Oasis Group (London) Limited

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Inspection report

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Date of inspection visit:
08 October 2018
11 October 2018

Date of publication:
05 December 2018

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 Group (London) Limited is a domiciliary care agency. It provides personal care to older adults living in their own houses and flats. At the time of the inspection eleven people were receiving a service.

This inspection took place on the 8 and 11 October 2018. The inspection was announced. This was the first inspection since the service was first registered in November 2017.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were knowledgeable about reporting safeguarding concerns and whistleblowing. People had risk assessments carried out to mitigate the risks of harm they may face. However, we found some risk assessments needed more detail. The provider carried out recruitment checks before new staff began working at the service. There were enough staff on duty to meet people's needs and the provider had a system to cover staff absences. People were protected from the risks associated with the spread of infection. The provider had a system in place to record accidents and incidents.

The provider assessed people's needs before they began to use the service to ensure the right care could be provided. Staff were supported with training opportunities and regular supervisions. People were supported with their nutrition and to maintain their health. The provider and staff understood the requirements of the Mental Capacity Act (2005) and the need to obtain documented and verbal consent before delivering care.

Staff understood how to develop caring relationships with people. The provider involved people and their relatives in the care planning process. Staff were knowledgeable about equality and diversity. People' privacy, dignity and independence was promoted.

People's care preferences were respected. Staff understood how to deliver personalised care. Care plans were personalised and contained people's preferences. The provider had a system to record and deal with complaints. People's end of life care wishes were documented.

The provider had a system to obtain feedback from people using the service and their relatives and used this to make improvements to the service. People, relatives and staff gave positive feedback about the service and the leadership. Staff had regular meetings to keep updated on service development. The provider carried out quality audits to identify areas for improvement.

We have made one recommendation about risk assessments.

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. Staff received training in safeguarding and knew the procedures to follow if they suspected somebody was at risk of being harmed or abused.

People had risk assessments in place to ensure they and the staff working with them were kept safe. However, some risk assessments needed more detail.

There were enough staff on duty to meet people's needs and the provider had a system in place to cover staff absences.

People were protected from the risks associated with the spread of infection.

The provider had a system in place to record accidents and incidents.

Is the service effective?

Good

The service was effective. People had an assessment before they began to use the service, so the provider could ensure they could meet their needs.

Staff were supported in their role with training opportunities and supervisions.

People were supported with their nutritional and healthcare needs in accordance with their care plan.

Staff understood the need to obtain consent from people before delivering care.

Is the service caring?

Good

The service was caring. Staff described how they got to know people and develop positive relationships with them.

The provider involved people and their representatives in making decisions about the care.

Staff knew how to deliver an equitable service.

People's privacy, dignity and independence was promoted.

Is the service responsive?

Good

The service was responsive. Care staff delivered a personalised service. Care plans were personalised and contained people's preferences.

The provider met people's communication needs.

Complaints were recorded and dealt with appropriately.

The provider had a system to document people's end of life care wishes.

Is the service well-led?

Good

The service was well led. People, relatives and staff spoke positively about the leadership in the service.

The provider had a system of obtaining feedback from people and their relatives about the service.

Staff had regular meetings, so they could be updated on policies and procedures.

The provider had several quality audit systems in place, so they could identify ways to improve the service.

Oasis Group (London) Limited

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 8 and 11 October 2018 and was announced. The provider was given 24 hours' notice because the location is a small domiciliary care service and the manager if often out of the office supporting staff or providing care. We needed to be sure that they would be in. One inspector carried out this inspection.

Before the inspection, we looked at the evidence we already held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views about the service.

During the inspection we spoke with the registered manager. We reviewed three people's care records including risk assessments and care plans and reviewed three staff records including recruitment and supervision. We looked at records relating to how the service was managed including staff training, medicines, policies and procedures and quality assurance documentation. After the inspection we spoke with two care workers, one person who used the service and one relative.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe with the care staff. Responses included, "Yes I feel safe" and "Yes, [person who used the service] was safe like when they used the hoist."

The provider had comprehensive safeguarding and whistleblowing policies which gave clear guidance to staff on the actions to take if they suspected somebody was being abused. Training records showed staff had received training in the safeguarding of adults. The registered manager told us, "All my staff has been trained in safeguarding issues and when they go to the house of new persons they keep a vigilant eye. I occasionally visit and because I am a small service, I also give the care." Staff understood what abuse was and told us they would report any concerns of abuse or harm to the manager and would write a report of their concerns. This meant the provider had systems in place to safeguard people from the risk of harm or abuse.

People had risk assessments carried out to mitigate the risks of harm they may face. These included home environment, moving and handling, falls and choking. For example, one person had a moving and handling risk assessment which stated the person could not weight bear and gave clear instructions to staff about how to support the person with transfers. However, for people who were at risk of choking, their risk management plan did not give details of the signs of choking which staff should be aware of.

We recommend the provider seek advice and guidance from a reputable source about best practice regarding risk management.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. Staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had provided written references. New staff had undergone criminal record checks to confirm they were suitable to work with people and the provider had a system to obtain regular updates to check their continued suitability. This meant a safe recruitment procedure was in place.

We checked whether staff ever missed visits or came late. One person who used the service told us, "They haven't missed a visit. There have been issues with transport and they [the agency] call to say they [care staff] are coming but will be late." A relative told us, "No they didn't miss a visit, but I would get a call to say they would be a little bit late."

The provider told us they had applied for a contract with the local authority and if successful would mean they would get an electronic system for staff to log in and out of visits. This would help the provider to monitor attendance and punctuality. The registered manager explained that staff were instructed to notify the office if they were delayed getting to a visit and staff absences were covered by office staff or the registered manager. This meant the provider had systems in place to ensure people received the care they needed.

The provider had a comprehensive medicines policy and all staff had been trained to safely administer

medicines. However, at the time of this inspection, nobody using the service required support with prompting or administering of medicines.

The provider had an infection control policy which gave clear guidance to staff about preventing the spread of infection. Relatives confirmed that staff followed infection control procedures. Staff confirmed they were provided with sufficient gloves and aprons to do their job.

The service had a system in place for the recording of accidents and incidents. The registered manager told us there had not been any accidents or incidents since the service became operational.

Good

Is the service effective?

Our findings

One person told us, "The service is okay. The staff do have the skills needed to give me care. A relative told us they were happy with the service provided and said, "[Care staff] did have the skills needed."

People had an assessment of their care needs carried out before they began to use the service. Information gathered during the assessment included needs around communication, personal care, nutrition, mobility, health, relationships, culture and religion. This meant people's needs were assessed and important information about the person could be captured to ensure the service could meet their needs.

New staff had to complete induction training and a three month probation period. The induction was for one month and included introducing staff to policies, familiarising new staff with their area of work and equipment. New staff shadowed more experienced staff for two weeks or longer depending on previous experience. Induction training covered all topics of the Care Certificate. The Care Certificate is training in a set of standards of care that staff are recommended to receive before they begin working with people unsupervised. Training records showed the training staff received included dementia awareness, food hygiene, health and safety, moving and handling, record-keeping and communication skills. This meant people were supported by suitably qualified staff.

Staff had regular supervisions and told us they found them useful. Records showed staff received supervision in accordance with the provider's policy. Topics discussed in supervision meetings included punctuality, communication, teamwork and professional development. This meant staff were supported to carry out their role.

People were supported with their nutritional needs. One staff member told us, "We do feed [people] but the family makes the meals and does the food shopping." Another staff member said, "Some people using the service, we have to give them meals."

People were assisted to maintain their health. The registered manager told us families assisted people with their healthcare or the person would take responsibility themselves. They told us, "However, if there was an identified need for assistance with healthcare, the care workers or office staff would do this."

Staff told us they helped people to maintain their health by assisting them with stretching exercises. A staff member explained that one person they worked with woke up in the morning very stiff. This staff member said, "We try to stretch their legs out because they are a bit stiff in the mornings." Another staff member told us, "This is one of my responsibilities, but it depends on the type of [person using the service]. I may give them some exercises of the arms or the legs."

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

People had signed a consent form to consent to receiving care support and risk assessments, to having their care and support plan in the home and for information sharing. Staff understood their responsibility to obtain consent before delivering care. One staff member told us, "I have to ask consent for everything I am going to do. This is my responsibility." Another staff member said, "Pretty much with everything we need the consent." This meant the provider was working within the requirements of the MCA.

Good

Is the service caring?

Our findings

One person who used the service told us, "The staff are actually caring." A relative told us, "Yes, care staff were kind and caring. If there was a problem [person who used the service] would tell me."

Staff explained how they developed caring relationships with people. One staff member told us, "The first time [visiting a person] I have to go in with the manager. We have to follow the information in the care plan. We will ask the family; this is very important to build up the relationship with [person using the service] and we talk to the person. I like to talk to them and to make them happy." Another staff member said, "I normally ask the other carer what the person's needs are. By visual learning and to see how they respond to communication to build up the relationship. We read the care plan also."

The registered manager told us people who used the service and relatives were involved in the care they received through the care planning process, through emails and telephone calls.

The registered manager told us staff received equality and diversity training face-to-face and through e-learning. They told us, "It comes under our policy and during induction we let [staff] know that everybody is different." Staff demonstrated they understood how to provide an equitable service. One staff member said, "I would not treat people any different at the end of the day." Another staff member told us, "I have to make sure every day they have equality and happiness, every single day."

We asked the registered manager and care staff how they would support people who identified as lesbian, gay, bisexual or transgender. The registered manager told us, "That is where the equality and diversity comes in. They are all treated equally and with respect and privacy is maintained." A staff member said, "It would be the same service I give to anyone of any sexual orientation. I'm still there to provide a service." A second staff member told us, "This is a personal issue and it's not going to interfere with my responsibility to give care." This meant staff were aware of equality and diversity.

Staff explained how they promoted people's privacy and dignity. One staff member told us, "Normally the door is closed. If we are focussing on one part of the body, we will have a towel on the other part of the body to keep their privacy and dignity. Normally the curtains are closed." Another staff member said, "I have to close the door, close the curtains to make sure nobody can see inside." This meant people's privacy and dignity was maintained.

People's independence was promoted. One staff member told us, "You have to let them do for themselves if there is no harm going to come to them. Another staff member described how they supported one person to maintain their independence by encouraging them to hold their cup themselves when taking a drink. This staff member explained that sometimes this person was not able to so on those occasions they would hold the cup for them.

Good

Is the service responsive?

Our findings

People received a personalised care service. One person who used the service told us, "They try to adjust to meet my preferences or requests. Things are working. They [the agency] arrange it [the care] to make it work." A relative told us staff provided the care in the way the person who used the service wanted. This relative explained if the person told the care staff they wanted to stay in bed then this was done but if the person said they wished to get up, the care staff would assist them.

Staff understood how to deliver a personalised care service. One staff member told us, "People are different so there's a difference in what they want." Another staff member described how they delivered the care differently to the people they visited in accordance with their wishes.

Care records were personalised and contained people's preferences. Each visit time was broken down into the care task required. One person's care plan stated, "In the evening when care workers come please assist me getting back to bed with assistance of two care workers. Please use the sliding board or if fatigued I will require hoist transfer from the wheelchair." Another person's care plan stated, "Encourage [person] to have a short escorted walk either around the gardens or out the front with wheelchair if required."

The provider understood what was required of them by the Accessible Information Standard (AIS). The AIS requires providers to evidence that they record, flag and meet the accessible communication needs of people using the service. We asked the registered manager how they ensured people had access to information if they had a sight or hearing impairment. The registered manager said, "Research and find out what help is out there for them. The staff will read to them. Some of the information comes in a bold format, bigger letters, audio information and possibly a braille format. That is where arrangements with other departments comes in, for example, making phone calls to audiology." The registered manager told us one of the care staff could use British Sign Language (BSL) at a basic level.

The provider had a system to record complaints. People and relatives told us they knew how to make a complaint but had not needed to. The provider had a complaints policy which gave clear guidance to people who used the service and stakeholders about the process of making a complaint and how complaints would be handled.

Staff told us the actions they would take if somebody wished to complain. Responses included, "I would advise them to speak to the manager" and "They have the right to complain and I can report to my manager."

We reviewed the record of complaints and saw one complaint had been made since the service became operational by a relative of a person using the service. We saw the complaint had been dealt with appropriately and resolved to the complainant's satisfaction. The registered manager told us the complaint was the result of miscommunication. Records showed the complaint was used as a learning tool for all staff in order for them to improve their communication with people who used the service and to double check the person had understood what was being said.

The service had an end of life policy which gave guidance to staff about how to deliver end of life care. Records showed one person had an advanced care planning discussion document which included information about the person's preferred place of care during their final days and who the person would like to be involved in decision making. This person had not yet reached the stage of needing the involvement of other agencies such as palliative care nurses. The registered manager told us decisions around the involvement of external agencies would be documented when the time came for needing that service. This meant people would be supported with their end of life care wishes.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. People and relatives told us they thought the service was well managed. One person who used the service said, "The manager came to visit. I am comfortable with speaking with the manager. The manager has called to check I am happy." A relative told us, "Sometimes [registered manager] came and we spoke and sometimes he came to help when the male carer had booked an afternoon off."

Staff gave positive feedback about the leadership in the service. One staff member told us, "They [registered manager] are very, very good. He is a very, very good leader with a lot of knowledge and experience." Another staff member "I think [registered manager] is a good leader." However, this staff member also said they would appreciate it if the registered manager could say a small thank you now and again and give some constructive feedback about their work. The registered manager told us, "[Staff] know I am always there for them. They can approach me anytime. They can let their concerns be known."

The provider had a system of obtaining feedback. We reviewed the feedback survey evaluation which had been carried out in July 2018. At the time, eight people were using the service, one person had refused to complete the survey and seven people had responded. Comments included, "Happy with the service", "The staff are friendly" and "Initially I had a range of care workers, which was unsettling, but now I have the same care workers which is good". Several recommendations were made from the outcome of the survey analysis. For example, one recommendation stated, "The manager needs to ensure and document that the client fully understands their care plan and that this is assessed before the final sign-off stage." We saw this had been actioned and was now incorporated in the care plans we reviewed. This showed the provider used feedback to make improvements to the service.

Staff had meetings every two months and told us they found these meetings useful. We reviewed the minutes of the staff meetings held in May, June and August 2018. Topics discussed included professional boundaries, new staff, communication, supervisions, night care, annual leave and personal protective equipment. This meant staff could receive regular updates on service developments.

The provider had several quality audit checks in place which included, monthly spot check visits, monthly telephone monitoring and monthly quality monitoring visits. For example, spot check visits included looking at staff punctuality and presentation, whether the staff member checked the care plan, followed food safety principles, used equipment correctly and communication. We reviewed three spot check forms. One carried out on 5 July 2018 identified there were no issues for the staff member, but management needed to order a variety of disposable gloves for this person's home. Another spot check contained an action plan for the staff member to write more clearly and to consciously communicate with people using the service. This showed the provider had systems in place to identify areas for improvement.

The registered manager told us they were working on ways to develop relationships with other agencies. For example, they had contacted the local college to offer care and office work experience to young people and were awaiting response. The registered manager said they were also waiting to obtain a contract with a

local authority so they could get involved with the provider's forum in that area and share examples of good practice.