

Ocean Care Solutions Ltd

# Ocean Care Solutions Head Office

## 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 

### Overall summary

We carried out this unannounced inspection on 12 and 14 January 2015. The last inspection took place in December 2013 during which we found there were no breaches in the regulations. We received concerns from the local authority safeguarding team. These concerns are currently being looked at within a safeguarding process. We looked at the areas of concern during our inspection and found these were not substantiated.

Ocean Care Solutions Head Office provides a supported living service to people on the autistic spectrum. A supported living service is where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with the landlord and a separate agreement to receive their care and support from the domiciliary care agency.

# Summary of findings

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We visited the supported living setting in Babbacombe Road, Torquay. People had their own rooms and shared other parts of the house including the lounge, kitchen, dining room, and bathroom.

People benefited from receiving care and support from skilled, trained, and experienced staff who knew them well. One person told us "I'm happy with my support". The provider, registered manager and staff all had experience of working with people on the autistic spectrum. A relative commented "Their knowledge around clients with autism is vast".

People were happy and relaxed on the day of our inspection visit. One person said "I like living here, I'm happy". Staff treated people with respect and kindness. People responded to this by smiling and engaging with staff in a friendly way. A community learning disability nurse who regularly visited said the service was really good and caring.

Flexible staff support was provided to meet people's needs and allow them to follow their interests. People were enabled through positive risk taking to progress, gain new skills, and increase their independence.

People were active members of their local community and took part in a range of activities. Staff supported people to achieve their aspirations. A community learning disability nurse said if there was anything people wanted to do, the registered manager did their best to make it happen.

People were supported to maintain a balanced diet. People took part in food shopping and preparing their meals. Staff offered choices in food and drink and supported people to prepare them.

The service had an open culture, a clear vision and values, which were put into practice. People told us they found the provider was approachable and were encouraged to ring them at any time. One relative said "The door is always open and I feel that I can drop in at any time". The provider and registered manager worked alongside the staff member in the home. People knew them well and were comfortable with them. The staff member told us they felt supported by the team they worked with and commented "I like the fact it's all about people being happy and progressing".

The provider had systems in place to assess and monitor the quality of care and support provided. The service encouraged feedback and used this to drive improvements.

# 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 safe.

People told us they felt safe in their home. They were encouraged to go out independently, if appropriate, and knew what to do if they were worried about anything.

People were enabled to take risks in order to lead more fulfilling lives and the service managed risk in positive ways.

People were given their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

People benefited from staff who were trained and knowledgeable in how to care and support them.

People were supported to access a range of healthcare services.

People were supported to maintain a balanced diet. They took part in food shopping and preparing their meals.

Good



### Is the service caring?

The service was caring.

Staff treated people with respect and kindness. Staff and people interacted in a friendly way.

Staff knew people well and took immediate action to relieve people's distress.

People were involved in making decisions and planning their care and support. People made choices about their day to day life.

Good



### Is the service responsive?

The service was responsive.

People had access to a range of activities in the home and the local community.

People's care and support was based around their individual needs and aspirations.

There was a complaints procedure in place. People told us they would go to staff if they were unhappy.

Good



### Is the service well-led?

The service was well-led.

The provider and registered manager kept up to date with current best practice and were keen to develop and improve the service.

The service's vision and values were embedded in staff's everyday practice. The provider and registered manager worked alongside staff to support and care for people.

Good



# Summary of findings

There were effective quality assurance systems in place to monitor the service people received and drive improvements.

# Ocean Care Solutions Head Office

## 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 checked 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 visit took place on 12 and 14 January 2015 and was unannounced. Two social care inspectors carried out this inspection.

On the day of our visit, five people were using the service. We used a range of different methods to help us

understand people's experience. We spoke with all five people. We spoke with the provider, the registered manager and the member of staff who worked at the service. We received feedback from a relative. We spoke with a community learning disability nurse who visited the service.

We looked at two care and support plans, medication records, one staff file, audits, policies and records relating to the management of the home.

Before our inspection we reviewed all the information we held about the service. We spoke with the local authority safeguarding team to find out about the recent concerns that had been raised.

# Is the service safe?

## Our findings

People told us they felt safe. One person said “I feel safe and would go to staff with any problems”. A relative commented “I can rest easy knowing they are well looked after and in a safe secure place”.

Staff had received training in safeguarding people and knew what to do if they suspected abuse. Staff understood the signs of abuse, and how to report concerns within the service and to other agencies. The provider had safeguarding policies and procedures in place. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns.

There had been a recent incident at the service. People were protected from the risk of harm as staff took appropriate action immediately. The staff member called the provider and the police. The provider contacted us to let us know what had happened.

People were enabled to lead more fulfilling lives by staff who supported them to take risks. For example, staff had supported one person to use the bus as the person wanted to travel to an activity. Staff had worked with the person to reduce the risk and now the person travelled independently. Risk assessments were completed for each person. Staff had been given information telling them how to manage these risks to help ensure people were protected. Each risk assessment gave information about the identified risk, why the person was at risk and how staff could minimise the risk.

People could display behaviours that may put themselves or others at risk. Staff told us they managed each person’s behaviour according to their individual assessment. Care plans included detailed information about the person’s behaviour, triggers that may result in the behaviour, signs to look out for, and steps on how to manage the situation. Staff told us they had completed training in managing behaviour that challenges and managing aggression. They

were familiar with appropriate distraction and breakaway techniques for people. Staff told us they did not use any form of restraint. The provider’s management of aggression policy stated if the behaviour escalated or was beyond safe management, staff should contact the on call team and the police if necessary. Where one person’s behaviour had escalated beyond safe management, we found the registered manager had called the police.

People’s support and care was provided by a small stable staff team which consisted of the provider, the registered manager and one staff member. Staff and management told us staffing levels were sufficient to meet people’s needs, enabling people to go out when they wanted to. Flexible support was provided to meet people’s needs and allow them to follow their interests. People confirmed this. Systems were in place to cover staff leave. The provider, registered manager and staff member provided cover for each other. The provider told us it was important staffing levels were maintained to ensure people were supported by staff they knew well.

The provider had safe staff recruitment procedures in place. The provider had not employed any new staff recently. We looked at one staff file. We found the relevant checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Support plans included a section for administering medicines. People had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Several people wanted staff to give them their medicine. Staff had received medication training and were knowledgeable about people’s medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health.

# Is the service effective?

## Our findings

People received care from staff who knew them well. One person told us “I’m happy with my support”.

The provider, registered manager and staff all had experience of working with people on the autistic spectrum. A relative commented “Knowledge around clients with autism is vast.” A community learning disability nurse told us staff knew about autism and rang them to discuss ideas.

Staff were trained to provide appropriate care and support to people. Staff told us they had completed an induction programme and received regular training updates in areas relating to care practice, people’s needs, and health and safety. Additional training which was specific to people’s needs included autism awareness and how to manage behaviour that may challenge the service.

Staff told us they received one to one support and felt well supported by the provider and registered manager to fulfil their role. Information was passed to staff at verbal handovers. Weekly staff meetings were held to share information and discuss practice.

Staff had an awareness of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff had received training on the MCA. There were policies and procedures in place. At the time of our inspection, people had mental capacity to make their own decisions. The provider told us if people had been assessed to lack capacity, decisions would be made in the person’s best interest and take into account the person’s likes and dislikes.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GP, dentist, optician, community learning disability nurse, and psychologist. The provider told us “people who can, are encouraged to access healthcare appointments themselves but staff help if needed”. Staff told us they always called a doctor if they had any concerns about an individual being unwell. Records showed staff had called a GP and arranged a home visit for one person.

Staff used ‘social stories’ to support one person who had a fear of doctors. The provider told us “if they were going to the GP on Monday, we would start talking about it with the person the Friday before. We complete forms saying this is what we’re going to do. We keep going over the form - who is going, what will happen, we ring the GP surgery before the appointment to check they’re running on time. We take the form to the GP and use it if we have to wait”. The provider told us this helped to keep the person calm and reassure them.

People were supported to maintain a balanced diet. Staff knew people’s food preferences and encouraged people to make their own choices for drinks and meals. Support plans were in place to identify assistance required in this area. The timing of meals was guided by people’s individual daily routines and people had individual support with their meals. Breakfast time was flexible to meet people’s preferred rising times.

People were involved in shopping and menu planning and they chose what they wanted to eat and drink. During our inspection, one person chose to make lasagne for dinner. They compiled a shopping list, to do the food shopping. Staff offered the person a choice of which supermarket they would like to use. Staff supported the person to do their food shopping and prepare the meal.

# Is the service caring?

## Our findings

People and their relatives told us they were happy and that staff were caring. One person said “I like living here, I’m happy”. A community learning disability nurse who regularly visited said the service was really good and staff were caring.

Staff treated people with respect and kindness. For example, we saw staff took time to greet people and ask them individually how they were. People responded to this by smiling and engaging with staff in a friendly way.

Staff demonstrated they knew the people they supported. They were able to tell us about people’s preferences and personal histories. A staff member told us “Relationships are good” and “It’s all about people being happy”.

Staff took immediate action to relieve people’s distress. For example, two people showed signs of increasing anxiety through speech and body language. Staff responded immediately to these signs and gave comforting support which helped the people to calm quickly and carry on with their daily routines.

People expressed their views and were involved in making decisions about their care. We looked at two care and support plans. The plans were personalised

and contained a range of formats including symbols, photographs and words to help the person understand their plan. Staff and people confirmed they had been involved in their plan.

People told us they had choice in how they spent their time. For example, one person told us “Routines are flexible if I want them to be”.

People’s rooms had recently been redecorated to reflect their individual interests. People chose their artwork and accessories during local shopping trips. People had themed rooms and were keen to tell us about them.

Staff maintained people's privacy and dignity. For example, we saw staff talked about people’s personal needs out of earshot of others. Care and support plans contained information about how to respect privacy. For example, one person could be unsteady on their feet whilst in the shower. The plan told staff to remain outside of the shower room door, to respect the person’s privacy and dignity. People had their own front door key so they could come and go as they wished.

People were supported to be as independent as possible. Staff encouraged people to decide what activities they would like to do and supported them to carry out their own personal care and daily routines.

# Is the service responsive?

## Our findings

Care and support plans were reviewed regularly to ensure people's changing needs were identified and met. People, their relatives, staff, the registered manager, and healthcare professionals where appropriate were involved in these reviews. One relative commented "During multidisciplinary meetings and assessments with social workers, the input and support have helped get the service they deserve".

People were supported by staff who responded promptly to their needs. For example, one person was having a difficult time. Staff responded by meeting to look at ways of helping them. Regular discussions took place to ensure staff were being consistent by doing the same things to support the person. The registered manager asked the community learning disability nurse for advice. Plans were adapted to meet the person's changing needs. Records were detailed and meant staff knew what had happened. As a result the situation improved for the person.

People went out independently or were supported by staff to go out. On the days of our visits, one person went to the local shops. Another person went to the supermarket with staff. One person was visiting family. At other times, people accessed local cafes, pubs, and day centres. Activities that people enjoyed included going to a local farm, going to the cinema/theatre, football club, gardening, and visiting places on the train.

People were supported to maintain contact and relationships with family and friends. One person told us they would go on the bus to visit family. Another person enjoyed meeting friends in the local community.

Staff supported people to achieve their ambitions. One person had an aspiration to go abroad. The service worked with the person, their consultant psychiatrist, and their community learning disability nurse to put everything in place to ensure the trip could take place. The community learning disability nurse told us the person had really benefited from the trip. They said if there was anything people wanted to do, the registered manager did their best to make it happen.

People and their relatives had access to the complaints procedure. This was also available in an accessible format with pictures and symbols to help people to read it. Staff told us people would come and tell them if they were unhappy. People confirmed if they were unhappy they would tell the staff. One person told us they would go to the registered manager with any problems. The service had received one complaint in the past twelve months. This was being investigated at the time of our inspection and managed in line with the provider's complaints procedure.

# Is the service well-led?

## Our findings

People told us they found the provider was approachable and were able to ring them at any time. One relative said “The door is always open and I feel that I can drop in at any time”. During our inspection visit, people came to speak to the provider and registered manager. One person told us they could send text messages to the provider on their mobile phone.

The provider and registered manager had completed national vocational qualifications (NVQs) in management. They were working towards a diploma in leadership and management. They told us how they accessed resources to help ensure they kept up to date with research and current best practice. For example, they accessed the National Autistic Society website, subscribed to a monthly care magazine, received the CQC updates, and attended the national care show. They told us their vision for the service was to support people to become more independent and live more fulfilled lives.

The staff member knew the provider’s vision and this was reflected in their work. They told us “I like the fact it’s all about people being happy and progressing”. Staff felt supported by the provider and registered manager. They told us they could ring them at any time for advice.

The provider and registered manager worked alongside the staff member in the home. People knew them well and were comfortable with them. The provider and registered manager monitored the quality of care and support and sought feedback from people on an on-going basis.

Annual service satisfaction questionnaires had been sent out to people, healthcare professionals and staff. These asked people for their views of the care and support provided. 11 completed surveys had been received. These showed that people were satisfied with the service. One person said they would like their room redecorated. This had been completed at the time of our inspection.

The registered manager carried out quarterly audits to monitor the quality of the service. They told us they came in on a day off and would look at records to ensure they were completed correctly. This included care and support plans, staff files, daily records, and training records. They would speak to the staff member on duty and discuss practice. The previous audit identified the need to record information. The registered manager and provider knew record keeping could be improved. We saw the staff team spent a lot of time with people. The registered manager said this was the reason the records were not as detailed as they could be. This did not impact on outcomes for people.

The provider told us they met with the landlord every month to talk about the building and on-going maintenance. They checked the landlord had carried out all health and safety checks. For example, electricity, gas, and fire maintenance.

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