

Blue Ocean Services Limited

Blue Ocean Services

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Blue Ocean Services is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection 19 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives spoke positively about the service. One person said, "They make me feel safe just by the way they are confident with what they are doing, and they carry it all through properly."

People and their relatives told us they thought the care workers were well trained.

Risk assessments for people's home environment and medicines were assessed and documented. Staff understood how to mitigate risks. Staff knew what action to take in an emergency.

People told us they felt safe and they were cared for by staff who were well-trained and understood how to protect them and report any concerns.

People and their relatives said they would be comfortable contacting the office if things went wrong. One relative said, "The office are very easy to talk to."

Staff told us they enjoyed their work and felt well-supported by the registered manager. One care worker said, "I have been working with them for nearly 7 years, I would not have stayed so long if I was not happy here."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

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

Rating at the last inspection and update

The last rating for this service was requires improvement (published on 2 August 2019) At this inspection we found improvements had been made and the service is rated as good.

Why we inspected

The inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service is caring

Details are in our caring findings below

Is the service responsive?

Good ●

The service is responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Blue Ocean Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Blue Ocean Service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

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

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

Notice of inspection

We gave 48 hours' notice of the inspection. This was because we needed to ensure the registered manager would be available to assist us with the inspection.

Inspection activity started on 23 December 2022 and ended on 20 January 2023. We requested a range of

documents that were sent to us by the provider between 28 December 2022 and 16 January 2023. The inspection was completed remotely. We spoke to the registered manager on video calls. We made calls to staff on 20 January 2023. We made calls to people and their relatives on 18 January 2023.

What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give key information about the service, what the service does well and improvements they plan to make. We reviewed the information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records related to 5 people's care and support. This included people's care plans, risk assessments and medicine records. We reviewed 5 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included complaints, audits and a range of policies and procedures.

We spoke with 6 staff members. This included the registered manager and 5 care workers.

We continued to seek clarification from the provider to validate evidence found after the inspection. This included training records and information related to staff recruitment. We provided formal feedback to the management team on 19 January 2023 via video call.

We spoke with 4 people and 5 relatives. We contacted 5 health and social care professionals but received no feedback.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment procedures were safe. Appropriate pre-employment checks, including Disclosure and Barring Service (DBS) checks were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We saw the provider's recruitment process was being followed, which included a full employment history, record of the applicant's qualifications and references from previous employers.
- People received the allocated levels of support as detailed in their care plans.
- One person said, "They come on time and if there is going to be a different care worker for any reason they tell me the day before." and "Timings are a little up and down but that doesn't worry [family member] so it's not an issue."

Using medicines safely

- People's medicines were managed safely, and the provider ensured people received their medicines as required.
- Medicines administration records were in place, fully completed and audited to ensure people received their medicines safely. One person said, "Meds are all given correctly and at the proper time from my dossette box."
- People were supported with their medicines by staff who had been trained in the safe administration of medicines. Staff had completed medicine training on their induction. Their competency was routinely checked during spot checks and supervisions.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had access to personal protective equipment (PPE) to help reduce the risk of infection. Staff confirmed they always had sufficient supplies of gloves and aprons to help keep people safe.
- People confirmed staff wore appropriate PPE when providing care. One person said, "They always wash hands and wear all the PPE and name badges."

Systems and processes to safeguard people from the risk of abuse

- There were established safeguarding policies and processes in place to ensure people were protected from the risk of harm or abuse.
- Staff had training in safeguarding and understood how to protect people from the risk of harm and abuse.
- People said, "They make me feel safe just by the way that are confident with what they are doing and they carry it all through properly."

Assessing risk, safely monitoring and management

- There were appropriate risk management plans in place to guide staff. Risk assessments were carried out before people received care and measures were put in place to minimise risks.
- Risk assessments were completed to ensure people's home environments were safe and suitable for care to be provided. One assessment highlighted a person was nervous about being moved by hoist and required a lot of assurance to settle her.

Learning lessons when things go wrong

- The registered manager said there had been no safeguarding issues or accidents reported in the last 12 months prior to the inspection. There were processes in place for the recording, investigating and monitoring of accidents, incidents or safeguarding allegations.
- Staff understood their responsibilities to report incidents and allegations promptly.

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant that people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to the start of their care package. Information from the local authority was used to develop care plans and risk assessments.
- People were involved in their assessments and made choices about how they received care and support.
- Moving and handling risk assessments were completed and signed by the person and the care consultant. The assessment also included information relating to personal care needs, nutrition, medical history and any other identified risks.

Staff support: Induction, training, skills and experience

- People were supported by staff who had the training and information they needed to care for them.
- Staff completed an induction when they began their employment. The induction included completing the Care Certificate. The Care Certificate is an agreed set of standards that define knowledge, skills and behaviours expected of specific roles in the health and social care sectors.
- New care workers completed a week-long induction into the service followed by a period of shadowing experienced workers. They were introduced to people before they began to deliver care.
- Care workers received regular supervisions, appraisals and spot checks. Supervisions covered staff responsibilities and gave them opportunities to discuss any issues or concerns they had.
- People said, "They were really good. They appear to be well trained and know how to use my hoist, they are confident." A relative said "I think he feels the carer is well trained as she is so nice to him and is confident in what she is doing."

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

- People's needs around eating and drinking were assessed and documented. A relative said, "They always cut up his food very small and let him feed herself as much as possible so as to promote that little bit of independence."

- Staff received training in food hygiene, fluids and nutrition and had the necessary skills to prepare people's food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with social care professionals when people's needs changed. If people's capability deteriorated their social worker would be contacted to review care packages.
- The registered manager worked with the local church, to see if there were events people would be interested in attending. People were supported to access healthcare professionals when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provided a legal framework for making particular decision on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, the service was not supporting anyone who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess and record people's capacity when required.
- Staff understood and applied the principles of the MCA. They routinely sought consent from people and enabled people to make decisions about their day to day care, such as what to wear and what to eat. One person said, "They always offer me a choice and I decide what I want for the day."

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff were caring and kind to them. A relative said, "They are all caring towards him and respect her beliefs. They know that she is a Christian and likes to read the bible and they respect that."
- A relative said, "Some [care workers] seem caring but not all of them from what he says to me. He is basically happy with his carers I feel. He has no complaints and I have not had to ring the office about anything on his behalf recently." Another relative said, "He does say that most of them are nice but some are more caring than others." We discussed this with the registered manager who said they would follow this up in staff meetings.

Supporting people to express their views and be involved in decision about their care.

- People told us that care staff involved them in decisions about their care. Comments included, "They always offer me choices of clothes and will bring a couple of outfits for me to choose from." and "She makes sure that he eats properly and as far as I know she practices good hygiene when dealing with any food."
- Staff ensured people's privacy, was protected during personal care. A relative said, "They always ask her before they do anything for her and never just assume that they can just carry on regardless."

Respecting and promoting people's privacy, dignity and independence

- Carer workers received training in equality and diversity, working in a person-centred way and privacy and dignity.
- People were supported to be as independent as they could be. One person said, "They always treat me respectfully and will cover me with a towel when washing to preserve my dignity"
- Records showed people were able to make decisions about preferences and cultural needs. A relative said "The carer is there for the times when he might just need an extra bit of help. The carer is good for him."

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant that people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them a choice and control and to meet their needs and preferences

- People confirmed that staff understood their wishes and they were supported according to their preferences. □
- A relative said, "We have a copy [of the care plan] here in the property and it does say in the care plan that all her food should be cut into very small pieces...and they follow the procedure correctly."
- People did not always have knowledge of the whereabouts of their care plans. One relative said, "As far as I know he has a care plan in his room somewhere." and "I am not sure if there is a care plan in his room but it's all done in the right way."
- Care workers said they have time to review care plans before visits. One care worker said, "I use the app to check the profile of the service user before delivering care." Another care worker said, "The care books are in the homes of the service users, we can look at them or check the apps on our phones before delivering care."

Meeting people's communication needs

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

- Accessible Information Standard policies and procedures were in place. At the time of our inspection, the service was not supporting anyone with any specific communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities in the community where it was part of their agreed plan of

care. "A relative said "his carer encourages him to go down to the coffee morning that they have there. It's good for him to mix with other people."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place and people told us they knew how to contact the office if they needed to make a complaint. People said, "I have never had to contact the office about anything or had to complain about anything either."
- Care workers said, if a person made a complaint, they would document the complaint and direct them to notify the registered manager or care coordinator at the office. The care worker would also notify the care coordinator and registered manager of the complaint.

End of life care and support

- At the time of the inspection no one required end of life care. The provider had an end of life policy in place.
- The registered manager said end of life training for staff would be arranged if there was a need.

Our findings

Well Led- this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and fair culture

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care.

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

- The registered manager understood the responsibilities around reporting to the Care Quality Commission (CQC).
- The registered manager sent the CQC notifications of events that occurred as required.
- There have been no incidents or concerns with the care and support. The management team were aware of the duty of candour regulation and were aware of their responsibilities of making sure they were open and honest with people and their relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager was proactive in improving the quality of the service. Staff confirmed that there were regular spot checks and supervisions.
- The registered manager encouraged reviews about the service and completes feedback calls to service users. One person said, "They do a feedback via the telephone once about every 3 months."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People gave mixed views of the management of the service. A relative said, "I didn't feel that the management were very helpful when we started having them...but it has all been sorted now." People said, "The office staff are very easy to talk to." and "The manager is very good although I can't recall the name."
- The registered manager supported staff and listened to their concerns. Care staff said that they feel supported by the manager and they would have no problems raising a concern with her.

Continuous learning and improving care

- The registered manager reviewed staff performance. Care workers said they have regular unannounced spot checks when they are delivering care. One care worker said, "They [management] are really trying hard to do good."
- Peoples records were maintained, and care workers had easy access to them. The registered manager contacted care workers regularly by phone and email to ensure that appropriate care continued to be delivered.

Working in partnership with others

The provider worked in partnership with a variety of agencies such as health and social care professionals, including district nurses to ensure people's needs were met. The provider also worked with the local church to seek activities for people to help them develop and maintain relationships to avoid social isolation.