

GB Care Limited

Oasis House

Inspection report

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Ratings

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

Overall summary

Oasis House provides care and support for up to 30 older people who are physically and mentally frail. There were 30 people living at the service when we visited.

The inspection was unannounced and took place on 29 January 2015.

The home has a registered manager. '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 were looked after by staff who were aware of how to respond to allegations or incidents of abuse. The staffing numbers at the service were adequate to meet people's assessed needs. The service had a recruitment

Summary of findings

process to ensure that suitable staff were employed to look after people safely. There were suitable arrangements for the storage and management of medicines.

Staff received appropriate support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge. People's consent to care and treatment was sought in line with current legislation. Where people's liberty was deprived best interest assessments had taken place. People were provided with a balanced diet and adequate amount of food and drinks of their choice. If required people had access to health care services.

People were looked after by staff who were caring, compassionate and promoted their privacy and dignity. Their needs were assessed and regularly reviewed to ensure that the care they received was relevant to their needs. There was a complaints process which people were made aware of.

The service promoted a culture that was open and transparent. Quality assurance systems were in place and these were used to obtain feedback, monitor performance and manage risks.

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?

The service was safe

People were protected from avoidable harm and abuse by staff who knew how to report concerns.

There were risk managements plans in place to promote people's safety.

The service ensured there were adequate numbers of staff employed to keep people safe.

There were systems in place to ensure people's medicines were managed safely

Good



Is the service effective?

The service was effective

People were supported by staff who had the knowledge and skills to undertake their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Good



Is the service caring?

The service was caring

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Staff supported people to promote their privacy and dignity.

Good



Is the service responsive?

The service was responsive

People received care and support from staff that was personalised and responsive to their needs.

The service had a complaints process and people were encouraged to raise concerns.

Good



Is the service well-led?

The service was well-led

People lived at a service that promoted a positive, open and inclusive culture.

The leadership at the service was visible which inspired staff to provide a quality service to people.

Good



Oasis House

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 inspection took place on the 29 January 2015 and was unannounced. The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and activities.

We spoke with seven people who used the service, four relatives, two team leaders, eight care staff, one domestic, the cook and the registered manager.

We looked at three people's care records to see if they were up to date. We also looked at two staff recruitment files and other records relating to the management of the service including quality audit records.

Is the service safe?

Our findings

People said that they felt safe and protected from harm. One person said, "I feel very safe, sometimes too safe." Relatives spoken with said that their family members were looked after safely at the service. One relative said, "Since coming to live here my relative is safe. They weren't before and I was worried."

Staff told us they had received recent training in safeguarding adults and they had found it really useful. Staff were able to tell us how they would respond to allegations or incidents of abuse and they knew the lines of reporting in the organisation. They all said that they would report incidents to the registered manager and if required they would contact the local authority or the Care Quality Commission [CQC] directly.

The registered manager said that staff competencies on keeping people safe and the different types of abuse were regularly assessed. She said, "There is a service user here who likes to wear a jumper and shirt. I explain to staff if the person is not dressed the way they wish to, it could be perceived as neglect and is a form of abuse. Staff now ensure that the person is dressed according to their wishes."

The registered manager told us that people were encouraged to raise concerns if they were not happy about their safety. She said, "This is re-enforced to them. We know the residents very well. If we detect any changes in their behaviour we find out if they are all right. We detected that one person was being abused by someone from outside the home and we acted appropriately and raised an alert." We saw the safeguarding policy was displayed at the service and was accessible to people and their relatives. It contained contact details for the local authority. There were also safeguarding posters displayed. One of the posters displayed said, "If you do not report abuse, then you are as bad as the abuser." We saw where potential safeguarding incidents had been identified they had been raised with the local safeguarding team by the registered manager.

There were risk management plans in place to promote and protect people's safety. Staff told us they were keen to keep the people they supported safe and free from harm. People's identified risks were monitored on a regular basis. For example, people who were at risk of falls were

supervised appropriately. We observed one person who started to walk without using their frame. Staff were quick to respond and ensured that they had their frame. We found that one person had a falls alarm in their room to ensure they were kept safe at night. Another person had no awareness of their safety and invaded other people's private space. The service applied for additional funding for one to one support for them so that they and other people were kept safe.

The registered manager told us that the service had emergency plans in place for flooding, severe weather, major fire, loss of electricity and gas leak. Staff told us that they were made aware of the plans. We saw that there were contact details of emergency telephone numbers displayed in the service which were accessible to staff should they be required.

Staff told us if they witnessed poor care they would not hesitate to whistleblow. A staff member said, "The manager always ensures that any concerns brought to her attention are thoroughly investigated." The registered manager told us that the outcome from incidents relating to safeguarding and accidents and incidents was discussed with staff and action plans were put in place to minimise the risk of further incidents occurring. We saw evidence of how a recent incident had been investigated and measures had been put in place to reduce the risk of occurrence.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People and their relatives said that there were enough staff to meet their needs. However, one relative said that there were only three staff on at night and they felt it was not enough.

Staff confirmed that morning shifts could be busy, but were manageable. They said there were enough staff on duty although they would always like to have more staff. A staff member said, "We let the manager know if we require extra staff to meet people's needs."

The registered manager told us if people's needs changed additional staff would be provided. She said, "People's dependency levels are regularly assessed. If these change I get authorisation to get additional hours to keep people safe." Our observations confirmed that there were sufficient staff members on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. The staff rota we looked at confirmed that the agreed staffing numbers were provided.

Is the service safe?

The registered manager told us that people took part in the staff recruitment and selection process and their views were taken into account. We saw evidence that safe recruitment practices were followed. This was to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles and to meet people's needs and keep them safe. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained.

People were supported by staff to take their medicines safely. Staff told us they had been trained in the safe handling of medicines and that people received their

medicines as prescribed. The registered manager told us that medicines were administered to people as needed and not used to control people's behaviour. She said, "If anything some anti-psychotic medicines have been stopped." We saw evidence that people's medicines had been reviewed by the GP.

We checked the Medication Administration Record [MAR] sheets and found they had been fully completed. People who had been prescribed medication to be administered 'as required' [PRN]; there were clear protocols in place to guide staff when they should be given. We found there were suitable arrangements for the safe storage, management and disposal of people's medicines including controlled medicines.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. Relatives told us that staff had the appropriate skills to support people to enjoy a good quality life. A relative said, "I love the idea that the staff are very involved with the residents and treat them as individuals and not like a conveyor belt system."

Staff told us that they received the appropriate support and training to perform their roles and meet people's needs. A staff member said, "The training is really good here. I like to keep up to date so I can give the best care I can." The registered manager told us that new staff were required to complete a week's induction training and work alongside an experienced care worker until their practice was assessed as competent. We saw evidence that staff had received ongoing training in a variety of subjects that supported them to meet people's individual care needs. These included manual handling, infection control and safeguarding adults. Some training was face to face and other aspects were accessed by e-learning at the service.

Staff told us they received ongoing support from the manager as well as three-monthly supervision and an annual appraisal. Staff said they found supervision invaluable and used it to identify and address their developmental needs. The registered manager said that all staff were given the opportunity to achieve a recognised national qualification at level 2 or 3 and to undertake external courses to support them in their personal and professional development. We saw certificates of achievement in the staff files we examined.

The service ensured that people's consent to care and support was sought in line with current legislation. Staff told us that they obtained people's consent before assisting them with care and support. People and relatives spoken with confirmed that consent was obtained regarding decisions relating to their care and support. Staff were able to explain how they made decisions in line with the Mental Capacity Act [MCA] 2005. They had a good understanding of the MCA 2005 and the Deprivation of Liberty Safeguards [DoLS] and described how they supported people to make decisions that were in their best interests to ensure their safety. The registered manager confirmed that eighteen people living at the service were subject to a DoLS authorisation.

We found that staff dealt with incidents relating to behaviours that challenged others appropriately. For example, we saw a staff member dealt with an incident over seating arrangements appropriately. They de-escalated the incident quickly and efficiently. A second incident relating to a person who shouted at another individual was also de-escalated in a timely manner. Staff had a clear understanding of why the incident had occurred. A staff member said, "She can't help shouting that is her way of communicating."

People were supported to eat and drink and to maintain a balanced diet. People told us they were provided with adequate amounts of food and drinks. One person said, "There is plenty of food I am never hungry. Another person said, "The choice of food is okay." People said that they could have a cooked breakfast daily if they wished to. A person said, "Every morning we get a cooked breakfast if we want to. I have put on weight since being here. My clothes can't fit me." The person also said they and other people who used the service were provided with their cultural foods. The person said, "I get West Indian food to eat and other people get theirs too. The cook prepares Irish and Polish food as well. We tell him what we like and he cooks it."

The cook told us that people were regularly consulted about the food menu and their choices and that the menu was discussed with them and developed with their involvement. He said, "We are one of the few homes in this area that provides a cooked breakfast daily. We provide the residents with anything they fancy. Last week one of the residents came with me to buy some hock, as that is what they fancied." Staff told us if a person did not wish for the meals on offer, then a range of alternatives were available.

We observed the lunch time activity. One person told us, "It's lovely." They ate their meal with appreciative noises, showing that they enjoyed it and giving a big smile when they had finished. We saw that pureed meals were kept separate and consisted of fresh vegetables. The meals were served attractively to stimulate appetite and smelt good. The menu was displayed on a board within the communal lounge to remind people of what was on offer. Although there were no accessible drinks near people in the communal areas, when people wanted a drink, staff were quick to respond. We saw that the service was involved

Is the service effective?

with a special food project which was being run by a dietician. Staff were provided with advice and training to enable them to support people to maintain a balanced diet.

The service supported people to maintain good health and to access healthcare services when required. One person said, "They take you to the dentist when you need to go, the chiropodist and the optician both come in." Staff told us that family members sometimes accompanied people to hospital appointments. A person commented, "Someone from here always accompanies me to hospital appointments. We go in a taxi and come back in one too."

The registered manager told us that people were registered with a GP who visited the service as and when required. She said that the service was in close liaison with the local complex team and they contacted the service daily to enquire if their services were required. Support was also provided by the district nurses. We saw evidence that people had access to specialists such as the psychiatrist and the speech and language therapist. Arrangements were being made for a dentist to carry out domiciliary visits as and when needed.

Is the service caring?

Our findings

Positive and caring relationships were developed with people who used the service. People and relatives told us they were happy with the care and support provided. One person said, "All the staff talk to you and are friendly and caring." A relative said, "The staff are very young but they are really kind to the older people. I have never seen or heard anything untoward that is not right since I have been here." We observed that care staff spent time interacting with people and addressed them by their name. When communicating with people they got down to their level and gave good eye contact. They also took time to ensure that people understood what was happening. We saw staff provided people with reassurance by touching and hugging where appropriate showing that they were aware of people's emotional needs. A person said, "They're all lovely, really lovely, like angels." Another person said, "They are all so caring and kind."

We saw that people were supported with care and compassion. For example, we observed one person living with dementia being comforted by staff when they became upset. We saw the staff responded to the person in a kind, calming and reassuring manner. One person became particularly anxious about their personal possessions and the registered manager made arrangements for them to have a key to their room which they could keep to reassure them that their possessions would be looked after appropriately.

During our inspection we saw that both people and staff came to the registered manager to ask for help and advice. People were listened to and the registered manager demonstrated that they treated people with respect and understood their individual needs and preferences.

The service supported people to express their views and be involved in making decisions about their care and support. Staff told us they involved people and their relatives in planning and reviewing their care. None of the people who used the service that we spoke with were able to confirm this, but relatives we spoke with told us they had been involved in making decisions about their family member's care. We saw that people were given the opportunity and

were supported to express their views about their care. For example, we saw staff consulting and involving people with their daily living activities. We established through our conversations with people and relatives that feedback was given to the registered manager and care staff so that the service could be improved.

People had differing levels of needs, and we observed that staff offered varying levels of support to each person, depending upon their assessed needs. We saw that support was provided in a kind, calm and relaxed way and that people were at ease in the presence of staff. Our observations demonstrated that staff had really positive relationships with the people they supported. The demeanour of the people, who were being supported, was seen to be open and trusting of the staff. People moved around the service and it was evident that they had the opportunity to choose where they wanted to be. Staff provided gently support and at a level acceptable for the person. Care and support was based on individual preferences and it was evident through our observations, that staff were caring and knowledgeable about each person and how each person liked to be supported.

People and their relatives told us they were treated with dignity and respect. One person told us, "They always knock on my door before they come in." People told us that the way in which staff communicated with them, made them feel that they were respected and ensured their dignity was maintained.

Staff spoken with were able to describe how they ensured people's privacy and dignity was respected. A staff member said, "We knock on people's bedroom doors before entering; and always administer medication in a private area. We observed this happening in practice. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

We observed care staff respecting people's choices and we saw that people were supported in a manner that promoted and protected their dignity. For example, care staff discreetly assisted people to meet their personal care needs.

Is the service responsive?

Our findings

The service ensured that people received personalised care that was responsive to their needs. People and relatives said that they had been involved in how their care was assessed, planned and delivered. A person said, "I am involved in planning my care. The staff talk to me about my care plan all the time and they are helping me to get sheltered housing accommodation, that's my goal."

Staff told us that people's care plans were developed around them as an individual and their histories and preferences were taken into account. The registered manager said that before anyone was admitted to the service their needs were assessed and the information obtained from the assessment was used to develop the care plan. We saw in the files we looked at that assessments had been undertaken. The care plans were personalised and contained information on people's varying level of needs and provided guidance on how people wished to be supported. Giving people choices and promoting their independence were essential factors in how people's care was delivered.

People told us that they took part in activities or past times that were important to them and linked into things they enjoyed before they came to live at the service. A relative said that their family member's needs were met by staff and they were supported to take part in activities. The relative said, "Activities have started again."

We saw that people took part in activities that were focussed on them as individuals. Each person's level of ability was assessed using a specific tool and they were provided with an activity which was tailored to meet their individual needs for example, hand massaging or painting. Activities provided were varied and included board games, carpet skittles, and reminiscence sessions, to a music person visiting the home; pamper sessions and a visiting hair dressing service. We spoke with the activities coordinator, who told us they provided a variety of activities. We observed an activity session and found that people were very engaged in this and took great enjoyment from the activity, which was throwing a bean bag onto a giant target. Staff took time to ensure that those people

who did not want to participate were occupied with something that interested them; for example, listening to music of their choice or reading the weekly magazine, 'The Weekly Sparkle' - a magazine that the service subscribed to which covered historical events, remembering things such as, food, clothes, toys and songs and hymns that people would remember. The magazine also contained quizzes and word searches which staff undertook with people in a group.

We observed a pamper session whereby one person was having a hand massage. When asked if they wanted this, they smiled and they took great comfort from the time that staff spent with them. They looked relaxed and comfortable throughout.

Staff told us that the service received visits from a local church and that a priest also visited, which meant that people from different faiths were supported to maintain their religious beliefs.

We found that people were encouraged to bring in personal possessions from home, including beds and wardrobes. Rooms were personalised and contained personal possessions that people treasured, including photographs and ornaments.

The service encouraged people to raise concerns or complaints. People and their relatives said that they felt able to raise issues. They were confident that concerns were dealt with appropriately and in a timely manner. Staff confirmed that people had access to the complaints policy but this was rarely needed because of the approachability of the registered manager.

The registered manager said she had not received any formal written complaints. She said, "I listen to any concerns brought to my attention by residents, relatives and staff and address them immediately." The registered manager described how she dealt with a complaint that was brought to her attention. She said that complaints were used to improve on the quality of the care provision. We saw that a copy of the complaints procedure was displayed in the service in an appropriate format to make people and their relatives aware of the process.

Is the service well-led?

Our findings

The service promoted a culture that was positive open and inclusive. A person said, “The manager said you can come to me at any time she is always on our side.” A family member described the registered manager as enthusiastic, eager to please and a breath of fresh air. The relative said, “She is very much hands on and knows all the residents here.”

Staff said that the registered manager operated an open door policy and was open and transparent. A staff member said, “She is supportive, approachable and inspiring.”

The registered manager said that she emphasised to staff the importance of promoting people’s rights and independence and that their privacy and dignity were promoted. She said, “I re-enforce good care practice and take corrective action when poor practice is observed.”

Staff spoken with confirmed this and said that the registered manager was firm but fair.

Staff we spoke with were clear about the process to follow if they had any concerns about the care being provided and told us they knew about the whistleblowing policy. They said that they would have no hesitation to use it if the need arose.

The service had processes in place to encourage communication with people and their relatives for example, yearly family forums were arranged. This enabled people and their relatives to provide feedback on the care provision and to make suggestions. A relative said, “We are invited to family forums so that we can air our views and also arrange for different events such as, Christmas parties, raffles or any kind of entertainment and fund raising.”

The service had a system in place to ensure when mistakes occurred there was honesty and transparency. Staff explained when errors occurred they were dealt with appropriately by the manager. A staff member said, “If

records are not completed or we forget to carry out a task this is pointed out by the manager.” Staff also said that they received constructive feedback from the registered manager during supervision. The registered manager was complimentary about the staff team. She said, “Staff go more and above their remit to make sure that the residents receive a quality service.”

The service demonstrated good management and leadership. Staff told us that the registered manager was always visible at the service. A staff member said, “She supports us to tackle difficult situations. When she is off duty we can contact her for advice.” During our inspection we observed the registered manager interacting with people who used the service, relatives and staff in a positive manner.

The provider was meeting their registration requirements. For example, statutory notifications were submitted by the provider. This is information relating to events at the service that the provider was required to inform us about by law.

Staff told us they were happy in their roles and worked hard to ensure that people received the care they needed. One staff member said, “We all pull together and are here for the residents.” Our observations throughout the day demonstrated that staff provided the people who used the service with care and attention. We asked staff about the ‘Mum’s Test’ and they all told us that they would have no concerns in placing people in the service as they believed in the care that they provided.

The service had quality assurance systems in place. The registered manager told us that the service had a system of audits and reviews which were used to obtain feedback, monitoring performance and managing risks. These included areas such as medicines, infection control and care plans. Where areas for improvement had been identified we saw there were action plans in place to address the issues requiring attention.