

Oceans Trading Company Limited

# Oceans Care Services Limited

## 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Not everyone using Oceans Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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. There was a registered manager in post at the time of our inspection.

People were supported by staff who were aware of their responsibilities to raise any concerns they may have in terms of people's health and wellbeing. Where safeguarding concerns had been raised, they had been responded to and acted on appropriately. Staff were aware of the risks to people and were provided with information to assist them in managing those risks safely. People were supported to take their medicines as prescribed and staff competency checks were in place to ensure staff followed correct procedures. Accidents and incidents were reported and responded to well.

Pre-assessment processes in place provided staff with the information they needed to support people effectively and to meet their needs. Staff had received an induction and training that provided them with the skills to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said staff were kind and caring and were respectful of their choices. People's preferences were taken into account, and staff ensured people's privacy and dignity was maintained. People were supported by staff who knew them well and what was important to them. People were supported to maintain their independence. There was a system in place to record people's complaints which people and relatives knew about. Everyone we spoke with said that the service would respond well if they made a complaint.

The staff felt supported by the management team and people told us they felt the service was well led. Audits were in place to assess the quality of care of various areas within the service and the registered manager had a good oversight of people and their needs. The registered manager had a clear vision for the development and growth of the service and had recently invested in new technology to assist with this.

## 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.

People were protected by safeguarding systems.

People were supported by staff who were aware of the risks to them and how to manage those risks.

People were supported to take their medicines as prescribed.

Staff were safely recruited.

### Is the service effective?

Good ●

The service was effective.

People had pre-assessments in place for staff to support them effectively.

Staff sought people's consent prior to supporting them.

People were supported with their food where needed and had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

People spoke positively about the staff who supported them and described them as caring.

People were treated with dignity and respect and were supported to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who were aware of their preferences and how they wished to be supported.

People were communicated with well.

There was a system in place to raise complaints which people knew about.

### Is the service well-led?

Good ●

The service was well led.

People and relatives said the service was managed well.  
Audits were in place to assess the quality of care provided, and the provider had good oversight.  
Staff felt supported in their role and were complimentary of the registered manager.  
Feedback was sought from people regarding the quality of the service.

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# Oceans Care Services Limited

## **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 took place on 25 July 2018 and was unannounced. We gave the service 5 days' notice of the inspection site visits because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this. Inspection site visit activity started on 25 July 2018 and ended on the same day. It included visiting people in their own homes and speaking to people, relatives and staff there. We visited the office location on 25 July 2018 to see the manager and office staff; and to review care records, policies and procedures.

The inspection team consisted of one inspector.

Before the inspection the provider was asked to complete a provider information return (PIR). This 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. We took this into account when we planned our inspection and when we made the judgements in this report.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service and Healthwatch. We also examined the information we hold in relation to the provider and the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with three people who used the service, two relatives, the registered manager, two care staff. We reviewed some aspects of the care records of three people and other documentation relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection in August 2016, we rated this key question as Good. At this inspection, the rating for this key question remains Good.

People and their relatives told us they felt safe. One person said, "I do feel safe and looked after well. They make sure all the windows and doors are closed." One relative said, "[My relative] is very safe."

Staff knew what constituted abuse and what to do if they suspected someone was being abused. They knew how to report their concerns to the registered manager and or external agencies such as the Care Quality Commission or the Local Authority. Staff we spoke with could describe the different signs and symptoms that a person might present which would indicate they were being abused. Staff confirmed that they had received training in safeguarding to support their understanding. The registered manager had a good understanding of their responsibilities in maintaining the safety of people from harm. They had notified us about any concerns they had in relation to people's safety which included any incidents of potential abuse or serious injury to people.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe whilst not restricting their freedom. We saw people used different aids, such as moving and handling equipment and walking frames. We saw staff made sure people's specific aids were placed within easy reach of them. When we visited people in their homes we saw staff used this equipment safely. Risks were minimised because staff explained what they were doing during any personal care. We saw one person being supported to readjust their position in bed, and noted this was don't with the persons full involvement. There was good interaction between staff and people were reassured as the transfers were taking place.

We saw people had up to date care files that included risk assessments around many areas. These had been tailored to suit each person and had been changed as people's needs changed. For example, one person had only recently started using a hoist in her home but risk assessments were in place to support staff to do this safely.

People and relative's felt there were sufficient numbers of staff to support them. People told us they usually had the same staff but if their usual staff member was poorly or on leave they always had a replacement staff member. One person said, "I like having different staff sometimes, it's interesting to talk to them." Everyone we spoke with said that staff arrived on time and stayed for the correct amount of time. If any staff were late the office would always call and explain. One person told us, "They are very reliable and are on time, the manager will call if they are late."

We reviewed three staff files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This

demonstrated the provider had systems in place to ensure people received support from suitable staff.

People received their medicines on time and as prescribed by their GP. People told us they were happy with the way they were supported with their medicines, one person said, "They do my medicines for me very well." Care plans provided staff with guidance to ensure people took their medicines safely and as prescribed, and all the medication recording sheets we looked at were accurate. There were systems in place to ensure people received their medicines as prescribed which included monthly audits carried out by the registered manager. We saw that staff who were responsible for administering medicines had received regular training and medicine competency assessments.

We found that people were protected from the spread of infections, by staff who had received training and were knowledgeable in this area. One relative said, "We feel [my relative] is safe, the house is clean and tidy, and they are kept nice and clean." Staff told us they used protective equipment such as gloves and aprons when giving personal care. People could be confident staff operated safely and the risk of infection was reduced.

We noted that the provider recorded all accidents and incidents that had happened within the service. All information relating them was noted, and detailed with the actions taken to prevent a similar accident or incident happening again. We did not find however that the registered manager formally analysed these events for learning across the service. However, we noted that as the service is currently so small that the registered manager was able to implement any required learning directly with staff without a formal analysis taking place. Staff we spoke with confirmed this happened.

# Is the service effective?

## Our findings

At our last inspection in August 2016, we rated this key question as Good. At this inspection, the rating for this key question remains Good.

People told us that staff had the right training and skills to meet their needs and that they were happy with the way staff cared and supported them. One person we spoke with told us, "The carers are very good indeed, they know me." Staff we spoke with told us that training was good and that they understood it was an important aspect of their role. Staff were provided with training in key areas as well as more specialised training to meet specific needs of people living at their own homes, such as how to support someone had difficulty swallowing.

Staff we spoke with told us that they received regular supervision to reflect on their care practices and to enable them to care and support people effectively. We saw evidence of observations of staff's care practices which monitored and assessed how the knowledge and skills gained by the staff were being put into practice and continually developed.

Staff received an induction when they started their job, which included getting to know people's needs and shadowing more established staff. One person said, "When there's a new carer they come out with my old carer and shadow them for about three times, then another carer will watch them with me and then they are on their own." There was documentary evidence that inductions had taken place with the support of the care certificate [a nationally recognised induction programme for new staff]. There had been recent staff meetings at which staff discussed people's care, staff responsibilities and plans for the future.

People told us staff would provide assistance with meals and drinks if needed or if identified as part of their care package. One person told us they would choose what they wanted prior to staff preparing it for them and said, "I had lost some weight and they gave me things to build me up, I had supplements in my drinks from my doctor." Another person told us staff would always make them a drink before leaving their property. A relative told us staff would check their family member had eaten and provided assistance as needed. We saw that staff completed records of what people had eaten and drunk during the day. If people had any specific dietary needs, these were included within the care plan for staff to refer to.

We saw people were supported to access a range of health care support which included district nurses, doctors and occupational therapists. We saw that care plans contained dates and outcomes of health care visits, and when we discussed people's health support needs with the registered manager it was clear that they had a good oversight of each person's support needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS).

Staff adhered to the principles of the MCA by seeking people's consent. We observed and heard staff seeking people's consent before they assisted them with their care needs. We saw that the registered manager had sought and taken appropriate advice in relation to people and where people were unable to make decisions we saw that Mental Capacity Assessments had been undertaken. We saw that where decisions had been made in people's best interests these had involved contributions from the person and their families.

# Is the service caring?

## Our findings

At our last inspection in August 2016, we rated this key question as Good. At this inspection, the rating for this key question remains Good.

People told us that they considered that the service was caring. One person said, "The staff are alright, they are kind." Another person said, "They do everything nice, I like how they are nice and kind." Relatives we spoke with also told us that the staff were caring.

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way, and we observed how kindly they interacted with people. People told us staff were aware of their needs and what was important to them. People had built up a relationship with the staff that regularly visited them and provided their care and support. Staff confirmed they visited the same people on a regular basis and therefore got to know people well. Staff told us they believed the care people received to be good.

People's care plans contained information about how staff members should support them to make choices about how their care was delivered. Plans included information about people's religious, cultural, communication and other personal needs and preferences, and information was provided on how these should be supported by staff. For example, one person was a Catholic and had always eaten fish on Fridays. A relative told us that one Friday morning staff had called them to ask what to do as there was no fish in the fridge as usual for the person. Staff ensured that the person had fish and therefore they had the meal of their choice on that day that met their cultural needs because staff knew what was important to them. Care staff were provided who could meet people's specific cultural and language needs. Gender appropriate care was also provided where this was requested by the person.

People we spoke with confirmed that staff treated them with dignity and ensured their privacy. We saw how staff spoke with people and how they hoisted people in a dignified manner. All the staff we spoke with had a clear understanding about how to ensure people's privacy when delivering personal care. For example, a staff member described how when they assisted people with their personal care they always ensured the curtains were closed and the doors shut.

People felt involved in decisions about their care such as what they needed staff to do for them and when they wanted it doing. Relatives told us their family member liked to remain as independent as they could and told us staff assisted them in this. For example, people prepared their own meals with staff supervision and assisted with their own personal care where possible.

The registered manager and staff were aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely in the office and computer documents were password protected when necessary.

## Is the service responsive?

### Our findings

At our last inspection in August 2016, we rated this key question as Good. At this inspection, the rating for this key question remains Good.

People told us that they were pleased with the support provided. One person said, "So far so good, they do all the things I ask them to." A family member said, "There is good continuity of care, so they know what they are doing."

Care documentation included assessments of people's care needs that were linked to the local authority care plan. Assessments contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person. We saw that care plans provided information about each task. Information for staff about how people should be supported was in place. We saw that this was detailed and included guidance for staff on how best to support people according to their assessed and expressed needs. For example, people's care plans provided information about the importance of speaking with them whilst providing care and included information about the topics that they were interested in.

The care plans were reviewed on a regular basis. Daily care notes were recorded and kept at the person's home. We looked at recent care notes and we saw that these contained information about care delivered, along with details about the person's response to this and any concerns that care staff had. They also showed where concerns had been reported. One relative told us, "The communication is good, we leave notes for the carers and they sign to say they have read it."

The Accessible Information Standard of 2017 defines a way of identifying, recording, and sharing people's communication needs. The standard aims to improve the health, care and wellbeing people receive, by making sure they are communicated with in a way that suits them. This helps make sure that people can take part in decisions as much as possible. At Oceans Care we found that the registered manager was addressing these issues on an individual basis to suit each person.

The service had a complaints procedure that was available in an easy to read format and was contained within the files maintained in people's homes. The people that we spoke with told us that they knew how to make a complaint. People told us that they knew how to complain if necessary. One person said, "They would listen and help [the manager] has always made me feel I can tell her straight away." A relative told us, "We have a complaints leaflet and I know they will deal with any issues." We looked at the complaints records and noted that any complaints or issues that had been raised had been dealt with in an appropriate and timely manner.

## Is the service well-led?

### Our findings

At our last inspection in August 2016, we rated this key question as 'requires improvement', because we found that quality assurance measures were not well managed. At this inspection, we found improvements had been made and the rating for this key question is now Good.

At the time of our inspection there was a registered manager in place. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager and provider had notified us about incidents and events as required by law. People and their relatives spoke highly of the registered manager and staff. One relative said, "They are the best care agency we've had, and we've had many."

Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and colleagues.

People and relatives told us they had been asked to give their feedback about their experiences of the care they received. We reviewed the feedback from them provided in response to a telephone survey conducted by the provider in February 2018. The summary of responses we reviewed were positive overall with many of the comments reflecting on the quality of care provided by the staff team.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

There was a clear leadership structure which staff understood. Staff could describe their roles and responsibilities and knew what was expected from them. We saw evidence that staff meetings took place every two months which involved staff in how the service was operated. Staff told us they could contact the office at any time if they needed assistance or advice as there was an on-call system. The registered manager had a good knowledge of people, their relatives and the staff team. These measures helped to ensure the service was well led.

The registered manager and senior staff conducted regular audits and checks to ensure effective governance of the service. This included monitoring of medication audits, care plans and risk assessments. We saw that any concerns within these audits had been actioned immediately and measures reduce the likelihood of reoccurrence .

For other areas we found that while issues were dealt with well individually areas were not reviewed for patterns or trends across the service . This included information about accidents and incidents, complaints and peoples feedback. We spoke with the registered manager about this who very clearly knew everyone who used this service very well and had a good overview of concerns without the need for a formal trends analysis.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.

The service worked in partnership with other agencies, such as the local authority and similar domiciliary care agencies who operated nearby. The registered manager took part in ongoing learning and used appropriate websites to maintain their knowledge and skills in relation to their role.

The registered manager told us that future plans for the service included introducing technology that would allow information to be shared more quickly between the staff team. On the PIR the provider said that they were planning to move to an electronic system for monitoring calls and recording. The registered manager was aware of the implications of protecting peoples information during this process.