Care Quality Commission

# Oasis Community Care Limited

# Oasis Community Care Ltd

## Inspection report

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Requires Improvement** |
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

## Overall summary

Oasis Community Care Ltd provides domiciliary care services to adults within East Cornwall. On the day of the inspection Oasis Community Care was providing support to 184 people including those with physical disabilities, sensory impairments, mental health needs and people living with dementia.

At our last inspection in May 2014 the provider was meeting all of the Essential Standards inspected.

The service had two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us care staff were kind and caring and described staff as "wonderful" and "lovely girls". Staff had a good understanding of how to respect and promote

# Summary of findings

people's privacy and dignity. Staffing was organised to ensure people's cultural needs were met. People told us staff were respectful at all times and felt safe when they were being supported in their own homes.

People were supported by staff who had been recruited safely, were suitable to work with vulnerable people and received appropriate training. The registered managers and staff had a good understanding of how to report any safeguarding concerns. There were enough staff to meet people's needs but people told us they were not always informed when staff were running late.

People's care plans and risk assessments were not always detailed and reflective of people's needs and how they wished to be supported. This meant staff did not always have sufficient information about how to support people. People were supported with their medicine by staff who had been trained.

Staff always sought people's consent to assist them with their personal care needs but this was not documented and people's care plans did not take into consideration the Mental Capacity Act to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected. Staff also sought the person's consent before sharing information with others, for example speaking to the person's family or their GP if they had concerns. A health care professional said they had no concerns about the care staff provided.

People felt they could complain and that their complaints would be investigated and resolved. However, some people had recently received a poor response to their complaints, of which the registered managers had apologised for and action had been taken. People's main complaints had been in respect of late visits and about not being informed. People's feedback was valued and used to facilitate improvements.

People did not fully understand the management structure of the service which meant they did not always know who to contact. Staff enjoyed working for the organisation and told us the registered managers were supportive. The registered managers did not have effective systems in place to monitor the quality of the service. The registered managers worked positively with other external agencies when supporting people with health care concerns.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

Aspects of the service were not safe.

People told us there were enough staff, but were not always informed if staff were going to be late.

People were not always protected from risks associated with their care because documentation relating to their care did not reflect people's individual needs.

People's medicines were effectively managed, however, people's care plans were not always reflective of the support required which meant staff may not always provide a consistent approach.

People told us they felt safe.

Safe recruitment practices were followed.

**Is the service effective?**

Requires Improvement

The service was not always effective.

Staff obtained people's consent before providing personal care but care plans did not always provide information and guidance to staff when a person lacked the mental capacity to make decisions for themselves.

People received support from staff who had the necessary knowledge, skills and training to meet their needs.

People's changing care needs were referred to relevant health services when concerns were identified.

People were supported to eat and drink to help maintain a balanced diet.

**Is the service caring?**

Good

The service was caring.

People told us the staff were kind, and caring.

People had good relationships with the staff who supported them.

People's privacy and dignity were respected.

**Is the service responsive?**

Requires Improvement

Aspects of the service were not responsive.

# Summary of findings

People's care plans were not always reflective of their current care needs, which meant staff did not always have information about how to support people.

Concerns and complaints were investigated and solutions were found.

People's views were valued and their feedback was used to make improvements.

**Is the service well-led?**

Requires Improvement 

Aspects of the service were not well-led.

The registered managers did not have a quality assurance system in place to drive improvements and raise standards of care.

There was a management structure in place which meant there was clear responsibility and accountability within the organisation.

Staff enjoyed working for the organisation and felt the registered managers were supportive.

The registered managers worked in partnership with other professionals and had positive relationships.

# Oasis Community Care Ltd

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 1, 22, 23, 25 July 2015 and 14 August 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be present. The inspection team consisted of one inspector and an expert by experience; this is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, as well as previous inspection reports and notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law

During our inspection, we spoke with 14 people who used the service as well as one relative.

We also spoke with 10 members of care staff, one care supervisor, the administrator who was in charge of rota management, the recruitment and office manager, both registered managers and the nominated individual for the organisation. The nominated individual is responsible for ensuring the personal care services provided by the organisation are properly managed. After our inspection we contacted the district nursing team and the local authority service improvement team to obtain their views of the service.

We looked at five records which related to people's individual care needs. We viewed six staff recruitment files, training records for all staff and records associated with the management of the service including policies and procedures.

Requires Improvement

# Is the service safe?

## Our findings

People were at risk of not receiving all the support they needed. Risk assessments to provide guidance for staff on how to manage people's health care were not always in place to help minimise any risks to the person. One person had experienced complex mental health issues in the past; however there were no risk assessments in place for staff to follow if the person became unwell. Another person was at risk of falling because they experienced pain in their legs, however there was no guidance for staff about how to minimise the risks to this person.

Risk assessments not being in place as necessary, updated, and reviewed is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered managers showed us risk assessments were currently being updated and reviewed to ensure they were reflective of people's care needs.

People told us they felt safe when staff provided care and support in their home. People had risk assessments in place relating to their home environment so staff were aware of how to minimise any associated environmental risks. For example, pets and the use of equipment. One person's risk assessment had identified the risks of trailing wires within their home and to alert staff. A member of staff told us the review of risk assessments was an ongoing process because people's environment could change regularly but formal reviews of risk assessments were carried out on an annual basis.

Staff described how risk assessments which were in place helped them minimise risks to people and reduced the likelihood of something occurring, for example preventing falls. Any changes in people's risk assessments were reported by staff to the main office so they could be amended; one member of staff told us the registered managers were "responsive" in making the required changes.

People were supported with their medicine. However people's care plans were not always reflective of the support which was required, and there was no definition in people's care plans about the definition of "prompt" and what this meant in terms of the support staff received. The registered managers told us they would take action to make improvements.

People told us there were always enough staff to support them. People who were most satisfied with staff were those who had had the same care staff support them for a long period of time. One person told us, "they are very good… they are great friends of mine. They have been coming here for six years". Another person said "I have only one carer and the same lady comes in once a week. She comes in every Tuesday at the same time and she is very efficient. If I could, I would like the same lady to come in for another day but she can't make it".

People told us staff were generally on time, but if they were occasionally late it was understandable why they were late, for example traveling distances and being held up supporting the previous person. However, people told us they were not always informed if staff were running late, one person, explained "they don't let you know if they're going to be late – quite bad about that". Other comments included, "they are usually on time but sometimes they are late. The understanding is that the carer rings the office, but very rarely does the office bother to ring us" and "they [care staff] tell Oasis, and do they tell us? It doesn't happen".

People were supported by suitable staff. There was a dedicated recruitment manager who took responsibility for recruiting new staff. There were robust recruitment practices in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.

The registered managers understood their safeguarding responsibilities and had access to the relevant contact details for the local authority. Staff we spoke with had received safeguarding training and were confident about how to report any concerns they may have and had access to the organisation's safeguarding policy. The safeguarding policy was out of date and did not reflect the recent changes in local authority procedures; however at the time of our inspection, the provider was in the process of updating all of the policies.

The provider had a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct.

Requires Improvement

# Is the service effective?

## Our findings

People's care plans did not always provide information and guidance to staff when a person lacked the mental capacity to make decisions for themselves. For example, one person's care plan stated they became confused when making decisions; however, there was no information about how to support this person, and whether consideration had been given to the Mental Capacity Act. It was recorded that another person could become "unpredictable and uncooperative"; however, their care plan was not clear how they should be supported during these times.

Under the Mental Capacity Act 2005 (MCA) adults are deemed to have capacity unless there is reason to think that they do not. If there is reason to question an adult's capacity there is a set procedure to be followed to establish if they are able to make their own decisions about important matters. This assessment must be properly carried and recorded. Some staff told us they had received training in the MCA whilst other staff had not, but staff were aware of the need to obtain people's consent prior to assisting them. The registered managers were in the process of making changes to people's care plans and told us this information would be incorporated and improvements would be made.

People had care plans in place to help support their nutrition and hydration. One person's care plan gave a good description about how specialist cutlery and crockery should be used to help enable the person to eat independently.

People who used the service told us they felt staff were trained and competent to carry out their role.

Staff confirmed and training records showed they undertook training applicable to their role, for example, dementia training, safeguarding and manual handling. The provider had a designated trainer who was responsible for training and ensuring staff updated their training as required.

There was an induction process in place to help ensure new staff were supported within their role and with their learning and development. The registered managers and the recruitment manager were not aware of the Care Certificate, however during our inspection they took action to research this. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector.

Staff received supervision and an annual appraisal of their performance, to help ensure they were working to high standards and to discuss any further training or development they may need or want. Supervision was either one to one meetings with their line manager or unannounced observations of their practice. Staff told us supervision was "helpful" and explained when there were areas of their practice which required improvement, this would be discussed.

People's health care was monitored, and staff were vigilant in their observations and contacted health professionals when required. A health care professional told us they had no concerns about the care people received.

Good

# Is the service caring?

## Our findings

People, overall spoke highly of care staff, words used to describe staff included, “kind”, “wonderful”, “like family”, “lovely girls” and told us they were treated with respect and dignity. One person said “they do what I ask them to do” and another said “they will put my clothes in the machine for me and do such extra things for me”.

People had taken time to write thank you cards in recognition of the kindness shown by the staff, comments included, “thank you for all the devoted care and support to enable mum to stay in her own home for so long”, “thank you for all the care you gave […], she loved having you all and it brightened up her day when you turned up” and “thank you to each and every one of you, who took our […] under their wing…treated her as an individual with dignity and respect”.

Staff described how they showed care in their role and towards the people they supported. Comments included, “I am always very pleasant”, “to be bubbly” and “give them time to do things for themselves”. One member of staff told us she felt it was important to have “laughter” as it “lifted people’s spirits”. Another member of staff recognised the people they supported may not see anyone else that day, and explained the impact that this may have. They told us it was important to take an interest and spend time and listen.

Staff gave us examples of how they maintained privacy and dignity. They told us they ensured people’s curtains and doors were always closed, and when people were being assisted with personal care; their bodies were covered so as not to expose people unnecessarily. One member of staff told us privacy was at the centre of one person’s beliefs because of religion. They explained to us how this person was supported in respect of this.

The recruitment manager explained how the recruitment and selection process assisted in determining whether an employee had the right skills and values to be a member of care staff. They told us it was important to “get to know a person” during the interview process, to assess whether they were a kind and caring person

The registered managers had taken time to ask and record in people’s care plans what they preferred to be called, for example some people liked to be called by their full name whilst others had chosen their first name. Staff were aware of this and respected people’s wishes.

Requires Improvement

# Is the service responsive?

## Our findings

People had care plans in place, but some people were critical of the content and the lack of review. One person commented "it was drawn up in 2012 and the last time I saw it, it wasn't right". Another person said, "they told me that they would correct the errors and come round to see me. I have been waiting for three weeks and they haven't come. There are a lot of errors in it". Other comments included, "care plan? I haven't seen it", "it was updated a long time ago", "I have seen it but it's been a while since it's been updated", "care plan? Oh gosh, can't remember", "I saw it only in the beginning", "can't remember" and "I think I have one". One relative told us she had a care plan for her mother, that it was reviewed on a regular basis, and that she was "definitely involved in its review."

People's care plans did not always provide guidance and direction for staff about how to meet a person's needs, and at times the information within the care plans was contradictory. For example, for one person one part of their care plan detailed that their skin should be monitored on a daily basis because of the risk of pressure damage, whereas the person's skin care plan detailed there were no concerns with their skin. Another person's care plan detailed they were at risk of skin damage, but there was no clear guidance for staff about how to support the person. One person's daily records stated they had become "fearful" and "confused" when staff had visited. However, for this person who lived with dementia, their care plan was not detailed to help enable staff to consistently and effectively support her.

People's care plans were not always reviewed and updated to reflect their personal care needs. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered managers had been working hard to make improvements to care plans and we were shown a copy of a care plan which had been recently written. The care plan was detailed and provided a step by step guide to staff. One of the registered managers explained her style for writing care plans was to give the staff a good synopsis of the person's chosen routine and care "from the moment we are there to the moment we leave".

People who used the service were able to request a copy of their staffing rota so they would know who was coming to visit them each day. The person who was in charge of staffing rotas told us they tried to keep continuity of care by reducing the number of different care staff visiting each person. Rotas were also created to take into consideration people's individual preferences, for example, we saw one person's rota had been designed to ensure they had the same member of staff to help them with their shower. Another person's religion affected who was able to provide care, and we saw the provider had been responsive to this.

People knew how to complain, and told us if they had a complaint they would ring the office. Two people said they had complained about minor things and they were resolved to their satisfaction. Others said "I've never had the need to complain" and "I'm not the complaining type". Some people explained to us they had recently complained and had received a poor response and an offensive attitude by a member of staff. We spoke with the registered managers about this who had already taken action. The registered managers were upset and disappointed this had happened and had personally apologised to people.

People received a copy of the provider's complaints policy when they joined the agency. The provider investigated and responded to complaints. The provider ensured people were happy with the resolution, and apologised when something had gone wrong.

People were listened to and their feedback and views were valued. The provider had asked people to complete a survey so their comments could be collated and used to make improvements to the service. The information was yet to be collated and shared with people. People's views were also obtained from managers and supervisors when they visited people.

Requires Improvement

# Is the service well-led?

## Our findings

The registered managers did not have robust systems in place to assess the ongoing quality and monitoring of the service. For example, care plans were not assessed to ensure the content was accurate, risk assessments were not always in place and people were experiencing poor communication about when staff were going to be late.

The systems in place to monitor the quality of service people received and to identify, assess and manage risks were not effective. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's opinions about the management of the service varied. Whilst some people told us they were happy, one person told us "they need to sort out the managerial/office side…they are very airy fairy."

There was a management structure in place and an out of hours on call system in place, but from speaking with people it was clear the management structure of the service was not fully understood so people did not always know who to contact. As a response to this, the registered managers had taken action to address this with people by sending out an organisational structure along with photographs of key people.

Staff team meetings were held and staff were thanked for their contributions. Not all staff attended the meetings and minutes of the meetings were not shared, this meant the content of the meeting and change in practices may not be consistently shared. The registered managers told us they would take action to rectify this.

Staff enjoyed working for the organisation and told us the registered managers were supportive, comments included, "I love it", "I enjoy it" and "a good company". Some staff told us they felt communication could be better.

The provider's organisational policies and procedures set out what was expected of staff when supporting people. The provider's policies were out of date and not always reflective of current legislation, but at the time of our inspection the provider was in the process of updating them.

The provider's whistleblowing policy supported staff to question practice. Staff confirmed if they had any concerns they would report them and felt the registered manager's would take appropriate action.

The registered managers attended local care forums to engage with the health and social care sector and obtain up to date information and improve their knowledge and understanding. The registered managers undertook training to improve their own knowledge and competence, for example one of the registered managers was completing an additional management qualification.

External health professionals were positive about the service and told us they were "helpful" and worked in a collaborative way. The local authority service improvement team were currently working with the provider to help them to make improvements to the service and an action plan was in place.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services<br><br>Regulation 9 (1) (a) (b) (c) (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>People's care plans were not always reviewed and updated to reflect their personal care needs. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>Risk assessments were not always in place as necessary, updated, and reviewed. Risk assessments were not always reflective of people's individual needs. |

| Regulated activity | Regulation |
|---|---|
| | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>The systems in place to monitor the quality of service people received and to identify, assess and manage risks were not effective. |