

## Oasis Care and Training Agency (OCTA)

# OASIS West London Office

### Inspection report

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### 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

### About the service

Oasis West London Office is a domiciliary care agency providing care and support to people living in their own homes in London and the South East of England. The provider, Oasis Care and Training Agency (OCTA), is a non-profit making charity with three domiciliary care branches and a separate training department offering health and social care training.

At the time of our inspection 91 people were using the service from this branch. Most people were older adults, although some were younger adults with physical disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were happy with support they received. They felt safe and well cared for. They were involved in planning their care and felt this met their needs and preferences. People, and their families, had good relationships with the care workers, who were kind and treated them respectfully.

There were enough suitable staff to meet people's needs and keep them safe. There were robust recruitment processes and staff received the training, supervision and support they needed to understand their roles and responsibilities. The staff liked working at the agency and felt well supported.

People's care had been planned and was regularly reviewed to make sure it met their needs. Plans included assessments of risks and how people should be supported to minimise the risk of harm. Staff kept records to show how they had cared for people. These records showed, people had received their medicines as prescribed, had support with food and drinks and that the staff liaised with other care professionals to help keep people healthy.

There were systems for the provider to learn when things went wrong. These included investigating accidents, incidents and complaints, and taking steps to protect people from further harm. The management team worked closely with other agencies and professionals, as well as asking stakeholders for feedback. There were systems for monitoring the quality of the service, included making improvements based on feedback from others.

The provider offered a community service to local people. This included offering training and employment for local unemployed workers, translation services and supporting people from minority ethnic groups to access and to understand information about healthcare services.

The registered manager worked closely with the nominated individual and other senior staff to monitor and

manage the service. People using the service, their relatives and staff spoke positively about the management team.

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

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

Rating at last inspection (and update)

The rating at the last inspection was requires improvement (Published 4 September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# OASIS West London Office

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors. An Expert by Experience supported the inspection by making telephone calls to people who used the service and their representatives. 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

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

Inspection activity started on 2 February 2021 and ended on 3 February 2021. We visited the office location on 2 February 2021.

#### What we did before the inspection

We looked at all the information we held about the service which included the last inspection report and the provider's action plan in response to this.

We contacted representatives from the commissioning authorities and received feedback from three

different authorities.

#### During the inspection

We met the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at the care record for seven people using the service, and medicines records for an additional five people. We looked at the files for six members of staff, which evidenced recruitment, training and support. We also looked at other records used by the provider to manage and monitor the service. These included records of complaints, safeguarding investigations, meeting minutes and improvement plans.

#### After the inspection

We spoke with six people who used the service and the representatives of 10 other people on the telephone to ask for their feedback. We also spoke with eight care workers.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

At the last inspection, we found medicines were not always managed in a safe way. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of this part of Regulation 12.

- People received their medicines safely and as prescribed. However, we identified some records lacked details or were not clear. For example, one person's records gave conflicting information about the level of support they needed. In another person's records the date when a new medicine had been prescribed had not been clearly recorded. We discussed these inconsistencies with the nominated individual and were satisfied people were receiving medicines safely and as prescribed. They agreed to review and update these records to provide better clarity. The records for other people were clear, accurate and appropriately detailed.
- People using the service and their relatives were happy with the support they received with medicines.
- The provider had assessed each person's medicines needs and any risks associated with these. There were clear assessments for people who managed their own medicines to show they were able to do this safely. The provider had listed people's prescribed medicines and any precautions related to these.
- Staff completed charts to state when they had administered medicines, including medicated creams. The provider was in the process of updating all records onto a new electronic recording system. This system showed administration records in real time, and managers would be able to identify and respond to any missed medicines immediately.
- There were suitable policies and procedures for managing medicines. The staff received training in these, and they were assessed by managers to make sure they understood about these and could administer medicines safely.
- The management team audited medicines administration records each month and investigated any discrepancies. We saw the provider had responded following recent concerns about medicines administration raised by the local authority, by retraining and supervising the staff involved, as well as reminding all staff about good medicines management.

### Assessing risk, safety monitoring and management

At the last inspection, we found risks had not always been assessed, monitored or managed safely. This was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 12.

- Risks were appropriately assessed, monitored and managed. The provider had assessed the risks to people's safety and wellbeing. These assessments included people's physical and mental health conditions, skin integrity, risk of falling, mobility, and nutrition and hydration risks. The assessments included personalised information about how each person experienced the risk and ways to help keep them safe. There were clear guidelines for staff, which included how to respond in emergency situations.
- The provider had also assessed people's home environments and risks within these. Where equipment was used, there was information about this, including any servicing information and how to safely use the equipment. All risk assessments were regularly reviewed and updated to reflect changes in people's needs or circumstances.

Systems and processes to safeguard people from the risk of abuse

- There were suitable systems for helping to safeguard people from abuse. People using the service and their relatives told us they felt safe, with one relative commenting, "I can go to work knowing [person] is in safe hands."
- There were procedures regarding safeguarding and whistle blowing. The staff received training in these. We saw safeguarding was regularly discussed at staff team meetings and individual supervision meetings. The staff we spoke with had a good awareness of how they would respond if they had concerns about people's safety.
- The provider had worked with other agencies to help protect people and investigate safeguarding concerns when these had been raised. They had also developed a service improvement plan which identified how improvements should be made following safeguarding concerns to prevent these happening again.

Staffing and recruitment

- There were enough staff to meet people's needs and care for them in a safe way. People using the service, their relatives and staff told us people were assigned the same regular care workers.
- People using the service and their relatives told us care workers arrived on time and stayed for the agreed length of time. Some of their comments included, "[The care workers] never rush and are never late", "It is very unusual for the carers to be late but if they are they always stay the full time, [my relative] is never rushed" and "The carers always ring if they are running late, but they are never more than 10 minutes late."
- The nominated individual told us staff worked in teams covering a small geographical area, usually walking distance from where they lived as the provider tried to recruit local staff. The staff confirmed this, telling us they had enough time to travel between visits and to provide care. There was an electronic monitoring system which the care workers used to show when they arrived and left people's homes. The managers were able to monitor this in real time.
- The provider had systems to help make sure the staff they recruited were suitable. They worked with local job centres to source staff from the same ethnic backgrounds as people who they cared for and who spoke a diverse range of languages. They carried out checks on their suitability, including references, eligibility to work in the United Kingdom, checks on any criminal records and a face to face interview. They also provided a range of training, which included training designed for people who had no previous experience of care. New staff completed an induction, shadowing experienced staff and were assessed by managers. This meant the provider was able to assure themselves of their skills and suitability for their role.

Preventing and controlling infection

- The provider's systems helped to prevent and control the spread of infection. They had enough personal



protective equipment (PPE) for staff to help keep them and the people they were caring for safe. People using the service and their relatives told us staff always washed their hands, wore PPE and followed good infection control procedures. Some of their comments included, "They wear full PPE at all times and when they arrive, they wash their hands" and "I have no concerns about safety during the pandemic as we have the same carers who always wear their PPE."

- The staff received training about infection prevention and control and were able to explain about good practice. They said they had enough PPE and had information about COVID-19. We saw infection control was discussed in team meetings. The provider assessed care workers during spot checks to make sure they were following procedures.
- The provider made sure staff were tested for COVID-19 each week and had provided information to encourage staff and people using the service to have vaccinations against this. They also supported local community groups and helped translate to help make sure people from different ethnic communities had the information they needed around COVID-19 and vaccinations.

#### Learning lessons when things go wrong

- The provider had systems to learn and make improvements when things went wrong. They recorded all accidents, incidents, complaints and other adverse events. We saw they had investigated these. Where improvements were needed, the provider had created a quality improvement plan, which they regularly reviewed and updated. This included how improvements could be made for individuals and for the whole agency.
- The minutes of staff meetings and other communication with staff showed areas for improvement were discussed with them to help make sure they understood when they needed to make changes. The nominated individual told us how they had worked with care workers, retraining them when necessary and reassessing their skills and knowledge.
- The management team made regular phone calls to people using the service and their relatives to ask for feedback and to check back after incidents to make sure they were happy with any changes that had been made.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs and choices so they could plan individualised care and support. People using the service confirmed they had been involved in the assessments of their needs. The nominated individual told us the process for assessment had changed since the outbreak of the COVID-19 pandemic, with more information gathered through telephone calls with people and/or their representatives. Despite this more remote approach, people told us they felt their needs had been appropriately assessed and were being met.
- Assessments were reviewed and updated following changes in people's needs and after hospital admissions. The provider liaised with commissioning authorities when they identified a person needed more support.

Staff support: induction, training, skills and experience

- People were cared for by staff who were appropriately trained, supported and experienced. People confirmed this with one person telling us, "The carers are really well trained."
- The provider offered employment to staff with no previous care work experience. They had a training programme designed to help provide the skills and information staff needed. This included helping staff access English language lessons if they needed this. The agency was also an accredited training organisation offering vocational qualifications and apprenticeships to their own staff and external students. They offered a range of different health and social care courses. The nominated individual told us they were able to provide specific training when managers identified a need, such as when staff supported a person with a specific healthcare condition.
- Staff records showed they took part in regular training updates and that managers assessed their skills, competencies and knowledge. The provider also created video training courses which were available for staff to watch on social media to update their knowledge in specific areas if needed.
- There were regular team and individual meetings for all staff and annual appraisals. The staff were able to contribute at these and managers discussed any areas where staff needed to develop.
- Staff told us they felt well supported and had the information they needed. Some of their comments included, "When you're new to caring, some companies just send you to do the job, but we didn't go to work until we were very confident, and had the learning we needed", "The supervisor comes to see us regularly and makes [video] calls to make sure we are ok" and "We have two weeks induction training and a week shadowing before we start work."

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

- People were supported to have enough to eat and drink. People who were supported with meals told us they were happy with this.
- Care plans included information about people's food preferences and any dietary needs. Staff were reminded to make sure they left food and drink within people's reach at the end of each visit, if this was part of their care. The records of care which had been provided included evidence to show food and drink was given as planned.

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

- People were supported to access other healthcare services if needed and the staff monitored their health and wellbeing. People confirmed the staff understood their needs. One relative commented, "[Person] has complex needs and the staff are trained to understand these and look after [them]."
- Care plans included information about people's healthcare conditions and how the staff should support them with these. There were contact details for external professionals. The nominated individual explained they made referrals when needed, for example, when people required new equipment and when their health deteriorated.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider made sure people had consented to their care and treatment. We saw evidence of this within care records and reviews. When people lacked the mental capacity to make decisions, the provider liaised with their representatives to help make decisions in their best interests.
- The provider had information available in a range of languages and offered a translation service to help make sure people fully understood information before they consented to this. The staff were also reminded to gain consent when delivering care. Care plans included personalised guidance for staff caring for people who had communication or processing needs, such as "be patient", "take your time" and "make sure you use short phrases" when offering choices.
- People were given information about how their personal data would be stored and used so they could consent to this. They were also provided with a document outlining their rights and the provider's responsibilities.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider tried to ensure people were well treated and supported. People using the service and their relatives confirmed this, telling us they were happy with their care and had good relationships with care workers. Some of their comments included, "The staff really interact well with [person] and I often hear them laughing together" and "One carer in particular is just brilliant, [they] really seem to understand [person] well."
- The agency was initially established to support people from the Somali community, employing staff who shared the same culture and language. They continued to provide care for members of this community, and had increased to care for others, including other ethnic minority communities. Their staff spoke a range of different languages and the provider was usually able to match care workers if there was a language need. One relative confirmed this, telling us care workers communicated with the person being cared for in their shared first language. The provider offered translation to allow people to access other community services, such as healthcare. They supported people to understand and complete forms and official documents and they had helped promote the benefits of having vaccinations to groups of people who were apprehensive about this.
- The staff we spoke with demonstrated empathy and care for the people who they supported. One staff member told us, "They are like my family, I am happy to become part of their family." Other comments from staff included, "I enjoy talking to the clients, I learn so much from them" and "If a client wants to talk, we give time for them to do this."
- People using the service and relatives gave us examples about how individual staff had taken on extra responsibilities particularly during the pandemic. For example, staff had collected shopping and prescriptions for people who had been shielding and isolating. The provider also had a team of volunteers who offered additional services, such as changing light bulbs and light gardening/maintenance work for free when their care workers identified a person had this need.
- The nominated individual explained they provided leaflets and had run a stall at the last London Pride, an event celebrating rights and equality for people from the Lesbian, Gay, Bisexual and Transgender (LGBT+) community. They told us they hoped promoting care services within events such as these would help people to feel able to safely access services from them if they needed.

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

- People were supported to express their views and be involved in making decisions about their care. They confirmed this, and people's relatives told us they had also been consulted when needed. We saw care plans included personalised details about how people wanted to be cared for and their preferences.

## Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. They and their relatives told us this with comments which included, "The carers maintain [person's] dignity, keeping [them] covered up while washing [them] and are very respectful at all times" and "We were given a choice [about whether we wanted male or female care workers]."
- People were supported to maintain their independence where they were able. Their care plans provided information about things people could do for themselves and when they wanted to learn new skills. The provider cared for some people leaving hospital who wanted to relearn skills and build up their confidence.

# Is the service responsive?

## Our findings

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

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

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

- People received care which was personalised and met their needs. They and their relatives confirmed this, telling us the staff knew them well and provided care which they wanted. People were cared for by the same regular care workers, so they developed positive relationships. They told us they were given choices and the staff respected these.
- The provider created care plans which outlined people's needs and preferences. There was guidance for staff about how to meet people's needs. Managers reviewed the logs of care which had been provided and spoke with people using the service to make sure care plans were being followed. They carried out regular reviews of care to help make sure this remained appropriate for people.

Meeting people's communication needs

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

- The provider met people's communication needs. They developed communication care plans for people, which included information about their sensory and communication needs and if they had any difficulties in these areas. The guidance for staff took account of people's individual needs, such as known gestures and body language communication.
- The staff spoke a range of languages and the provider was able to match most care workers so they could speak with people in their preferred languages.
- Information about the service, care plans and also information about other community services was provided in different languages and formats to help make sure it was accessible and people understood this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider helped to prevent social isolation. Many people told us how important visits from care workers were for them, particularly since the COVID-19 pandemic, which had led to reduced social contact. The provider worked closely with other community groups to make sure they identified when people needed additional services or support. Where they were able, they provided additional services themselves, such as shopping. If people required services they could not supply, they liaised with others to see how they could access these services.

- Staff supported people to stay in touch with friends and relatives by helping them to make video calls and telephoning them.

#### End of life care and support

- People being cared for at the end of their lives received the support they needed. The staff were trained to provide end of life care and they worked closely with external professionals, such as palliative care teams, to help make sure people were comfortable, pain free and their choices were respected.

#### Improving care quality in response to complaints or concerns

- The provider had suitable systems for responding to complaints and concerns. People using the service and their relatives told us they knew how to make a complaint and felt these would be investigated appropriately. Some of their comments included, "I once had to complain, but it was sorted straight away" and "I've never made a complaint, but if something was wrong, I wouldn't hesitate to get in touch."
- There was a suitable procedure for dealing with complaints. Records of complaints showed the provider had investigated these, responded to the complainant and made improvements to the service as a result of these.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At the last inspection, we found the provider had not always effectively operated systems to monitor and improve the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider had systems for continuous learning and improving care. They had developed a 'quality improvement plan' which included information gathered from concerns, safeguarding alerts and feedback from stakeholders. The plan showed how they would address the areas of concern, the timescales for this and when the actions had been achieved. The plan had been updated regularly and we could see that there had been improvements in all areas of the service.
- The provider had a range of audits in order to check whether a quality service was being provided. These included audits of care records, medicines administration records, electronic call monitoring, care plan reviews and asking stakeholders for feedback.
- The provider had developed a continuity plan, which outlined how they would respond to different situations and included a COVID-19 response plan.

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

- The provider created a person-centred and open culture. People using the service and their relatives told us they would recommend the agency to others and felt well supported. The staff enjoyed working for the agency. Their comments included, "I am so lucky to have this job, the people I support are so grateful I'm there for them" and "It is a lovely company."
- We also saw positive feedback which the provider had received directly from people using the service and others. These included video testimonials and compliments as well as feedback from reviews and monitoring. Some of their comments included, "Carers are extremely professional and caring", "They are all very helpful and friendly", "[Person] has excellent care and support", "We feel confident [person] is getting what [they] need, is loved and looked after by a great team" and "Nothing is too much trouble."
- One relative had praised the work of a care worker who had advocated on behalf of the person being cared for at a multidisciplinary review. They said, "[Care worker] attended a review meeting for [person], [they] were articulate and professional." They went on to say how the care worker had found ways to



communicate with the person who had a hearing impairment and they had shared these techniques with other professionals.

- The agency was set up as a charity supporting local communities. They worked closely with minority groups including offering employment opportunities for unemployed workers, such as single parents and staff whose first language was not English. Their ethos continued to be working with different nationalities within the local community as both a care provider and an employer.

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 provider had a range of policies and procedures which were regularly reviewed and updated. These included dealing with complaints and duty of candour. Records of complaints and other adverse events showed the provider had been open and honest with stakeholders and apologised when things went wrong.

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

- The nominated individual worked closely with the registered manager and other senior staff to assist with the day to day management of the service. These managers were appropriately qualified and experienced. People using the service and their relatives knew who the managers were and felt able to speak with them if they needed.

- Staff told us they felt supported and felt the service was well managed. Their comments included, "The manager is very helpful", "I love my manager and supervisor, they are good people" and "I can honestly say I've never see anyone like [the manager], he is very caring."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider regularly contacted people using the service and their families for feedback about their experiences and to check if they were happy. People confirmed this with comments which included, "The manager has rung regularly to check everything is running smoothly" and "I get a phone call from the manager to make sure everything has been ok during the pandemic."

- The provider worked with some local authorities and healthcare teams to provide translation services and help people understand literature, forms and information. For example, they had produced translated information for some groups about the 2021 census and why it was important people completed this. They also supported local communities to understand about why they were being offered the COVID-19 vaccination and answer their fears and question about this in people's first languages. The management team and staff came from diverse backgrounds, and the nominated individual told us this was useful in helping to understand the needs and experiences of the local communities.

- The provider worked with other charities and organisations to provide community services outside of their regulatory remit. This included linking people to volunteers who would help with light maintenance, shopping and gardening. They also signposted people to other services when people needed direction.

- The nominated individual explained they employed staff with a variety of additional needs and offered them individualised support to help meet these needs. For example, they supported non-English speaking staff to access language courses, and provided training in different languages. They had also adapted an office location to provide better access to a staff member who had reduced mobility and they had provided support, including an escort on public transport for a member of staff who had autism, because they recognised accessing this was a challenge for them.

- The management staff attended local authority and care provider forums so they could share ideas and support one another. One community professional told us, "Overall, I am happy with Oasis. One of the most important things for me is that agencies respond to our queries via email and by telephone contact as soon

as possible and Oasis always respond in a timely manner. I have worked with them for a long time and feel that I have a good relationship with the staff."