

Oasis Private Care Limited

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Inspection report

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Date of inspection visit:
13 September 2022

Date of publication:
01 November 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Oasis Private Care is a domiciliary care service providing personal care. The service provides support to people in their own homes. At the time of our inspection there were 35 people using the service and receiving support with personal care.

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

People, and their relatives were aware of who the registered manager was and found the office team approachable, supportive and that communication was good. Most staff told us the registered manager was supportive when approached. However, one staff member felt they were bullied and intimidated at work.

The service did not always notify CQC about reportable events. A notification is information about important events which the provider is required to send us by law.

People told us staff were always punctual and that they had not experienced any missed visits. Some staff told us short travel times meant they were sometimes late. Systems to monitor late or missed visits were not always effective or accurate.

Systems to monitor the quality of the service were in place. Action plans were used to improve the service. Outside consultants were used to audit processes and procedures and we saw the registered manager used the results to drive improvements. However, these systems did not identify our concerns relating to notifications.

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff we spoke with understood the risks to people and delivered safe care in accordance with people's support plans and knew how to seek guidance if needed. Some staff told us there were not always enough staff to keep people safe and meet their needs.

People felt they were treated with kindness and spoke very positively about staff. Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

The inspection was prompted in part due to concerns received about missed visits, poor communication and a failure to report notable events to CQC. A decision was made for us to inspect and examine those risks. This was a planned focused inspection of the service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We have identified a breach in relation to Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Good Governance) at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oasis Private Care on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe

Details are in our Safe 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 Health and Social Care Act 2008.

Inspection team

This inspection was undertaken by an inspector 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in and around Oxford.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 13 September 2022 and ended on 16 September 2022. We visited the location's office/service on 13 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager and the training manager. We reviewed a range of records. This included four people's care records, a sample of medication records, four staff recruitment files and records relating to the management of the service.

We spoke with three people using the service and seven relatives of people to gain their feedback on the service and the care they received.

After the inspection

We contacted four care staff to gain their feedback on the service. We also contacted the local authority to obtain their views on the service.

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. The rating for this key question has remained Good.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe. Their comments included; "They [staff] look after her [person] and keep her safe", "We feel very safe with my husband's [person] carer" and "I feel very safe, they [staff] never let me down."
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "I would report concerns to the deputy manager or the manager."
- Systems were in place to safeguard people from harm and abuse. The registered manager told us all concerns would be recorded and investigated by the service.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The registered manager had completed risk assessments for every person and contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating, drinking and the environment. For example, one person was at risk of choking. The person had been assessed by their GP and a modified diet was in place. Staff were guided on how to support this person safely during mealtimes.
- Presenting risks were regularly reviewed to ensure people were safely supported. People told us they were supported by regular staff who understood their needs and could respond swiftly as and when their needs and risks changed. One person said, "I have regular carers [staff], everything is noted on their phones. They make notes and tick things off as they go along."

Staffing and recruitment

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. Rotas demonstrated planned staffing levels were consistently maintained. However, one staff member told us, "I think sometimes there is not enough staff especially on off days of different staff members."
- People told us staff were mostly punctual and they had not experienced any missed visits. One person said, "They [staff] always turn up and never let me down. If late they will call, and I can also call them."
- Systems to monitor visits were not reliable. The registered manager told us they were working with the supplier of the equipment to resolve the I.T. issues. They also said, "I know some new staff made mistakes with the system which showed as a missed visit. We have late visits, yes but no missed visits."

Using medicines safely

- People received their medicines as prescribed. Some people using the service managed their own

medicines with the help of their relatives.

- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice. One staff member said, "Yes, I am checked by [deputy manager]."
- Medicine records were accurate, consistently maintained and up to date.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents. Following an alleged missed visit, staff received guidance on using the technology to record visits. This meant visit times were now accurately recorded.
- Where appropriate, accidents and incidents were referred to the local authorities and advice was sought from health care professionals.

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 requires improvement. This meant the service management and leadership was not always consistent to support the delivery of high-quality, person-centred care.

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 and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. However, the registered manager did not always notify CQC about reportable events. A notification is information about important events which the provider is required to send us by law. For example, in 2022 the registered manager failed to notify CQC in relation to three safeguarding incidents, a police incident and an incident where a person was dropped from a hoist. Systems to monitor the service did not identify our concerns relating to notifications.

This is a breach in relation to Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Good Governance)

- The registered manager was responsive to issues and concerns; they completed investigations and understood their responsibility to be open and honest if things went wrong.

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, spot checks and regular quality visits to people's homes. Outside consultants were used to audit processes and procedures and we saw the registered manager used the results to drive improvements. For example, one audit identified some staff were not completing medicine records accurately or consistently. Action was taken and we saw the recording of medicine records had improved.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us the service was well-led and that communication was good. Their comments included; "The office is easy to contact, and communication is good, either by email or phone.

They [the service] are helpful", "Very happy with the service" and "I'm very happy with my care, no problems, and the staff are excellent. Everything is very well run."

- People and their relatives were encouraged to express their opinions either in person or via the telephone. Surveys were conducted and we saw the results were very positive.

- Staff had a clear understanding of their roles and their day to day work which focused on the people they supported. Most staff told us they were continuously supported to develop their skills to ensure provision of better quality of care. One member of staff said, "I feel involved in the company as we have regular meetings where we are given the chance to air out our concerns, or feedback which management do listen to and look to change. The regular meetings we have also allow us to be informed of any new regulations or things the company are looking to put in place for us to be able to improve our service and quality work to our clients [people]." However, another staff member said, "Management is not supportive, they bully, intimidate and harass staff when they raise issues."

- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.

- Staff had access to further training. For example, training related to people's specific conditions.

- The registered manager said, "I am a member of the Oxfordshire Association of Care Providers (OACP) and Skills for Care. There're updates on best practice and useful information. They were a great support during the pandemic."

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager did not always notify CQC of reportable events.