



Inspection Report on

Ocean Living Residential Care Home

**Ocean Living
734 Mumbles Road Mumbles
Swansea
SA3 4EL**

Date Inspection Completed

26/10/2023

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About Ocean Living Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hawthorn Court Care Ltd
Registered places	15
Language of the service	English
Previous Care Inspectorate Wales inspection	24 February 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Ocean Living Residential Care Home is homely and inviting. People are content at the service. They value their interactions with care workers and are complimentary about the support and attention they receive from the staff and management team. Managers are working to expand the range of meals and activities available. Improvements are also needed with regards to the care planning process and general record keeping. The provider must take immediate action to address poor practice relating to medication.

People are supported by staff who have been appropriately recruited and trained. Work is underway to increase the level of support staff receive individually and as a team. The Responsible Individual (RI) monitors standards at the service closely and sets actions for improvement. However, the home needs to be managed with more care and skill to ensure the necessary improvements are made following internal audits and reviews. There is an ongoing change in the management of the service and new systems of work are being introduced.

People live in spacious, comfortable accommodation that offers many pleasant views of the seafront. There are plans to develop the rear garden areas and provide further opportunities for people to spend time in the community. More effective maintenance and cleaning arrangements are needed.

Well-being

Ocean Living Residential Care Home has a relaxed, friendly atmosphere. People are supported by kind, attentive care workers. They are satisfied with the care they receive and enjoy socialising with others. Staff complete mandatory and refresher training to assist them in their roles. However, the quality of risk assessments and personal plans needs to improve so care workers have access to accurate, up-to-date guidance about people's care needs and preferences. The provider must also take action to address poor medication management that is putting people's health and well-being at risk.

People have influence over the service they receive. Care workers treat people with dignity and support them to make daily choices. The RI regularly speaks with people about their experiences. Changes to the activities programme and menu are being made in response to feedback people have given. There are plans to introduce meetings that will provide regular opportunities for people to have a say in how the home is run. Improvement is needed to ensure people's voices are reflected within their personal plans and reviews. People have access to written information about the home and its services.

People cherish the home's coastal location and feel uplifted by the views it offers. The accommodation is both spacious and homely. Communal rooms are sociable places where people can relax and take part in individual or group activities. A more consistent standard of cleanliness is needed to minimise infection risks. Maintenance arrangements also need to be more organised to ensure utilities and equipment remain safe and in good working order.

Staff understand how to manage incidents and report safeguarding concerns. Rotas show that consistent staffing levels are being maintained. Robust recruitment procedures ensure people are supported by staff who are suitable for their caring roles. The RI regularly monitors service standards. However, the service needs to be managed with greater care and skill to ensure it consistently promotes people's health and welfare and continually improves.

Care and Support

People are happy at their home; they often choose to socialise together and do things they enjoy individually or as a group. For example, people have recently enjoyed pumpkin carving as part of a Halloween themed competition across the provider's homes. We saw people watching television, reading papers and completing their own activity books. People go out with family and friends, although would like more opportunities to take advantage of the nearby shops and eateries. Managers plan to address this with a new approach to activities. People dine together at lunchtime, which is a sociable experience that creates a sense of homeliness. We saw that meals were plentiful and thoughtfully presented. People told us they are mostly satisfied with the quality and availability of food and drink. The menu is being changed due to people wanting greater variety. Managers are also planning to reintroduce meetings that will allow people to regularly influence decisions about home life.

The service needs to ensure care records fully and accurately reflect people's care and support needs. We found some key information missing from personal plans, such as the measures required to manage risks to people's health and safety. There is also limited detail regarding the input people receive from health services due to staff not consistently documenting their contact with health and other professionals. Personal plans lack detail relating to individual preferences and routines that would assist care workers in providing person-centred care. In addition, they are not consistently being reviewed and updated with people and their representatives every three months or following change. These issues could lead to people receiving inappropriate care and support and delay referrals to medical and specialist services. This is an area for improvement and we expect the provider to take action. Managers have devised new care planning documentation, which they assured us will help address these issues.

Medication is not being managed safely, increasing the risk of errors occurring. Some medication records included incorrect handwritten instructions. This could have prevented people receiving their medicines as prescribed and experiencing ill-health or discomfort as a result. We observed poor stock management and record-keeping. Staff were not always using consistent codes to indicate why regular medicines had not been given. In addition, recorded room temperatures over the past few months exceeded those recommended for safe storage. There was no evidence that this had been acted upon. These issues are placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this. The home has received support from the Local Health Board's medicines management team since the inspection.

Environment

The home is in an enviable location in Mumbles. It overlooks the seafront and is close to shops and other amenities. We found communal and private rooms to be spacious, homely, appropriately furnished and nicely decorated. People told us their rooms are comfortable, with good facilities and eye-catching views. People have their own ensuite shower room and access to a specialist bath on the split-level first floor. A platform lift and stair lift provide access to upper floors, although people need some level of mobility to use the short staircases between landings and to access the two rooftop gardens at the rear of the premises. There are plans to develop the outdoor gardens over the summer into more inviting, stimulating areas. A patio area at the front of the home allows people to sit and feel part of the hustle and bustle that the seaside attracts. Large windows in the front lounge allow people to enjoy the view as they relax and spend time with others. We found the lounge and dining room to be popular spaces for socialising.

There are measures in place to help keep people safe, although maintenance systems need to be more organised. The building is secure as entrances and exits are alarmed or activated via a key code. Windows above ground level are fitted with restrictors to reduce the risk of significant falls. A call bell system allows people to request assistance from care workers when they need it. Staff are required to complete health and safety, fire safety and COSHH (Control of Substances Hazardous to Health) training. Records show that routine health and safety checks are carried out, including water temperature and call bell checks. However, equipment and utilities are not always serviced, inspected, or repaired within recommended timeframes. Electrical works had not been completed following an unsatisfactory inspection and we found the stair lift, specialist bath and fire safety equipment required servicing. Action was taken immediately following the inspection to address these issues.

Standards of cleanliness vary throughout the home. We observed all private and living rooms to be clean and hygienic. However, infection control measures within the ground floor communal bathroom and laundry room need to improve. We found the flooring and furniture in these rooms to be stained and in need of a clean. Work to repair any damage to fixtures and fittings is also needed to promote effective cleaning and sanitisation. Staff do not have cleaning schedules to support domestic tasks, which the operations' manager told us is being addressed. The RI monitors standards of hygiene during formal visits. Staff complete training in relation to infection control and food safety. Their use of personal protective equipment (PPE) is monitored and discussed during formal, individual supervision sessions. The arrangements for cleaning and maintaining the home require improvement and we expect the provider to take action.

Leadership and Management

The service maintains safe staffing levels in line with its statement of purpose; a document that outlines what the service sets out to provide and how. Staff absence is covered by regular agency workers who have become familiar with the home and its residents. New staff are due to join the team, which will reduce the home's reliance on agency staff. Records confirm that staff are appropriately recruited and vetted by the Disclosure and Barring Service (DBS). Work is progressing to increase the frequency of staff's formal, individual supervision meetings and appraisals. These promote meaningful discussions about staff's performance, including the support they receive from managers, their relationships with others and their knowledge and understanding of policies and procedures. Regular staff meetings have also been scheduled. Managers support staff to complete recognised care qualifications and register with Social Care Wales.

Changes to the management of the service are underway. An operations' manager is overseeing the day-to-day management of the service until the newly appointed manager takes up their post. Staff told us managers are "very good" and one person described the RI as "smashing". People also spoke fondly about their care workers, and we observed many positive interactions as care workers provided companionship and support. Care workers spoke confidently about dealing with incidents and safeguarding concerns. The home has a clear falls policy and an up-to-date safeguarding policy aligned to the Wales Safeguarding Procedures. Records confirm that staff complete a range of mandatory and refresher training, which includes safeguarding vulnerable adults.

The leadership and management of the service need to improve. We found administration systems to be disorganised and communication between managers to be somewhat ineffective. Whilst there are systems in place to monitor the quality of the service, leaders and managers have failed to act upon the findings of internal audits and drive-up standards. The RI regularly carries out formal visits to the service and completes six-monthly quality-of-care reviews. Reports completed by the RI provide an overview of people's experiences and identify clearly what actions are needed to improve standards. However, managers have failed to drive these actions forward and deliver a consistently safe, effective service that fully meets legal requirements. This is an area for improvement and we expect the provider to take action. Roles and responsibilities will be reviewed and reinforced as part of the planned management changeover. The home's statement of purpose and written guide give a mostly accurate reflection of the service being provided, although more details will be added to these documents to keep people fully informed about the support available to them.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
58	Medicines are not being managed appropriately which is putting people's health and well-being at risk.	New

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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21	The standard of care planning and record keeping needs to improve to ensure people's care and support needs are clearly reflected and they receive prompt input from medical and specialist services.	New
44	Suitable arrangements are not in place to keep the premises clean and properly maintained.	New
6	There is a lack of effective leadership and management at the home, resulting in failure to ensure compliance and drive up standards, as identified during quality monitoring systems.	New

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Date Published 03/01/2024