

Oasis Private Care Limited

# Oasis Private Care Limited

## Inspection report

John Eccles House  
Robert Robinson Avenue  
Oxford  
Oxfordshire  
OX4 4GP

Tel: 01235821223  
Website: [www.oasisprivatecare.com](http://www.oasisprivatecare.com)

Date of inspection visit:  
23 July 2019

Date of publication:  
23 August 2019

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Oasis Private Care Limited is a domiciliary care service providing personal care to people living in their own homes.

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

People were protected from the risk of harm by staff who understood their responsibilities to report concerns. Improvements had been made to risk assessments and risks to people were managed effectively. There were systems in place to ensure people received their care calls as needed and minimised the risk of missed visits. Medicines were managed safely. There were processes in place to enable the provider to make safer recruitment decisions.

Care plans had improved and provided detailed guidance for staff in how to meet people's needs. Care plans were person-centred and reflected people's choices. Staff regularly reviewed people's needs to ensure they were providing the right support. The provider had a complaints policy and procedure in place and people were confident to raise concerns.

There were effective systems in place to monitor and improve the service. These systems had been introduced since the last inspection and due to the previous concerns around the effectiveness of management systems we needed to be sure the improvements could be sustained. We received positive feedback about the management of the service. The registered manager had made links with outside agencies to improve their skills and knowledge.

People were supported by staff who had the skills and knowledge to meet their needs. Care plans reflected current guidance and standards. Care plans identified people's dietary needs and how these were met. People were supported to access health and social care professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring. Staff treated people with dignity and respect and their privacy was protected. People were involved in all aspects of their care and staff respected their choices. People were encouraged to maintain their independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (Published 24 January 2019). The provider has sent monthly reports to CQC to evidence their improvement. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Since this rating was awarded the service has moved premises. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

This service has been in Special Measures since January 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service is effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service is caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Oasis Private Care Limited

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

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

#### Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 17 July 2019 and ended on 30 July 2019. We visited the office location on 23 July 2019

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, and care workers. We received feedback from one health professional who worked with the service.

We reviewed a range of records. This included two people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had implemented a new electronic care planning system. Care plans included clear risk assessments and guidance for staff in how to manage the risks.
- The improved monitoring of risks had resulted in better outcomes for people. One person was assessed as at risk of infections. The care plan guided staff to encourage the person to drink more fluid and record fluid intake. A review had been completed and identified that incidents of infection had reduced.
- Care plans included details of equipment used to support people and included clear guidance in how equipment should be used.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe all the time. This carer I have now, she is marvellous, does everything for me. I am more than happy."
- Staff understood their responsibilities to identify and report concerns relating to harm and abuse. One member of staff told us, "It (safeguarding) is about keeping them safe and protecting them." All staff we spoke with told us they knew how to report concerns to external agencies if they felt no action had been taken by the registered manager.
- The provider had policies and procedures in place to ensure people were protected from harm and abuse. Concerns relating to harm and abuse had been investigated and reported appropriately to outside agencies.

### Staffing and recruitment

- Most people were supported by regular care staff who knew them well. One person told us, "I feel very safe. People [carers] I know. Been with me quite a while so got to know them." No one we spoke with had experienced a missed visit.
- The provider had improved the electronic monitoring of calls. The electronic system enabled office staff to monitor care calls. The system alerted where staff had not attended care calls in a timely manner and action could be taken. Most people recognised the improvements made in the timings of care calls. One person told us, "Come on time, no complaints at all, frankly all has got better."

- The provider had systems in place to support safe recruitment decisions. Pre employment checks were carried out which included references and Disclosure and Barring Service checks.

#### Using medicines safely

- Medicines were managed safely. The provider had introduced an electronic system for monitoring and recording medicines administration. Care plans included details of people's medicines and any allergies.
- Care plans included guidance for staff where there were specific instructions relating medicines administration. One person required their medicines in liquid form or crushed due to swallowing difficulties. Contact had been made with professionals to ensure medicines could be administered safely in this way.
- Staff completed medicines training and had their competency assessed to ensure they were safe to administer medicines unsupervised. Where staff were required to administer medicines that required specific training, training was completed by health professionals to ensure staff were competent.

#### Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection. One person told us, "[Staff] make sure everything is kept clean. Keep the place very tidy, washing and ironing done very well. Wear gloves and aprons when they do caring."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded on an electronic monitoring system that enabled the provider to monitor for trends and patterns. The provider had taken action as a result of incidents to improve the service.
- All accidents and incidents were investigated, and action taken to reduce the risk of a reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to the commencement of the service to ensure their needs could be met. The initial assessment included people's physical, social and cultural needs. People and relatives if appropriate, were involved in the assessment process.
- Care plans reflected current standards and guidance. This included National Institute for Health and Care Excellence (NICE) guidelines.

Staff support: induction, training, skills and experience

- Staff were supported through regular supervision. One member of staff told us, "Very supported. We have 1:1 meetings."
- Staff completed an induction programme when they started working for Oasis Private Care. One member of staff told us, "I have never done care before. We had all mandatory training; moving and handling, medicines, first aid etc".
- Staff were regularly observed in practice to ensure they had the skills and knowledge to meet people's needs. Where staff required specific training to meet people's needs this was provided by a health professional who assessed staff competence.

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

- Where people required support to eat and drink this was identified in their care plan. There was guidance advising staff of people's likes and dislikes and any specific dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and deputy worked closely with social and health care professionals to ensure people received timely support where people's conditions changed. This included contact with G.P's, occupational therapists, speech and language therapists and physiotherapists.
- One health care professional told us, "Their [care staff] actions have ensured that [person] is safe and that any deterioration in [person's] presentation, or changes to social situation, have been picked up on rapidly, and effectively."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were involved in all aspects of their care and their rights were respected.
- Staff had completed training in MCA and understood how to support people in line with the principles of the act. One member of staff told us, "You need to act in their best interest and help them make decisions."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were supported by staff who were kind and caring. One person told us, "I have been with them for two years and I am very happy. Good care. Some dedicated workers. I have great esteem for many. Some have become good friends."
- Staff understood the importance of treating people as individuals and ensured people's rights were respected. One member of staff told us, "Everyone's care plans are on the system. But on the visit, I read the notes from day before and you of course talk to the person and get to know them."

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

- People were involved in the development of their care plan and felt listened to. Where people had specific requests about how their care should be provided, staff ensured appropriate professional support was accessed to ensure people were able to make informed choices.
- Where appropriate relatives were involved. One relative told us, "Initially involved in the care planning, they do come out to check on things."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "Very respectful, there isn't anyone I have not felt respect from when they are looking after me."
- Staff supported people to maintain their independence. One relative told us, "Carer encourages [person] to sit out and takes her to sit in the garden. Oasis will send a driver if she wants to go out in to Oxford, really good."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure care plans were accurate and up to date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had introduced an electronic care planning system that improved accessibility of information for care staff.
- Care plans included detailed information relating to people's needs, their interests and people who were important to them.
- Care plans were reviewed regularly with people and relatives to ensure they reflected current needs. One relative told us, "Last week manager came in and went through it [care plan]. Recently [person] mobility has got worse, so we are going to have another discussion."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Assessments included people's communication needs. Care plans reflected how those needs were met to ensure staff understood people's individual needs. This included the use of communication aids and how staff should position themselves when speaking with people.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. Complaints records showed the registered manager had taken appropriate action to resolve issues and where necessary had sought advice and support from outside agencies.
- People and relatives told us they were happy to raise any concerns with the registered manager and felt they would be responded to in a timely manner. One person told us, "I have no complaints at all. I am sure that [registered manager] would respond if I had."

End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- Where people wished to discuss their end of life wishes this was recorded in care plans.

# 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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant that although systems for monitoring and improving the service had been introduced, these needed to be embedded and sustained to ensure they supported the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our inspections in January 2018, June 2018 and January 2019 the provider had failed to ensure there were effective systems in place to identify and act on overall trends and themes to drive service improvement. Systems to monitor and improve the service were not effective. This was a breach of regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at all three inspections and the service had been rated inadequate in well-led.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had implemented an electronic monitoring system since the last inspection. The system enabled the management team to monitor the quality of the service. This resulted in an action plan ensuring all issues identified were addressed.
- The service sought regular feedback from people and relatives. The results of the feedback was used to improve the service for people. This include reviewing care with people and changing times of calls.
- The service continued to be supported by an external consultant who completed regular audits to ensure the system introduced was being used effectively.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the management of the service and the culture they created. One relative told us, "Managed very well, issues are in the past, very good now."
- Staff enjoyed working for Oasis Private Care and felt there was a family atmosphere. One member of staff told us, "I am happy. It feels like a family to me."

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 registered manager understood their responsibilities in relation to duty of candour and had developed the service to ensure there was an open and honest culture.
- Records showed that relatives and people were informed when any issues were identified. The registered manager provided an apology where there was any indication that the service had not been to the required standard.

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

- There were systems in place to seek feedback from people, relatives and staff. The service sent out regular quality assurance surveys. One relative told us, "Get a questionnaire, tick performance boxes. Get phone calls."
- The registered manager or deputy manager visited people regularly to seek feedback in person. One person told us, "Know all the team [management]. Come out to see me about things."

Continuous learning and improving care; Working in partnership with others

- The registered manager and deputy manager had developed links with outside agencies to support learning and improvement of their management skills and knowledge. This included attending training provided by Oxfordshire Association of Care Providers (OACP). This had supported an increased understanding of the regulatory responsibilities of a registered provider.
- There was a clear action plan in place that identified improvements made since the last inspection and the further improvements planned.