

Oasis Private Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection took place on 12 January 2017 and was announced

Oasis private Care Domiciliary Care Agency (DCA) provides personal care services to people in their own homes. At the time of our inspection 16 people were receiving a personal care service.

We carried out an announced comprehensive inspection of this service on 18 May 2016. We found the provider was not meeting the legal requirements of four of the fundamental standards. After the comprehensive inspection, we took enforcement action and issued a warning notice to require the provider to meet the legal requirements of one of the fundamental standards. We also issued a notice that placed a restriction on admissions to the service.

At our previous inspection on 18 May 2016 we found that risks to people were not always managed safely. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). We found the provider had not acted in accordance with the principles of the MCA and associated code of practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found that staff training records were not always accurate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not operate an effective system for dealing with complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records relating to peoples care were not always accurate or complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified that there were no systems in place for the registered manager to monitor and audit the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 18 May 2016 we found that the service was still falling to report safeguarding incidents to the Care Quality Commission. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations (2014). We took enforcement action and issued a warning notice. At this inspection we checked that they had met the legal requirements of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations (2014).

Since our last inspection we found the service had made significant improvements to address these concerns.

There was a registered manager in post. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission

(CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of reportable events.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

The registered manager and staff understood the Mental Capacity Act (MCA) 2005 and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

Records relating to people's care were accurate and complete. The service was embedding systems to assess the quality of the service provided. The registered manager was able to identify how these new systems would support them in identifying and learning from the audits it would produce. This would promote people's safety and quality of life.

There was a complaints policy and procedure in place which had recently been reviewed. Details of how to complain were kept in people's homes and people had been informed of the new policy and procedures.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training.

People received their medicines as prescribed. Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. People told us and staffing rotas confirmed there were sufficient staff to meet people's needs. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work..

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was safe. People told us they felt safe.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

There were sufficient staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the training, skills and support to meet people's needs.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

Staff were knowledgeable about the support people needed.

Is the service well-led?

The service was well led

The service was embedding systems to assess the quality of the service provided.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

The registered manager of the service had informed the CQC of reportable events.

Requires Improvement 

Oasis Private Care 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 checked whether the provider was 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 January 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. The inspection was carried out by two inspectors.

We spoke with four people, three relatives, five care staff, the office manager, the deputy manager and the registered manager. We reviewed eight people's care files, six staff records and records relating to the management of the home. Prior to the inspections we spoke to commissioners of the home to get their views on how the service is run.

Before the inspection we reviewed previous inspection reports, the action plan that was sent to us following the last inspection and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Is the service safe?

Our findings

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. At our previous inspection on 18 May 2016 we found that the service was still falling to report safeguarding incidents to the Care Quality Commission. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations (2014).

Since our last inspection we found the service had made significant improvements to address this and had notified the CQC of reportable events. For example, the service had raised a safeguarding concern with the CQC and the local safeguarding team. This was in line with our published guidance. This confirmed that the registered manager had recognised their duty under the regulations to report serious incidents to the CQC.

At our previous inspection on 18 May 2016 we found that the service did not deploy its staff effectively and that the service was regularly late for its visits and that some visits were missed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Since our last inspection we found the service had made improvements to staff deployment. Staffing rotas confirmed, there were enough staff to meet people's needs. People told us there were enough staff to meet their needs. Comments included; "They turn up on time", "They are never late" and "Sometimes they are a little late, but they let us know. They have improved". A staff member we spoke with told us "I feel we have enough staff and things are good at the moment. I don't feel we have any concerns at present". We saw evidence that staffing levels were reviewed by the management team.

The service had introduced an electronic telephone monitoring system to manage care visits. The system logged staff in and out of people's homes and alerted the service if staff were late. We saw evidence that the service was still in the process of embedding this system within its practice. We spoke with a senior carer who was learning to use the new system and they told us, "I like it. I think once we get to know it, it will be really good in helping us keep tabs on the visits and what (staff) are doing". The senior carer demonstrated how they were currently monitoring people's visits whilst the new system was being embedded. This involved using existing rotas and carrying out unannounced checks on staff.

At our previous inspection on 18 May 2016 we found that risks to people were not always managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Since our last inspection we found the service had made significant improvements to address this and risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. One person suffered from severe memory loss and could become anxious. Staff were provided with guidance to identify issues that caused anxiety and measures to reduce it. For example, the person could become 'tearful and low when talking about their past history', Staff were prompted to distract the person by assisting them to do daily tasks around their home and talk to them providing the person with encouragement and 'simple information' the person could

understand. Daily notes evidenced these measures were effective.

Where people had been assessed by district nurses as at risk of pressure ulcers, care plans and risk assessments were in place. Records confirmed that people were repositioned in line with the guidance from healthcare professionals. Staff we spoke to were aware of these risks and what action to take to mitigate the risks associated with pressure ulcers.

Care plans contained documents titled 'Known health and safety concerns'. These identified issues or concerns relating to the person's health and condition. We noted that these documents were accurate and complete. For example, one person was diabetic and this was highlighted in the person's care records. The care record gave guidance for staff to support this person effectively.

Environmental risks were assessed and measures were taken to manage any identified risks. For example, one person smoked. The risks associated with smoking were highlighted and staff were guided to regularly check the serviceability of smoke detectors and fire alarms in the person's home. They were also prompted to remind the person to 'stub out cigarettes'.

Water temperature checks were routinely conducted and consistently recorded. We saw safe water temperatures were provided for staff and records confirmed temperatures were within safe ranges. This protected people from the risks of scalds.

Where people needed support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicines had been appropriately trained and their competencies had been regularly checked. One person had stated in their care plan 'I would like the carer to ensure I take my medication'. Daily notes evidenced this request was being respected.

People told us they felt safe. One person told us "I always feel safe when they are here". Another person said "I feel very safe".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager. Staff comments included; "I would report it to my senior", "I would inform [registered manger] straight away" and "I would go straight to my line manager". Staff were also aware they could report externally if needed. Comments included "I would raise a safeguarding alert with the local authority", "I would contact the police if I had to" and "I would inform social services".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Where people needed support with medicines, we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicines had been appropriately trained and their competency had been regularly checked. One person had stated in their care plan 'I would like the carer to ensure I take my medication'. Daily notes evidenced this request was being respected'. One relative we spoke with told us "There have been no issues with [person] getting their meds".

The service has now been rated as requires improvement in this key question. This is because this key question was previously rated as inadequate. Therefore we need to be satisfied that these changes are

being sustained.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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.

At the previous inspection in May 2016 we found the provider had not acted in accordance with the principles of the MCA and associated code of practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Since our last inspection we found the service had made significant improvements to address this.

We discussed the MCA 2005 with the registered manager. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. We saw one person had appointed a relative to have lasting power of attorney allowing them to make decisions relating to the person's 'property and affairs' and 'personal welfare'. This had been authorised by the Court of Protection.

People were supported by staff who had been trained in the MCA and applied its principles in their work. All staff we spoke with had a good understanding of the Act. Comments included, "It's about supporting people to make safe informed decisions", "It's about being decision and time specific" and "We have it to keep people safe and make sure any decisions are within the person's best interest".

Where people lacked capacity to make certain decisions capacity assessments were in place. One person struggled to make decisions about their care needs. A capacity assessment was in place and had involved the GP, social worker and person's family. The person's best interests had been considered throughout this process.

Consent documents were held in people's care plans. For example, we saw a consent to photographs document signed and dated by the person. This person had provided consent for their photograph to be used for 'care plan identity only'. We saw their photograph was used on the front cover of their care plan.

At the previous inspection in May 2016 we found that staff training records were not always accurate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that staff training records were accurate and complete. Staff training included safeguarding, medication, MCA, infection control, dementia, moving and handling, risks assessments and health and safety. Staff told us that the training supported them in their roles. One staff member told us "The training supports us in our role".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member we spoke with told us, "I have just finished my level three and then I am going to start my level five".

Staff told us, and records confirmed they had effective support. Staff received regular supervisions. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one staff member had requested 'snooker training' as one person they supported enjoyed playing snooker. The registered manager was considering this request. Staff were supported to develop professionally. We saw staff were engaged in national care qualifications and one supervision record highlighted the staff member had 'completed the care certificate'. Appraisals for staff were scheduled annually. Staff we spoke with told us they felt supported. Comments included; "They are great", "They are always available" and "I get supervision, we discuss my role, my capabilities and how I am getting on".

Staff were also supported through spot checks to check their work practice. Senior staff observed staff whilst they were supporting people. Observations were recorded and feedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families or staff went shopping for them. People had stipulated what nutritional support they needed. For example, one person had stated 'I like home cooked food' and 'I prefer tea, coffee, juices and squash'. How people wished to be supported was also listed in their care plans. For example, one person had stated 'I will need support when preparing my meals'. Another person had stated 'I like my meals in the lounge'. Where people had allergies these were recorded.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, occupational therapists, mental health teams and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. For example, one person had been referred to an occupational therapist when their condition changed. Their guidance was recorded and being followed.

Is the service caring?

Our findings

People told us they benefitted from caring relationships with staff. Comments included; "The care is excellent", "They are very caring", "They are so kind to me". One relative we spoke with told us, "The care is fine". Another relative told us, "The quality of care has been from good to very good".

People's dignity and privacy were respected. Language used in care plans was respectful. For example, one person's care plan stated staff were 'To ensure [person's] dignity is respected at all times and privacy must never be compromised while being supported with personal care'. People told us staff were friendly and polite when providing support. One person told us, "They are polite and well mannered". A relative said, "They are very polite".

People told us they were treated with dignity and respect. Comments included; "Yes they always treat me with respect", "They cover me up and let me know what's going on" and "I don't have any concerns with how they treat me". A relative we spoke with told us, "They are terribly good with people and they are lovely people". Another relative said, "[Staff] are very good at promoting dignity. They are respectful and kind".

We asked staff how they promoted people's dignity and respect. Staff comments included; "Dignity is about making people feel comfortable", "I always make sure I carry out any tasks the way the person wants them to be carried out. It's about respecting people and their private lives", "I always use a towel to cover people up" and "Respect is also about acknowledging peoples' preferences. For example, I did a visit this morning to a lady who has requested female workers only. So that's what we did".

People's independence was promoted. Care plans guided staff on how to promote people's independence. For example, one person's care plan stated '[Person] is capable of washing themselves'. Staff were guided to assist the person only where they struggled. Staff were also reminded to support the person by allowing them to 'make the choice' about what to wear. A staff member we spoke with told us "It's very important that we promote independence. We all like to think we will be as independent for as long as we can. So it's about showing empathy and supporting people to do what they can for themselves".

People were informed of visit times and the support they could expect from staff. Plans of weekly visits were provided along with details of how their care needs would be met. For example, when preparing meals, bathing or supporting the person with personal care. People were also informed of changes to procedures within the service. For example, the registered manager reviewed and updated the complaints policy and procedure and this information was forwarded by letter to all people who used the service.

People were involved in their care. Care plans and reviews of care were signed and dated by people demonstrating their involvement. One person we spoke with told us, "Oh yes they are always involving me in things". A relative said, "We feel fully involved".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's

homes in a location of their choice. People's care plans contained a 'privacy statement'. This provided people with information relating to people's personal information and how this was protected. Details of the circumstances in which personal information would be disclosed was listed. It went on to state information would only be disclosed with the person's consent.

Is the service responsive?

Our findings

At the previous inspection in May 2016 we found that the service did not operate an effective system for dealing with complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the service had made improvements. There was a complaints policy and procedure in place which had recently been reviewed. Details of how to complain were kept in people's homes and people had been informed of the new policy and procedures. The complaints policy also contained contact details for the Care Quality Commission (CQC), Local Government Ombudsman (LGO) and the Parliamentary and Health Service Ombudsman (PHSO).

We saw evidence that the service was still in the process of embedding a robust complaints system within its practice. For example the service was making changes to the management structure within the service. This would ensure that there is a clear line of accountability when investigating and analysing complaints. Records showed there had been one complaint since our last inspection. This had been dealt with in line with the provider's complaint procedure. This demonstrated that the provider had taken reasonable steps to address this area of concern.

People knew how to make a complaint. One relative we spoke with told us, "I would contact [registered manager]. I once raised a concern that wasn't a complaint. [Registered manager] listened and it was sorted".

At the previous inspection in May 2016 we found that people's care records were not always accurate or complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since our last inspection we found the service had made significant improvements to address this and people's records were now accurate and complete.

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person's care plan stated 'I like to visit Oxford'. Another care plan stated 'I like watching TV'.

Staff we spoke with knew the people they cared for, including their preferences and personal histories. For example, we spoke with one staff member who was supporting a person and they were able to tell us the person's likes, dislikes and preferences that matched those outlined in the person's care records.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person could wear the same clothes for periods of time and had stated 'I need encouragement to wear clean clothes'. Another person had requested 'remind me to moisturise my skin'. Where people required direct support with care 'safer systems of work' guided staff on how to support the

person safely. For example, one person required support with washing. Guidance to staff detailed how the person wanted to be supported through the process and included prompts to keep the person safe. This included the application of creams following a bath and the correct disposal of any clinical waste. Daily notes evidenced people's care preferences were respected.

The service was responsive to people's changing needs. For example, one person's care records demonstrated how they were supported following an admission to hospital. The care records evidenced how the service had ensured that the person had everything they needed, this included their medicine.

Records confirmed that the service conducted weekly meetings for staff. These meetings were used to discuss people's changing needs. We spoke with the office manager about these meetings and they told us, "Our new weekly meetings are helping us to identify specific needs and how we support people with any changes".

Reviews of people's care were regularly conducted with the involvement of the person. Details of reviews were recorded in care plans and included the next planned review date.

Is the service well-led?

Our findings

At our inspection in May 2016 we identified that there were no systems in place for the registered manager to monitor and audit the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since our last inspection we found the service had made significant improvements to address this.

The service had systems in place to record and investigate accidents and incidents. A new electronic recording system had been installed which allowed the registered manager to analyse data from accidents and incidents and look for patterns and trends.

External audits had been regularly conducted by a consultant. The results of the audits were analysed and an action plan created to allow the registered manager work through identified actions and improve the service. For example, one audit identified an issue with staff uniforms and we saw new uniforms had been ordered. Another audit identified a training need for staff and we saw this training was now planned.

Staff meetings were regularly held and recorded. Staff were able to share learning at the meetings and were kept informed of events and developments within the service. For example, details of the new telephone monitoring system and care plan recording procedures were explained and discussed. Staff also received information and updates about people's care through 'internal memos. We saw topics addressed by internal memos included, work practices, confidentiality, time keeping and any issues relating individuals care needs.

The service looked for continuous improvement. A new computer system had been installed that allowed for records to be recorded and analysed on the system. The system could hold data on a variety of subjects including, staff supervisions, late or missed visits, audit results accidents and incidents, care plans and surveys. The system could provide the registered manager with an analysis of the service which meant they could interrogate the data to look for ways to improve the service. For example, we were told the system could allow staff supervisions to be linked to survey results. This would provide people with a clear voice on how the service was managed. At the time of our inspection the registered manager was putting data on the new system. They said, "Once we have built up some data we can run reports and analyse the information. We have already planned a new survey for the end of January 2017 to start this process". We saw that staff supervisions and staff training were planned to be on the new system in February 2017. Progress was linked to the audit action plan and we saw this was on schedule.

Staff spoke positively about the registered manager. Comments included "They are very knowledgeable", "I think they do a good job" and "My manager is great".

The registered manager told us their visions and values for the service were, "To continue to deliver good care" and "To carry on providing a service that supports people to live in their own homes and deliver a service that is tailored to peoples individual needs".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

The service had been implementing a monthly action plan since the last inspection to evidence action taken to address the improvements needed. This had been submitted to the Care Quality Commission as required. During our inspection we saw that the actions in the plan had been addressed. The service has now been rated as requires improvement in this key question. This is because this key question was previously rated as inadequate. Therefore we need to be satisfied that these changes are being sustained.