Oasis Care and Training Agency (OCTA)

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Inspection report

24-32 Murdock Street
Peckham
London
SE15 1LW

Tel: 02076396192
Website: www.somalicareagency.org.uk

Date of inspection visit:
04 July 2017

Date of publication:
11 August 2017

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

Summary of findings

Overall summary

Oasis Care and Training Agency is a domiciliary care service, which provides personal care to people in their own homes in 14 London boroughs. At the time of the inspection there were about 216 people using the service.

The service was inspected on 31 August and 2 September 2016, where we found the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) 2010. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Oasis Care and Training Agency OCTA' on our website at www.cqc.org.uk.

We undertook a focused inspection on 7 February 2017 in relation to the breaches of regulation we identified at our previous inspection of September 2016. We found that the service had followed their action plan and had made the required improvements. We could not however change the rating for the key questions 'Is the service safe?' and 'Is the service well-led?' because to do so required a record of consistent good practice.

We undertook an announced comprehensive inspection on 4 July 2017. We gave the registered manager 24 hours' notice as we needed to be sure they would be available for the inspection. At this inspection we found that the service had sustained the improvements put in place following our previous inspections of September 2016 and February 2017 and met the legal requirements.

The service had 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.

Staff handled and administered medicine to people in a safe way. Staff had been trained in the safe administration of medicines and they understood and followed the organisation's medicines policy. Risk assessments were carried out and management plans were in place to keep people safe from avoidable harm. Recruitment procedures were safe to ensure only suitable personnel worked with vulnerable people. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse.

Staff understood their responsibilities within the Mental Capacity Act 2005. Staff were supported through induction, supervision, appraisal and training to provide an effective service to people. People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements. People were supported to arrange appointments to ensure their health needs were met. Relevant professionals were involved to ensure people received appropriate support and care that met their needs.

People told us staff treated them with kindness and respected their dignity. Staff understood people's

needs, preferences and cared for as they wanted. People and their relatives were involved in their care planning and these were reviewed and updated regularly to reflect people's changing needs. Staff encouraged and enabled people to do what they can do for themselves to keep them active and maintain their independence.

People and their relatives were given opportunities to share their views about the service. People knew how to complain. The registered manager investigated and responded to complaints and concerns appropriately.

Regular spot checks and audits were carried out to identify shortfalls in the service.

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. Risks to people were assessed and managed appropriately.

Medicines were handled and managed in line with the organisation's procedure and safe practices. Medicines administered to people were recorded clearly.

Recruitment practices were safe to ensure only suitable staff were employed to provide care to people.

Staff were knowledgeable in recognising the signs of abuse and how to report it in accordance with the organisations policy and procedure.

Is the service effective?

Good

The service was effective. Staff were supported through induction, supervision, appraisal and training.

Staff understood the principles of the Mental Capacity Act (2005) and ensured people consented to the care provided to them.

People were supported to prepare food and drink as required.

The service worked with health and social care professionals to ensure people's needs were met.

Is the service caring?

Good

The service was caring. Staff treated people with dignity and respect.

Staff understood the needs of people and how to support them accordingly.

People were involved in their own care. People had choice about how they wanted their care delivered.

Is the service responsive?

Good

The service was responsive. Care and support was delivered to

people in the way and manner they wanted.

Care plans detailed the support people required to meet their needs. People were supported to maintain their independence.

People and their relatives knew how to raise concerns and complaints and these were investigated and responded to in line with policy.

Is the service well-led?

Good

The service was well led. There was a registered manager who complied with the terms of the registration with CQC.

People and staff told us the registered manager and members of the management team listened and were open to feedback which were used to improve the service.

There were systems for monitoring the quality of service provided.

Oasis Care and Training Agency (OCTA)

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 4 July 2017 and was announced. We gave the registered manager 24 hours' notice to give them time to become available for the inspection. The inspection was carried out by two inspectors and one expert-by-experience who contacted people using the service over a two days period. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. 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 other information such as notifications we held about the service and the provider.

During the inspection we spoke with the registered manager, human resources manager, training coordinator, care manager, six field supervisors and six care workers. We looked at 25 people's care records to see how people's care was planned, 10 medicine administration records (MAR), 10 staff files including their recruitment and supervision records. We also checked other records relating to the management of the service including complaints and quality assurance systems.

After the inspection we spoke with 15 people using the service. We received feedback from three local authority service commissioners about their views of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with staff in their homes. One person said, "I have never really thought about it. I have not had any problems with anything so far so I would say that I am safe." Another said, "I am absolutely safe. They have not done anything to show otherwise."

People were safeguarded from the risk of abuse and improper treatment. Staff had been trained in safeguarding vulnerable adults from abuse so they knew signs to identify potential abuse and how to respond to concerns in line with their organisation's procedure which was linked with that of the local authority. Staff felt confident that any concern reported to the registered manager or management team would be addressed and investigated to protect people. The registered manager knew their responsibilities and actions to follow to address any safeguarding concerns. This included notifying CQC and the relevant local authority.

People were protected from avoidable harm and risks to them minimised by the service. Risk assessments were carried out covering people's physical and mental health and people's behaviour. Risks affiliated with tasks such as personal care, medicine management, moving and handling and environment were also assessed. Management plans were developed to reduce the risks identified. For example, one person's plan provided information for staff to follow on how to support them manage the risk of pressure sores. It stated staff to ensure person sits on their pressure relieving cushion, skin is well moisturised and dry, and contact the district nurses if any redness or skin breakage is observed. We saw plans in place to reduce risks associated with moving and handling. It entailed two members of staff to carry out such tasks as a way to reduce risk and ensure safe transfers. The service involved appropriate professionals in assessing risks and devising action plans. Staff knew the risks connected with people they cared for and knew how to support them safely in line with the management plans in place. These showed risks to people were well managed.

Staff supported people with their medicine as indicated in the prescription. People's care records detailed the level of support they required as part of their assessment. For example, if a person needed reminder to take their medicines or assistance to dispense their medicines. One person told us, "Yes, I think they are doing it [medicines] just fine." Another said, "Yes, I get it on time without any problems. I have painkillers as my normal medication so I usually don't need any more." There were clear guidelines in place for staff to follow to support people safely with their medicines and staff told us and records confirmed staff had completed safe administration of medicine training. Medicines administration records [MAR] sheets we checked were clearly completed. MAR sheets were audited regularly by field supervisors to ensure they were well completed and accurate.

People received support from staff who were recruited in a safe way. Employed staff were vetted to ensure their suitability for the role prior to being employed. Staff files contained Disclosure and Barring Services (DBS) checks, two references, and proof of identity and employment history. A DBS is a criminal records check employers carry out to help them make safer recruitment decisions. Where gaps were identified in people's employment history, this was discussed with staff and documented. Records also showed, where people had a criminal conviction on file, senior staff carried out a risk assessment to assess their suitability

to work. Risk assessments were up to date and comprehensive. This meant the risks to people were assessed regularly.

People told us they received their care service from staff at the time planned and there were sufficient numbers of staff to meet their needs safely. One person told us, "If my regular carer comes around I do feel safe with her. I have been with her for a long time." Another person said, "They [staff] do arrive more or less on time." And a third person said, "Mostly. There are odd occasions that they are late but nothing more than 5 or 10 minutes. I don't usually notice, until she comes around and says I am sorry that I am late." Staffing levels were flexible in order to deliver care that reflected people's needs. Where it was evident people's needs had changed and more support required, this was implemented where agreed with the funding authority. Staff told us they had sufficient time allocated to them to complete their caring duties to people. They also confirmed that double handed visits were carried out by two care staff. The registered manager showed us an electronic system they used to schedule care visits to ensure people received care from staff at the right time. The management team were alerted of potential lateness or missed visits early which they followed up on or arranged cover quickly.

Staff knew how to respond to an emergency that may arise to keep people safe. We asked staff about how they would deal with emergencies and gave them possible emergency scenarios as examples. They told us they would contact people's GP if a person was unwell, and would call the ambulance service immediately if a person was unconscious or in severe pain. In the event of no entry to a person's home, they would contact the office for advice or they would contact the person's relatives. The service had procedures in place for staff to follow to attend to unplanned situations. People's care records included details of their GP and next of kin. There were also arrangements in place on how staff were to gain access to people's homes.

Good

Is the service effective?

Our findings

People told us staff had the skills and experience to care for them well. One person said, "They know how to look after me and make sure I am well looked after." Another said, "I don't think you need much training to help me. But they are good at their job." Another said, "They are very helpful and I think they know what they are doing."

People received support from staff that underwent regular training to meet their needs effectively. Staff confirmed training enhanced their skills and knowledge and enabled them to deliver consistent care. We looked at staff training and found all staff completed mandatory training, for example, safeguarding, moving and handling, Mental Capacity Act 2005 (MCA), Deprivation of Safeguarding Liberty (DoLS) and safe medicines management. Records confirmed that training was up-to-date and staff confirmed they could request additional training should they feel they require it.

People received care and support from staff that reflected on their working practices through supervisions, annual appraisals and spot checks. Staff told us they received regular supervisions, could request additional supervisions if needed and found these beneficial in developing their skills. One staff member told us, "During supervision and appraisal we talk about what I am doing well and what I am not doing well and how I can improve." A second staff member said, "I have a lot of supervision. They [management] have time to supervise us to see that we are doing the job right. My supervisor does spot checks and observation when I am with a service user and then give me feedback so I can do the job better." Records confirmed what staff had told us. Notes of meetings showed supervisions were held quarterly and covered, safeguarding, roles and responsibilities, what has gone well and any areas of additional support and training identified. Spot checks carried out by senior staff helped generate additional agenda points for staff supervisions. Annual appraisals also took place which was used to evaluate individual staff performance and identify training needs.

People consented to their care and support before it was delivered. People told us staff always sought their opinion before undertaking a task or making a decision. One person said, Yes they always ask me first. Even little things like would I like a cup of tea or would I like a shower or a wash." Another said, "They [staff] would never force me into doing anything." Another said, "Yes, I can say no to anything and they will listen to me." Staff had received MCA training and understood people's rights under this legislation. Staff were aware that they cannot impose decisions on people. One member of staff told us, "I will never force them [people] to do anything they don't want to do. I will encourage them and then report to my manager." Another staff member said, "If a service user is refusing the help they need. I will let my manager know because the person may be at risk so my manager will need to inform social services." We saw evidence where people's relatives and care professionals had been involved in best interest meetings to make decisions about people's care where it was deemed that the person lacked the mental capacity to make such decisions. This showed people's rights were respected.

People's needs were assessed in relation to their nutritional requirements. Care records detailed what support they needed to prepare their food and to eat. One care record stated "[person name] needs help to

prepare food. They can feed themselves." Another stated, "[person name] is unable to prepare their meals. Staff need to sit with them and encourage them to eat." People confirmed they received the help they needed. One person said, "They will warm up some food for me." Another said, "I get ready meals which they will put in the microwave for me."

People were supported to access healthcare services. We saw on people's care records notes staff had made to healthcare professionals on behalf of people. It included appointments made for people with healthcare professionals and outcomes. Staff were clear that they would assist people arrange and attend appointments if required.

Good

Is the service caring?

Our findings

People told us staff were kind and caring to them. One person said, "Staff are really nice and friendly to me. They treat me like a person." Another person told us, "They [staff] are always smiling and happy and it shows in their work." And a third person said, "I have never met a carer that is not kind to me. They are caring and really helpful."

Staff understood people's care requirements, preferences, likes and dislikes and supported people accordingly. The service ensured care records provided detailed information to enable staff care for people as they wished. Information such as people's communication needs, abilities and how they preferred to be cared for were stated in their care records. For example, there was information on how staff were to support one person that with hearing difficulty. It stated staff to ensure hearing aid is properly fixed and turned on and staff to speak clearly and audibly. Another record noted how a person liked their personal care done. Staff we spoke with told us about the care requirements of the people they supported. They spoke confidently of how well they knew the people's needs and how they supported them accordingly. One staff member said, "Once you know your service user, the job becomes easy for you and the person." The staff member added "I have worked with the same service users for a long time. We trust each other. I know exactly how they want me to do things and I respect it, so everyone is happy." A person confirmed what staff had told us as they said, "The carers I have are the same as me and they understand what I want." And another told us, "They [care staff] just get on with their work as they know what I want and at the end ask me if I want anything else. I am really happy with this"

People's personal, cultural and religious needs were respected as these were considered in the planning of their care. Care plans recorded people's preferences as to whom and the gender of staff that supported them. The registered manager told us and record confirmed staff were matched to people as closely as possible considering interests, language, culture and religious requirements. The registered manager explained that it helped build trust and relationships. All staff were also trained as part of their induction to promote and foster equality and diversity.

People's privacy and dignity were respected by staff. Staff gave us examples of how they respected people's privacy and dignity in everyday work. One staff member said, "… For example, you have to speak to them [people] with respect. The words you use have to be appropriate." Another staff member told us, "It is important not to chat about your clients in public. Confidentiality is important in this job. You know a lot of information about your clients so you must keep in private." Staff had been trained in dignity in care as part of their induction and they told us their managers reminded them of these matters regularly through supervisions and updates. People confirmed staff respected their dignity and privacy when they told us, "They [staff] respect my dignity. Things like they will cover me up with towels when I am having a shower and only uncover the part they are washing." Another person said, "They [staff] call me Mrs <service user's surname> and they talk to me with respect." And a third person told us, "…, for example when my friends are around they will take me out of the room before talking about anything."

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning their care, and this was delivered in a manner that fulfilled their individual needs. One person said, "I was in hospital and my children all sorted it out for me." Another person said, "We had a chat beforehand that covered all the things, while I was there my son did most of it." A third person told us, "We have meeting every so often. I think it was at the beginning of the year. I am asked what I want done and what I like." Care records showed that the assessment covered people's needs, requirements, goals and preferences in relation to the way they wanted their care delivered. People's care visit times, the duration of the visits and the tasks to be undertaken.

Care records stated outcomes people wanted from their care, what was important to them and how staff were to support them achieve the outcomes they wanted. For example, one person care plan reads, "I like to stay connected with my relatives and friends so staff should leave the phone close to me before the leave." People care needs ranged from maintaining personal hygiene, self-neglect, and managing such conditions such as diabetes and Parkinson disease. Notes from care visits we reviewed showed people were supported according to their individual needs. Care plans were regularly reviewed to reflect changes in people needs. Staff us they were informed by their managers of any changes to the needs of person they cared for. They told they were encouraged to read through people's care plans so they were up to date with what people needed.

Staff were flexible in the way they supported people to ensure changes in their needs and requirements were accommodated. For example, if a person was unwell and needed extra time, staff adjusted their time so they could give the person the support they needed. Staff also told us they were also able to complete tasks other than what was scheduled during a visit to meet a person's needs and requirements as far as it was safe and practical for them to do so. One person commented, "If I call them to change time or dates or anything they will try and get it done right away or call me back within an hour." Another said, "I would have to say that they are doing everything they can when I ask them to do anything." And a third told us, "They are very flexible like I said they do everything they can as fast as possible." Records confirmed that people had been supported to complete non care related tasks such as reporting repairs and maintaining their homes. This indicated that people were at centre of the service provided.

People were encouraged to keep active and do as much as they can for themselves. Care records stated what people can and cannot do. One person's care record read, "[person name] can wash upper part of their body." Another stated, "I am still able to microwave my food and I like to continue to do so." Staff were aware of how beneficial it was for people to allow them do things they can do. One staff member said, "It makes them feel useful." Another staff member told, "It is a form of exercise for them."

People knew how to raise or make a complaint about the service. People said, "I have a phone number for their offices I would just use that and give them a call. They [management] call immediately to discuss and resolve it." "I would talk to my daughter first and she will help me out from there." Information about how to complain was included in the service user's handbook given to people when they started using the service. Complaints records we reviewed showed that the service had followed their procedure in responding to

complaints raised about the service. An investigation into the complaint was conducted in line with their procedure. We also noted that people were given various opportunities to complain and feedback about the service. This included spot checks, during observations and care reviews.

Good

Is the service well-led?

Our findings

The service was well managed. There was a registered manager in post who was responsible for overseeing the service and ensuring it complied with policies, procedures and regulatory requirements. The registered manager was supported by a care manager who looked at the quality of care delivered to people. After our previous inspection, the service recruited a care manager who supported the registered manager to focus on the quality of care delivered to people. A human resource manager was also in place who took charge of recruitment and managing performance. There were also personnel team leaders and compliance officers in place who were responsible for supervising staff and dealing with compliance matters.

The commissioners from local authorities we received feedback from were satisfied with the improvements the service had made in the last 12 months. We saw joint working between Oasis and commissioning authorities in improving the quality of service, investigating safeguarding concerns and training staff. The service had implemented action plans from monitoring visits. The registered manager and their management team were keen to sustain and drive further improvements. The registered manager continued to comply with the conditions of its registration and continued to send notifications to CQC, as required.

People told us that the management team listened to them and took their feedback on board. "One person said, "Everyone is doing a really wonderful job and that must come from the top." Another said, "They [management] do listen to me and I think they listen to staff too. Another told us, "The service is good at taking in what I say."
Staff said, "They [management] are very helpful. You come to them with a problem and they sort it out quickly." Another said, "They [management] respect us. They value us and it makes us [care staff] want to work with them and make this place better." Staff were regularly supported to improve their practice through training and meetings which were used to reflect and learn. The service also produced newsletters which provided information about various matters including changes in the organisation and new legislations. They were also used to discuss the organisation's policies and procedures and to remind staff of their responsibilities. We saw the latest newsletters which talked about 'heatwaves' and how staff were to ensure people were kept hydrated during the period.

The service questioned the service provision to drive improvements through spot checks, quality assurance questionnaires and telephone monitoring. Visits to people were also done to find out they were happy with the care they received. Reports from spot checks conducted checked if staff arrived on time, staff conduct, how staff communicated with people, the quality of their work and documentation. People gave feedback about staff to their supervisors who addressed any concerns with the staff member during supervision.

The service had a robust system in place to monitor missed and late call visits. The service used an electronic monitoring system (EMS) that required staff to 'log' in and out at the beginning and end of all calls. By doing this, the service was then alerted to any calls that were late by five minutes. Staff that monitored the EMS would then contact the staff member allocated to the call to ascertain the reason for the delay and contact the 'client' to inform them of the late call. During the inspection we spent time with the

EMS monitoring staff and observed them contacting staff that had been identified as late. Analysis was completed to address any issue with missed call or late visits. We found that late or missed visits had improved and rarely occurred in the 12 months prior to our inspection because the service had put effective systems in place to manage and reduce this. For example, the monitoring staff arranges for cover immediately as soon as they find out that there was a missed visit. The team leader, care mangers and field supervisors had practical experience on the job so they could provide emergency cover. The service was responsible in reporting the number of missed calls to the funding authority.