

# 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:  
10 March 2021  
17 March 2021

Date of publication:  
28 April 2021

## Ratings

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

# Summary of findings

## Overall summary

### About the service

Ocean Breeze is a residential care home providing personal care to 20 people, some who may be living with dementia, aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

Overall, improvements had been made to the systems in place to monitor the quality and safety of the service provided. However, further improvement was required to fully embed these systems into practice to ensure that people were consistently kept safe from harm.

People felt safe living at Ocean Breeze Residential Care Home and they were very much at the heart of the service. We received positive feedback from people and their relatives about the care provided.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. However, we did find one staff member had not provided a full employment history. This was addressed at the inspection.

People were supported with their nutritional needs. People received varied meals including a choice of fresh food and drinks.

People were cared for by a motivated staff team, who always put people first. Staff received regular support and felt valued and listened to by management.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 27 September 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ocean Breeze Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

# Ocean Breeze Residential Care Home

## **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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector and an Expert by Experience who carried out phone calls. 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

Ocean Breeze Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 inspected the service and made the judgements in this report.

### During the inspection

Some people were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We spoke with one person and eight relatives. We reviewed a range of records. This included care records for four people and multiple medicine records. We looked at five staff files in relation to recruitment and observed a medicines round. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We spoke to the registered manager and deputy manager.

### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We received feedback from five staff members.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- The home looked clean and there were no malodours. One person told us, "My room is always clean and tidy." A relative said, "When I used to go in to visit the room was always clean and tidy."
- During the inspection we saw staff observing social distancing and people were observed social distancing in chairs in the lounge. However, during mealtimes some people were sat close together at the dining tables. We spoke to the registered manager who informed us that people liked to sit together and socialise.
- We were assured that the provider was preventing visitors from spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

### Staffing and recruitment

- People felt staffing levels were sufficient. One person told us, "If I pull the buzzer you only wait a couple of minutes and they come". One relative said, "I feel mum is very safe here, because I have the confidence in the staff."
- We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.
- Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, records showed for one person a full employment history was not obtained as required by schedule 3 of the Health and Social Care Act 2008. Following the inspection, the registered manager had spoken with the staff member and obtained a full employment history.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives had no concerns and felt safe. One person told us, "I have lived here three years and feel very safe, because I am well cared for."
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them and knew how to whistle blow. Staff were required to complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.
- Staff informed us they were confident any concerns they raised would be dealt with appropriately by the management team. Any safeguarding concerns were investigated, and a statutory notification sent to the Commission as required.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

### Assessing risk, safety monitoring and management

- Relatives felt the service managed risks well. One relative told us, "We feel he is very safe here, and is in his wheelchair most of the time because unable to walk, but staff know what they are doing, they will still transfer him to sit in a comfortable chair when he wants to."
- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. These included assessments on the risks of poor nutrition, mobility and the maintenance of skin integrity.
- People's rooms and communal areas were checked daily to identify any concerns and environmental risks and actions were taken to mitigate risks.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm and fire doors.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency. The service also had a comprehensive and detailed business continuity plan for COVID-19.

### Using medicines safely

- Relatives felt medicines were administered safely. One relative told us, "When mum's medication was changed the manager phoned and updated me."
- Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when these medicines had been given.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- Staff were trained in medicines administration and were checked for competency and shadowed until the registered manager was satisfied of their ability to give medicines safely.

### Learning lessons when things go wrong

- The registered manager now had systems in place for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents, they had made changes to minimise the chance of the incident happening again.

# Is the service effective?

## 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 requires improvement. At this inspection this key question has now improved to good.

This meant 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

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received. One person told us they had choice in their daily lives. They said, "I can get up and go to bed when I want to, I like to watch TV in my room until late."
- People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing.

Staff support: induction, training, skills and experience

- Relatives felt staff were knowledgeable in their role. One relative told us, "The staff are so kind, and I feel know a lot about Dementia, because of the way they talk to residents. He was in another home and it was not good, so I moved him."
- Staff we spoke with felt supported by the training they received. One staff member told us, "The training that I have received is plentiful and regular, and I believe all of my training has prepared me to be confident in my day to day tasks. I make sure to study and retrain myself on things in which I either forget in the moment or need to know more about"
- New staff confirmed they completed a comprehensive induction programme before working on their own.
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Staff told us they received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.
- One staff member told us, "We all have regular supervisions and observations to make sure the care and services we are providing are up to standard and that we are appropriately meeting the needs of the clients." Another staff member said, "We receive regular supervision on various subjects and performance supervisions. I do feel supported, we discuss performance and work out what areas to improve and how I can achieve, what support is needed."

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

- People and their relatives told us they enjoyed the food. One person told us, "The food is very good, always come and ask you what you would like to eat." A relative said, "The food is very good, he has lack of

potassium, but they make sure he has a banana every morning. The food is very good and when I used to go in would always smell the roast cooking and now, I can visit on a Sunday you still get that lovely smell of the roast." Another relative said, "The food is very good as well". Another relative said, "They also picked up she is a Diabetic and that is treated well. They do keep me updated on issues by phone."

- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room and the meal was unhurried.
- There was a choice of two hot meals at lunch time and people were shown a plated meal of each option, so they could visually choose what they would like to eat. This made choosing much easier for people living with dementia.

Adapting service, design, decoration to meet people's needs

- People and their relatives told us they were happy living at the home, and all felt it was homely and comfortable.
- The environment had been decorated and accessorised to provide a positive and suitable environment for people who lived there.

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

- Relatives were happy with the support provided to access healthcare when required. One relative told us, "I am always kept updated on issues. He has a bad skin condition, and the Doctor visits regularly."
- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropractors.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed staff seeking consent from people before providing care and support. One staff member told us, "Gaining consent is the primary thing to attain before performing any aspect of care. I always make sure to do this with respect and dignity in play, for example knocking on the door and asking to turn the light on before entering, or if I can enter, before asking any client if they would like to have a wash and get ready for the day ahead. If they don't, then that is okay, and I will come back later when they want to get up."
- Staff we spoke with showed an understanding of the MCA. One staff member told us, "I have a fairly good

understanding and knowledge of the Mental Capacity Act, having undergone training online to know this and cement it into my everyday workings. I understand that not everyone can make their own decisions anymore for themselves, but that is why we put best interests in place with them at the very centre of the care and decision. I understand that the least restrictive method for decisions is the way to go so that the client maintains their rights and freedom. My manager has also given us a little leaflet with the five main principles of the Mental Capacity Act which we can keep on us at all times to be aware and to understand what they are."

- The registered manager had ensured that these authorisations had been applied for where necessary and these were reviewed when required.

# Is the service well-led?

## 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 promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the registered manager had not always assessed, monitored and mitigated risks relating to health, safety and welfare of service users and others who may be at risk. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection we found improvements had been made however work was still needed to ensure all audits were being assessed and monitored to provide positive outcomes for people using the service in line with Regulation 17.
- The governance arrangements needed to be strengthened and developed. For example, for some audits it was not always clear who had completed the audit and on which date. For the health and safety audits there were just scores and no actions to complete. The scores had no index for meaning, so it was not clear if they were fully compliant as there was no summary following the audits. There were also audits missing for care plans and medicines for example. We spoke to the registered manager who informed us, they were required to complete audits monthly, but they had fallen behind. They said they complete them but don't always record their actions. Records we observed of other audits were not always clear when these had been completed or whose records had been looked at.
- Care plans sampled were person centred. However, we could not see that these had been reviewed monthly on all the files we viewed.
- The home has not had any outbreaks of COVID-19 in the service which the registered manager was very proud of. However, we noted a couple of procedures that did not follow all of the government guidance regarding isolation times for people coming out of hospital which was only ten days instead of the recommended fourteen.
- Latest guidance showed that staff should be tested weekly using a polymerase chain reaction (PCR) test and twice weekly using a lateral flow test (LFT) if there is no outbreak in the service. The registered manager informed us they didn't have confidence in the LFT test and were completing a PCR test twice weekly

instead and completed a risk assessment. We sent the registered manager the latest guidance and they are now following the latest guidance for staff testing and isolation.

- People and their families were happy with the management in the home. One relative told us, "The manager is very nice easy to talk to and will always contact me if something is wrong. I am always updated with any issues, and I can always telephone them, all very friendly no complaints." Another relative said, "The manager frequently answers the door when you go there. I am updated on everything that happens with mum. They still have been having birthday celebrations, and activities going on. I always feel the manager and staff really care about the residents."
- Staff felt supported by the management in the home. One staff member told us, "My manager always asks the staff if there are any improvements we can make, and I believe our suggestions are always listened to with an open mind."

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

At our last inspection the registered manager had not always submitted statutory notifications to the commission when required. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were happy with the service. One relative told us, "He is cared for very well, and even when I have been able to look at him through the window he is nicely dressed and looks clean and tidy." Another relative said, "I am very pleased with this home, the care is very good, and she is so well looked after." Other comments included, "I viewed lots of home but this one had a lovely atmosphere as soon as we walked into it. The manager always make you feel welcome." As well as, "When I went and could see her through the window you could see what was going on and everyone looked happy. The manager is so supportive, and the staff wear the protected clothing."
- People received person-centred support and care delivery ensured people were enabled to maintain skills and independence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were happy and felt engaged. One person told us, "The staff are very helpful and friendly. I often watch what they are doing, and they treat people very kindly. I frequently see the manager about and she will always talk to you."
- Relatives felt communication was good. One relative told us, "Of an evening they will give him his mobile phone and press the button which calls me, and we have a chat. That happens every night." Another relative

said, "The boss lady is very good I am always notified if she is not well, and they have handled the pandemic very well. In fact, I had a call today to say I can go and visit." Another relative said, "The manager always keeps in touch with what is going on and will always telephone me. I cannot fault the home in any way."

- Staff were supported by meetings and daily handovers. One staff member told us, "We have a meeting or discussion when an issue arises, it might be that the same discussion is held a few times to capture all staff, staff are always encouraged to share their ideas or opinions."
- We spoke with the registered manager and asked them what their biggest achievement was, and they gave us an example. They said, "Open culture that's my biggest achievement. No complaints too small for example [person's name] will come in and say my bed not made properly. So, I will apologise and get it sorted."
- The service also sought feedback on the quality of the service by using an annual quality assurance survey sent to people and their families, and health professionals. These were last sent out in May 2020. Records showed these were positive with one relative commenting, 'excellent care home and I would recommend to anyone.'
- The service also sought feedback from staff, and these had been gathered in January 2021, which were positive, and staff were able to share ideas for improvement and worked in an open culture.
- The service worked in partnership with the local authority and the local doctor's surgeries.