additional evidence.

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.

We spoke with a member of care staff, the deputy manager, as well as the new manager. We observed a medication round to check that medicines were administered appropriately. We pathway tracked three 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 reviewed seven staff recruitment, training and development records. Following the inspection we spoke with the registered provider to discuss the plan for registration of the new manager.

Is the service safe?

Our findings

At our inspection in April 2015, we identified some concerns in relation to the management and administration of medicines. At this inspection, we checked to see if improvements had been made and found this to be the case. We also checked the home's recruitment procedures following some concerns that had been raised with us.

The provider had arrangements in place to manage medicines effectively. Systems for ordering, receiving and disposal of medicines were well managed. The storage of medicines, including controlled drugs (CDs) met the required standards and checks showed that all CDs were accounted for. Controlled drugs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971. The medicines room had been re-organised and an air conditioning unit put in place to ensure medicines were stored at the correct temperature. Room and fridge temperature checks were carried out daily.

On the day of our inspection we observed medicines were dispensed appropriately. Staff asked people for their consent before giving their medicines. They explained what each medicine was and why they needed to take it. They gave each person time to engage with the process and ensured each person had a drink to assist them to take their medicines easily. Staff stayed with each person to check they had taken their medicine and then signed each medicines administration record (MAR) to confirm it had been given. We checked eight MARs which had been completed appropriately. For example, all medicines had been signed for and any hand written amendments had been checked and signed by two staff to minimise errors in transcribing.

The home had been pro-active in requesting information about people's medicines. They had requested up to date medical histories for people from their local GP surgeries and were waiting for these to be sent through, as they wanted to ensure they had current information to support people. They had also requested clearer instructions for administering some people's medicines.

Staff who administered medicines had been trained to do so by a local pharmacy. Staff told us they had to complete on going competency assessments in order to continue to administer medicines.

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

The new manager had joined the home as the assistant manager two weeks before our inspection and had been allowed to start in the role pending their disclosure and barring service check (DBS) on the condition they did not work alone or carry out any one to one support or personal care with people. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults. As the previous manager had left suddenly the week before, the new manager had been promoted into the manager post but had not yet begun the process of submitting their DBS for their new management role. We discussed this with them and the deputy manager who confirmed the risks had

been discussed and the new manager did not work alone, but they had not put in place a formal risk assessment. This was completed immediately and a copy given to the inspector.

Is the service well-led?

Our findings

At our inspection in April 2015, we identified some concerns in relation to record keeping. At this inspection, we checked to see if improvements had been made and found this was a work in progress. This had been recently identified as an on-going issue following the sudden change in management.

We looked at three people's care records and found recording errors which could have put people at risk of receiving inappropriate care. For example, one person was at risk of developing pressure ulcers. Their mobility care plan had been reviewed on 9 March and stated "no changes needed". However, their risk assessment had been updated on 9 March 2016 and showed their risk had increased. This had not been transferred to the care plan so staff had out of date information. This also showed that care plan reviews were not robust, as staff had recorded no changes were needed, when an update should have been recorded.

One person's malnutrition risk assessment had been completed and a risk score calculated. It was recorded that a review should be carried out by 8 March 2016 to monitor this. The person's weight had been measured on 1 March 2016 and staff had recorded on the weights log they had lost 1.8 kg. This had not been transferred on to their risk assessment so staff could not be assured the person's risk had not increased.

Other aspects of people's care plans were up to date, such as body maps, two hourly turn charts and daily records of people's activities and moods.

We spoke at length with the new manager to understand the issues they had identified so far and how they were approaching the process of making the improvements. They told us they were about to start re-writing people's care plans as they felt they were not detailed or person centred enough. They also wanted to simplify the paperwork as some staff found it confusing. We spoke with the registered provider following the inspection, who told us they had brought in an external consultant to help develop the care plans but would discuss the issues we raised with the new manager. They further contacted us to tell us the new manager had started work on the care plans and would be working jointly with another of their homes to develop a consistent approach to care planning documentation.

The home did not have a registered manager. The home had been without a registered manager since October 2015 when the previous registered manager left. The interim manager had begun the process of application but had left before this was completed. The new manager had just been appointed the week before our inspection and had not yet begun the process of registration with the commission. They told us they would begin this immediately as they understood the home had been without a registered manager for some time.

We found the new manager and deputy manager were proactive in their approach to developing the service and were open to the issues we raised and responded positively to us throughout the course of our visit. We were told a new office manager would be starting soon which would support the administrative functions within the home and assist in developing and maintaining the quality of documentation.

