

Oasis Care and Training Agency (OCTA) OASIS West London Office

Inspection report

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Date of inspection visit:
19 October 2023

Date of publication:
10 January 2024

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Oasis Care and Training Agency (OCTA) is a domiciliary care agency. It provides personal care to people living with dementia and people with learning disabilities living in their own homes. At the time of our inspection the agency was providing a service of personal care to 210 people.

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

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

People's mental capacity assessments were not always clear as to whether the assessment and decision was in the person's best interest and if this was the least restrictive measure. Staff respected people's choices and supported them to make decisions about their day-to-day care.

Right Care

Risk assessment and care plans required further development to be clear on individual support needs. There were examples where in places they were not coordinated, this meant that people may not get the most effective support. People received kind and compassionate care.

Positive risk taking was not always encouraged or enabled. Risk assessments were undertaken but these were sometimes basic and lacked individual detail.

Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Right Culture

The provider's systems for monitoring and improving the service were not always implemented effectively. They had failed to identify and plan for risks people were exposed to. The staff did not always have relevant training and supervision.

Staff had received training but did not have a good understanding of best practice models of care. This meant people did not always receive tailored support that empowered them as an individual.

People using the service and their relatives liked their individual care.

For more details, please see the full report which is on the CQC website at [The last rating for this service was good \(published 23 January 2021\)](#).

Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

Enforcement and Recommendations

We have identified breaches in relation to the safe care and treatment, the lack of robust recruitment and staff levels, training and supervisions. We have also identified breaches in relation to the lack of care planning, lack of understanding of capacity assessments and lack of effective audits and risk assessments.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe

Inadequate ●

Is the service effective?

The service was not effective

Requires Improvement ●

Is the service caring?

The service was not caring.

Requires Improvement ●

Is the service responsive?

The service was not responsive

Requires Improvement ●

Is the service well-led?

The service was not well led.

Inadequate ●

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Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience who made calls to relatives after the inspection to ask them for feedback. 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 4 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 October 2023 and finished on 3 November 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During our visit to the office, we met and spoke to the manager and the head of operations. We reviewed a range of records which related to people's care and the running of the service. These records included 10 people's care records, 14 staff personnel records and policies and procedures relating to the management and quality monitoring of the service. We spoke to 10 relatives and 8 people who use the service. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- The provider did not have safe recruitment and selection practices in place. They had not followed their own policies, not obtaining all the required recruitment information. Staff had been allowed to work, which placed people at risk of receiving care from unsuitable staff.
- Appropriate references had not always been sought for staff. The policy stated that two references needed to be provided by the two most recent employers. The provider had not proactively sought references in this way. One member of staff had a character reference provided from an optician where they were a customer, despite there being details of other previous employers. This meant the provider could not be assured of the member of staff's conduct at their previous
- Some staff files sampled did not include details of a full employment history, so gaps in employment had not been explained and risk assessed before the staff member had been employed by the service.

The registered person had not protected people as they had not obtained all the information required by the regulations to ensure the suitability of all staff employed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks were made on staff suitability through Disclosure and Barring Service. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We discussed our concerns with the head of operations and manager on the day of our inspection, they were aware of our concerns and discussed how the staff involved were employed some time ago. They assured us the correct processes were in place for future recruitment processes.

- People and relatives told us that in the main staff arrived at the calls. However, some comments from people and their relatives were, "They can be up to two hours late and no one says when they are coming or who, if [relative] rings up it's "someone will be there", the manager has apparently driven carers over and sat outside the house in a car", another person said, " If it's the same carer [they] are good, if they send someone else they rush and sometimes don't know what [persons] care needs are".
- Staff were not always given enough travel time in between calls, although the provider had an electronic logging in system in place to alert them when staff had arrived. On occasions when staff were late the person waiting was not made aware of this. This meant that people waiting for support and unsure when staff would arrive to support them with their needs.

As staff were not deployed in a way to ensure that all calls were attended this is a breach of regulation 18 of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were supported by the same carer workers which provided consistency. Relatives confirmed staff knew the people they cared for well and knew what their needs were. People told us, "They arrive on time its good having the same carer" and "They usually do whatever I need."

Using medicines safely

- Staff received training in the administration of medicines, however, their competency had not been assessed in line with best practice guidance.
- People's care plans did not detail how to support them with their medicines, their care plans lacked clear instructions, this meant that staff did not have the information they needed to support people with their medicines.
- The service had failed to implement the medicines risk assessments. There were no records available to inform staff about the medicines' side effects or what the medicines were for.
- The manager did not carry out monthly audits on medicine administration, this meant that if there were discrepancies these were not dealt with in a timely manner.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider did not always assess risks to ensure people were safe, this meant that the provider did not always learn lessons when things had gone wrong.
- Risk assessments did not have detailed personalised guidance and strategies for staff to follow to help monitor, manage, and minimise risks of people being harmed when receiving care and support. This meant that staff did not have access to effective care plans to support their practice and to keep people safe.
- Incidents and accidents were recorded, however there were not always checks after the events therefore lessons were not learnt how to avoid events happening again.

The findings above demonstrated that the registered person had failed to ensure people received personal care and medicines in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy for both adults and children. This included guidance to follow to help protect people from the risk of abuse and keep them safe. The provider knew to notify us and report to the local safeguarding team when abuse was suspected.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "I would discuss initially with the client then supervisor, manager then the local authority".

Preventing and controlling infection

- We saw that staff had received infection control training. Staff we spoke to had an understanding of what they needed to do to reduce the spread of infection. One staff member said, "We wear aprons and gloves and masks when required." A person supported said "They always use gloves and aprons to keep me safe."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider assessed people's needs and choices, however, people's assessments did not always contain detailed and personalised information. Assessments we sampled contained information for staff about the care tasks they needed to do and did not give them enough information about people's preferences and how they wanted their care done.
- People's care plans and risk assessments did not include detailed information and personalised guidance for staff to follow to help ensure they met people's needs including those with specific needs, safely and effectively.
- People's assessments did not contain sufficient information about their diversity and equality rights and did not include information about people's sexual orientation.
- Relatives gave mixed views about being involved in assessing their family member's care, some said they were able to contribute, whereas others said they had not had an opportunity to be part of this process.

The provider's failure to ensure people's assessments were person-centred was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the provider and manager were not aware of the principles involved to safeguard the rights of people who were assessed as being unable to make their own decisions. The manager told us there were families who had Power of Attorney (POA) to make decisions for people around health and overall welfare. However, they had not always asked for evidence of POA which meant there was a risk that families would be making decisions for people where they may not have had the right to do so.
- Some people's relatives were making decisions on their relative's behalf without the legal authority to do so. Managers understanding of power of attorney and court of protection was not sufficient to promote people's rights regarding this.

- Where best interest decisions were made, correct best interest processes were not being followed.
- Staff did not have training on the Mental Capacity Act (MCA).

As the requirement of MCA and consent to care and treatment was not followed this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had employed a head of operations who has an action plan in place which included awareness around Mental Capacity Act (MCA).

Staff support: induction, training, skills and experience

- The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.
- The provider did not implement their own policies to ensure all staff received an effective induction and appropriate supervision to help ensure they were fully prepared for delivering high quality care and support.
- Staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Some staff had completed NVQ (National vocational qualification) level 3 and 4.

The registered person did not ensure all staff were competent, skilled and had up to date training in order to carry out their role and effectively support people and keep them safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

- Staff felt supported some comments were, "Managers are very helpful, love the new ideas feels like improving." And "I get all the training I need and can always ask for more."
- The head of operations showed us a new induction checklist for staff and assured us this would be used with all new staff employed.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough to ensure their nutritional needs and preferences were met.
- People's care records included some information about their dietary needs but lacked detail about their food preferences.
- Care staff we spoke with were knowledgeable about the importance of people eating and drinking enough and knew they needed to report any changes in people's appetite and dietary preferences to the manager.
- Staff supported people to attend healthcare appointments when requested to do so.
- Staff were aware about the importance of supporting people to live healthier lives. Staff supported people to do exercises to help improve their mobility and confidence with walking.

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

- People's care plans provided staff with information on their GP and the pharmacy which dispensed their medicines.
- People's care plans included guidance on if they required support with personal care but did not always indicate if staff needed to help them with oral care or if they wore dentures.

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 our last inspection we rated this key question good. The rating at this inspection has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and

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

- People's diverse needs, including religion, culture, and language, were not assessed as part of the care planning process.
- There was no system in place to monitor people's progress which meant any changes to their support needs may not have been identified.
- Some people we spoke to said they had not had their care plan reviewed in a long time, this meant that changes to people's support did not take place.

The provider's failure to ensure people's assessments were person-centred was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us the care staff who supported them were and caring. Comments included, " They are very caring to my [relative] they treat her like she is their own mother." Another person said, " Staff are caring and nice if they weren't I wouldn't have them in my house."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy and dignity were respected, and staff promoted people's independence.
- Relatives we spoke with told us they felt the privacy and dignity of their family member was respected. Comments from people's relatives included, "The carers are very polite and treat [person] with dignity".
- Some people we spoke to said they had not had their care plan reviewed in a long time, this meant that changes to people's support did not take place.
- Staff explained what they would do if they felt the person's care needs had changed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were not always supported as individuals, or in line with their needs and preferences.
- People supported had a care plan, but this did not always provide staff with person centred information about how people wanted their care provided and their wishes and choices in relation to their care.
- Staff members completed records of the care and support provided during each visit. The records listed the care tasks completed but there was limited information about the person and the experience of the care provided.
- People's end of life care wishes were not identified as part of their care plan. At the time of the inspection the provider was not supporting anyone with end-of-life care, but the care plans did not include any information on how the person wanted this care provided when required or if the person did not wish to discuss their wishes.

The provider did not always ensure staff were provided with enough information to show how people wanted their care provided. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- People's needs were not always understood and supported.
- People's communication care plans did not include information around their first or preferred language. Staff were not matched to meet people's communication needs or preferred language.
- For people who had dementia, the records we sampled indicated the person could not communicate rather than give guidance on how the person might express themselves or how staff should communicate with the person.
- Another person had a risk assessment for when they needed additional support with their behaviour but did not include the triggers for the person's behaviour, so a risk mitigation plan could be put in place to meet the person's specific needs.
- We evaluated a care plan of a person with learning disabilities who was shown to be unable to communicate verbally. The care plan did not detail what reasonable adjustments were required, communication tools or information formats to meet the person's needs.

Care plans not having up to date information meant there was a risk people might not receive appropriate care according to their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported to maintain relationships with relatives.
- Some people were supported to go to local parks as part of their support plan.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure and policy.
- Where complaints were raised the manager responded to the complaints and concerns.

End of life care and support

- The service was not providing end of life care at the time of our inspection. However, there was an end of life policy and procedure in place. The manager explained that they would ensure that all care workers received the training and support that they needed to provide people with end of life care if the need arose.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not have an effective management structure. The provider did not monitor the quality of care provided to drive improvements.
- The provider had not implemented their quality assurance and management policy. Their quality assurance systems did not identify concerns we found on this inspection. These included, missing recruitment information for staff suitability; issues with medicine management, risk assessments, induction and training, lack of personalised detail in people's care records and accurate and up to date records relating to people's care.
- The provider did not always ensure people and staff were protected against the risks of unsafe support and practice because people's risk assessments lacked guidance and strategies to manage identified risks.
- People's care and risk assessment records did not show they benefited from high quality and person centred care as there was a lack of personalised detail about how each person wanted their care needs met.
- We found no records of staff supervision from the files we sampled. So, it was unclear how the provider was assured that staff were receiving the support they needed and how their performance, conduct and development was assessed.

We found no evidence people had been harmed. However, the registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the above, the head of operations recently employed by the provider showed us new systems for the above areas and assured us these would be implemented with immediate effect.

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

- The provider understood their responsibilities under the duty of candour and told us they knew the importance of being open and honest when something goes wrong. They informed us that they knew what type of events they needed to notify us and other organisations about.

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

characteristics

- People and staff were not always involved in the running of the service and their protected characteristics were not always well understood.
- The provider had failed to embed their policies and procedures so that staff were provided with robust guidance to ensure they provided people with person- centred care.

The failure to ensure the service performance was evaluated and improved is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider undertook a survey with staff in December 2022, actions were aligned with the findings within the report.
- There was positive feedback from staff about the management team. Comments included, "I do feel supported, and training was good. Where there is an issue, I can contact the office and know they will help me."

Continuous learning and improving care

- The manager and provider had not always created systems or a culture to promote learning and the continuous improvement of the care provided.
- Staff training had not always ensured staff had the required level of knowledge and understanding in some areas of care.

Working in partnership with others

- The provider worked with external organisations in relation to people's care. The service worked with other organisations including the health care professionals and local authorities.
- The feedback provided by the local authority was positive and included, the provider communicated with them when needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to carry out effective assessments of people's needs and plan their care in a personalised and person-centred way
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to follow the principles of the MCA (Mental Capacity Act).
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure risk assessments were effective and use medicines safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always ensure systems or processes must be established and operated effectively to ensure compliance with the requirements in this part.
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider failed to ensure safer recruitment processes.

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not always ensure staff received adequate training to meet people's needs and promote their lived experiences.