

Blue Ocean Services Limited

Blue Ocean Services

Inspection report

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Date of inspection visit:
29 April 2019
13 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Blue Ocean Services is a domiciliary care agency. It provides personal care to older and younger disabled adults living in their own homes. At the time of this inspection 50 people were using the service.

People's experience of using this service:

The provider completed checks to ensure suitable staff were employed at the service. However we found that some of the recruitment records were not accurate.

People said that staff were kind and caring towards them. However, we witnessed an incident where staff spoke about people in an unkind way.

People had their medicines as prescribed. However we found that medicine administration records were not always completed as required.

People had an assessment that identified risks to their health and wellbeing. Risk mitigation plans were in place to manage risks but this was not always consistent.

There was safeguarding policy and processes that guided staff to manage allegations of abuse to keep people safe.

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.

Assessments were completed with the input from people and their relatives. Each person had an assessment of their needs before beginning to receive care.

There were processes in place for people to make a complaint if they were unsatisfied with the quality of care of the service.

Positive feedback was provided by people and their relatives about the care and support received.

Staff knew how to support people to receive appropriate care and support at the end of their lives.

The registered manager reviewed the service and the standard of the care provided.

Rating at last inspection: The rating for this service was rated Requires Improvement (The inspection report was published on 26 May 2018).

At the previous inspection on 9 January 2018. We found that the service did not meet the regulation we

inspected. We found that the service was rated requires improvement overall and in safe and well-led. We found that risk management plans were not sufficiently detailed for staff. We found care plans did not always contain people's assessed needs for staff to care for people in an effective way. We also found medicine administration records were not always completed accurately. Notifications were not always sent to the Care Quality Commission and quality assurance systems did not identify the concerns we found.

We asked the provider to send us a plan to describe how they would improve each key question of safe and well-led to at least good.

At this inspection some action had been taken to improve safe, but new and continued concerns were found with the recruitment of staff and medicines management therefore safe and well-led remain requires improvement. Overall the service has remained requires improvement. We have made a recommendation about the subject of dignity and respect and effective communication with people using the service.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor this service and will return within 12 months to check that improvements have been made.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection took place on 29 April 2019 and 13 May 2019. One inspector and two Experts by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a domiciliary care service.

Service and service type:

Blue Ocean Services provides care and support to children, adults who are living with a physical disability and adults over 65. At the time of this inspection, 50 people were using the service. Not everyone using the service 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.

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:

We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff. We needed to be sure that they would be in. We made telephone calls to people using the service on 29 April 2019. We visited the office location on 29 April 2019 and 13 May 2019 see the registered manager and to review care records, policies and procedures.

What we did:

Before the inspection, we looked at information we held about the service including notifications sent to us. A notification is information about important events, which the service is required to send us by law. The

provider completed 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.

During the inspection:

We spoke with the registered manager and deputy manager. We looked at 10 care records and medicine administration records. We also looked at 10 staff records and other documents relating to the management of the service.

After the inspection:

We spoke with seven people who used the service and 11 relatives. We spoke with two care workers. We received feedback from two health and social care professionals about their experiences working with the service.

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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Accidents and incidents were logged but action was not always taken to reduce the risks of them happening again. Medicine administration records were not always completed accurately This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Staffing and recruitment

- The registered manager recruited staff into the service. They followed a recruitment process so suitable staff were employed.
- There were systems in place that checked previous employer references, proof of the right to work in the UK and the personal identity for new staff. New staff had a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.
- We found that the recruitment records contained some information that was not consistent. We found the registered manager requested job references for new staff, some before and others after the date the application form was written or the interview had taken place. This practice was not in line with the provider's recruitment processes. We showed these to the registered manager who said that some staff complete job applications and references before they started work. However, this feedback did not reflect the information and start dates recorded on staff files.
- The registered manager had deployed enough staff to support people with their care and support needs.
- People gave us positive views of the timeliness of care workers. Comments included "They are always on time and they have never missed [my relative] out" "They are pretty good and they have never missed a call" and "We have a regular care worker most of the day, five days a week, and she/he is never late or missed us out."

Using medicines safely

- People were supported with taking their medicines as required. People and relatives said, "Yes, they check that the medicines have been taken."
- Staff were assessed as competent to support people with taking their medicines. People had medicine administration records (MARs) to record when staff administered medicines.
- MARs were returned to the service for review. However, we found three people's MARs had unexplained

gaps in them. We showed these to the registered manager who told us that they would continue to remind staff of the importance of completing MARs correctly.

Assessing risk, safety monitoring and management

- People said they felt safe with care workers. Comments included "[My relative] has mental health issues and I am sure that the carer workers keep her/him safe" and "Yes, they are safety conscious."
- People had an assessment that identified risks to their health and wellbeing.
- Each risk assessment outlined the identified risks and the staff support to reduce these. However, one person's social work assessment had identified them as having poor road safety awareness. Staff had not included this information into their risk assessment. We discussed this with the registered manager who agreed to update the person's risk assessment details.

Preventing and controlling infection

- The provider had an infection control policy and processes in place.
- Staff had access to personal protective equipment (PPE) to help reduce the risk of infection.
- The provider had supplied staff gloves, aprons and uniforms to help protect people from the risk of cross-infection.
- People confirmed that staff wore appropriate PPE when providing care.

Systems and processes to safeguard people from the risk of abuse

- There were established safeguarding policy and processes in place.
- Staff had training in safeguarding and understood how to protect people from the risks of harm and abuse.
- Safeguarding records were kept that showed when staff had reported an allegation of abuse to the local safeguarding team for investigation. When an investigation was completed an outcome was also recorded.

Learning lessons when things go wrong

- The registered manager reviewed, recorded and monitored accidents and safeguarding allegations.
- Staff understood their responsibility to report incidents and allegations of abuse promptly. This helped the staff team to monitor these events and share outcomes with staff.

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 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.

Staff support: induction, training, skills and experience

- There were processes in place for staff induction, training, supervision and an appraisal.
- Records showed that staff completed an induction when they commenced employment. The induction incorporated the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had access to regular training. The training programme included safeguarding, mental capacity act, medicines management, food hygiene and infection control.
- People said that they felt staff were well trained and understood their jobs. Their comments included "They seem well trained" "I have a hoist and a wheelchair, and they are very capable with both of these" and "They are very good and know what they are doing."
- There were arrangements for staff to have a yearly appraisal and regular supervision. This helped staff to reflect on their professional and personal development needs.

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

- Pre-assessments were comprehensive and included detailed information on people's specific needs. For example, a person needed assistance of two members of staff with their personal care needs.
- People were involved in their assessments and made choices about how they received care and support from staff. People said "We asked for female carers and that is what we have" "We discussed the care when it all started" and "I was given a choice and asked for female care worker."
- The registered manager said that the assessment templates had changed and they were developing new assessment forms so relatives could sign them as well as the person using the service, if needed.

Supporting people to live healthier lives, access healthcare services and support

- People managed their health care needs with some staff support.
- Staff understood their responsibility to contact the office for guidance if a person became acutely unwell.
- Records showed that staff had contacted the GP or emergency services when people's health had suddenly deteriorated.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with social care professionals when people's needs changed. For example, when a person's mobility needs changed staff contacted their social worker to review the package of care because this no

longer met the person's assessed needs.

- Staff worked with health care services such as the Lewisham Integrated Medicines Optimisation Service (LIMOS). The service has a specialist pharmacy team who accept referrals from health and social care professionals for people with medicines-related problems for assessment, support and follow-up to review access.
- We saw records that showed one person had benefitted from their input. The person was managing their medicines independently with the use of an electronic medicine dispenser. The LIMOS team monitored the effectiveness of the specialist medicine support which was beneficial for the person.

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

- People had their nutritional and hydration needs met.
- People said staff supported them with meals and drinks when this was required. People told us "[care workers] just help out with breakfast occasionally" "It is frozen meals for the microwave" and "They just do breakfast and a sandwich later, I have Meals on Wheels at midday."

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

- Staff sought people's consent before providing care and support. People confirmed that staff asked them for their consent to support them.
- Staff completed mental capacity assessments and when concerns were raised with people's ability to make specific decisions referrals were made to the local authority health and social care professionals for further assessments. This ensured people's needs were identified and their rights protected.

Is the service caring?

Our findings

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

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

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 and their relatives. Comments received included "The [care worker] is very kind, [my relative]" , "90% of them are fantastic and very kind" and "They are very kind."
- A health care professional commented "Clients are all happy with the support they [staff] provide, recent client homes visits have also had positive feedback."
- Staff did not consistently treat people or speak about them in a respectful way. We witnessed a member of staff refer to a person using the service that did not respect their human rights. They referred to the person in derogatory terms when speaking about them with the registered manager, deputy manager and a member of office staff. We discussed our concerns about what we heard the care worker saying, with the registered manager and deputy manager. The deputy manager told us that they had spoken to the care worker about what they had said, after the inspection. We recommend the provider seek support and training, for staff, about respecting people using services.
- Staff recorded people's cultural needs in their care records. We saw that people's cultural needs were met, for example one person using the service enjoyed eating meals from their childhood in Nigeria. Their care records specifically stated that the person required this support. People said that they were able to meet their religious needs independently. Some people self-identified as Christian and others said that they had no specific religious needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions on how they wanted to receive their care.
- Records showed that people were able to decide the gender of the care worker that visited them. One relative said, "I was given a choice and asked for female care worker." This preference was recorded in the person's care records and staff ensured this part of their care was provided.
- People said that their regular care workers understood their likes and dislikes and how they wanted their care. Comments included "It is a compromise really, it is very good" and "We all fit in together."

Respecting and promoting people's privacy, dignity and independence.

- People were supported to be as independent as they could be. People and relatives said that staff encouraged them to participate in their personal care and outdoor activities. Comments included "They get her/him to do whatever she/he can for herself/himself" "They are brilliant, can't fault them" and "Our carer encourages [my relative] to do what he/she can."

- Staff supported people with their personal hygiene needs. People confirmed that staff respected their dignity and privacy when receiving this support. All personal care and support were carried out in privacy to ensure people's dignity was maintained.

Is the service responsive?

Our findings

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

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

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 choice and control

- Each person had an assessment of their health and care needs.
- Assessments helped staff to decide the level of support people needed to maintain their health and care needs.
- People provided staff with enough information about themselves. Assessment contained information such as people's medical conditions, mental health needs, walking ability and equipment they used.
- Care plans were developed using the information from care assessments. These provided staff with sufficient information to enable them to provide appropriate care to meet people's individual care needs.
- Care plans were reviewed on a regular basis to ensure these remained current and reflected people's assessed needs.
- People took part in activities that they enjoyed independently. When people needed support with going out staff provided this support. Comments included "Care workers are all nice, but my main carer is exceptional he/she care workers even does a little shopping for me on her/his way in" and "[My relative] goes to a centre and the carers are with him/her outside of that."

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and process in place.
- People said that they were familiar with how to make a complaint about the care and support received.
- People said that they were confident to make a complaint. They said "I do know [how to complaint] but I haven't needed to" and "I have never made a formal complaint but I have asked them not to have a particular carer back and they haven't been back."

End of life care and support

- At the time of the inspection no one required end of life care. The provider had not arranged staff training in end of life and palliative care.
- The registered manager said that they would arrange end of life training for individual staff when the need arises. Staff understood which health and social care professionals that would support people at the end of their lives.

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 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

- The registered manager completed regular checks at the service. We found that audits were completed on care records, safeguarding allegations and medicines management to ensure these were up to date. However, we found that the medicine administration records were not always completed accurately due to unexplained gaps in them.
- The registered manager had welcomed external reviews of the service. Comments from two health and social care professionals included "Overall the visit was positive and Blue Ocean have met majority of actions outlined in the last monitoring visit" and "They [staff] will always report any concerns they have regarding their packages and responds quickly to any concerns we raise. The last visit was to monitor staff files, overall these were good."
- The registered manager sent the Care Quality Commission (CQC) notifications of events that occurred at the service as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Care records were person-centred and detailed people's individual needs.
- The registered manager supported staff, listened to their concerns and took action to resolve them.
- There was a system in place where staff and people had access to a senior manager for advice and support when needed. The service was an out of office hours telephone on call system.

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

- People gave views mixed views of the management of the service. People and relative said "It has got better over the last year" "The [management] has improved over the last year", "If I speak to one of the senior ones it is fine but if I phone and leave a message or speak to someone else they either never get back to me or don't deal with whatever it is" and "The admin side of things isn't all great, they don't come back to you and they forget things." We received this information after the inspection. We recommend that the service seek reputable guidance on effective communication with people using the service.
- The registered manager did not ensure that staff were always respectful of people using the service. There was one incident we witnessed where a member of staff did not speak about people in a positive way. We

asked the registered manager and deputy manager for an update following this discussion, but we did not receive any further information from them.

- People were contacted on a regular basis. This was in the form of a paper questionnaire and telephone reviews. One person said "We had a questionnaire which I filled in." People said they were happy with the care and support received.
- Service review discussions focussed on people's experiences of using the service including the administration team and care workers that visited them.
- The registered manager had regular communication with staff through staff meetings, telephone calls and text messages. Staff were kept updated on changes and developments within the service.

Continuous learning and improving care.

- The registered manager worked in co-operation with health and social care professionals. Following a monitoring visits actions were taken to improve the service. For example, changes were made to the assessment forms and care plans, so they were able to capture more details about the person's care, likes, dislikes, support needs and the outcome expected.
- The registered manager reviewed staff performance. There were regular spot checks carried out with staff. This ensured staff were providing care and support at the provider's standard. This also ensured people received consistent care.

Working in partnership with others.

- The registered manager and staff attended regular meetings with staff from social and health care services.
- These meetings enabled staff to discuss any concerns they had and shared developments within the service. People benefitted from this relationship because they received co-ordinated care and support.