

# Oasis Care and Training Agency (OCTA)

## OASIS West London Office

### Inspection report

22 Uxbridge Road  
Ealing  
London  
W5 2RJ

Tel: 0207358893  
Website: [www.oasiscareandtraining.org.uk](http://www.oasiscareandtraining.org.uk)

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Oasis Care and Training Agency is a domiciliary care service that provides support and personal care to people living in their own homes. Oasis Care and Training also provide short term support (Reablement) to people who have been discharged from hospital. 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.

At the time of our inspection the service was supporting 80 people with personal care.

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

Our findings during the inspection and feedback from some of the people showed they did not always receive their visits at the agreed time. People also said the care workers were unreliable and they were not informed about changes in the care workers who supported them. Medicines were not always managed safely.

People were looked after by staff who understood their safeguarding role and responsibilities.

Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection and people told us staff used this.

People's needs were assessed prior to them receiving care and support. The service worked in partnership with other health and social care professionals and these relationships had supported some people to have good health outcomes.

We made a recommendation for the provider to make some improvements so 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 and for their policies and systems in the service to be reviewed if required to support this practice.

Staff had access to training which was appropriate to their role. The provider had systems for handling complaints and responding to incidents. The provider did not always record end of life wishes however care workers had supported people who were reaching the end of their life appropriately.

Relatives told us that people were treated with dignity and respect. They were also positive about the staff and they told us that staff had a caring attitude.

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 This service was registered with us on 7 June 2018 and this is the first inspection.

Why we inspected:

We inspect newly registered services within one year of them starting to provide a regulated activity.

Enforcement:

We identified two breaches of regulations in relation to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme and to check that improvements have been made. 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below

# OASIS 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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was carried out over two days.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people living with dementia, older people and people with learning disabilities.

#### Notice of inspection:

This inspection was unannounced.

#### What we did before the inspection:

Before the inspection we looked at information we held about the service including registration assessments reports. The provider sent us their Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection:

We spoke with the registered manager and two care workers. We reviewed a range of records which included nine people's care records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, health and safety and quality assurance records. We spoke with seven people and 11 relatives who used the service and six members of staff.

# Is the service safe?

## Our findings

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

This was the first inspection of the service and it was rated requires improvement

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not always managed safely. Each person had a personalised medicines plan which detailed people's medicines needs. This plan was often not very clear. One person's file read, '[Person] is unable to manage medication independently and needs assistance. Carer to make sure to prompt [them] to take medication.' There was however no information in the risk assessment about what 'prompting' entailed.
- The National Institute for Health and Care Excellence (NICE) guidance on the management of medicines for people receiving social care in the community advocates providing detailed and specific directions for what the care worker is required to do to support the person with their medicines.
- In another person's file we read that a person was at risk of pressure sores and was prescribed a cream. However, there was no information recorded on what the cream was called and where to administer it.
- Risk assessments were in place for people identified at risk of harm. However, not all risk assessments provided staff with clear and concise information on how to manage and minimise the risks identified in the assessment. For example, in one person's file we read that the person was responsible for administering their own medicines however within their risk assessment it read 'Prompt to take medication as they may mismanage their medication.' This information was not very clear and did not explain what kind of prompting was required and what 'mismanage' meant.
- In another person's file we read the person was diabetic however, there was no risk assessment in place to tell staff how to support this person and what were the signs and symptoms to observe in regards to complications with diabetes such as low or high blood sugar.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People who used the service had mixed views about their safety. Whilst some people felt safe others did not always, especially if they had new care workers. One person told us, "Of course I feel safe another person said, "I had to help the carer as she was new, and it is difficult because the [Person] cannot explain what they need help with".
- We looked in one person's file and within their application form they had no employment history. We saw

one off their references was completed by a previous manager from a previous job.. We spoke to the registered manager about this as the person had stated in their application form that they had no working history. The registered manager they told us that recruitment is managed centrally by head office. The registered manager assured us they would speak to HR about this case.

- The provider had many long-term staff and some files did not have application forms. CQC had inspected another Oasis project and raised this as a concern. As a result, Oasis Care had evaluated all of their recruitment practices and asked staff to sign a letter to say that they had completed an application form and a literacy test as part of their recruitment. This helped show us that Oasis were recruiting staff in line with the best practice.

Systems and processes to safeguard people from the risk of abuse.

- The provider had policies in place that provided clear guidance on how to respond to allegations of abuse.
- Care workers were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. They had a good understanding of safeguarding. They had access to a whistle blowing policy which detailed how to report any concerns.

Preventing and controlling infection

- Staff understood their responsibilities for maintaining standards of infection control.
- Staff had access to protective equipment such as disposable gloves and aprons when they were supporting people with personal care needs and preparing meals. People confirmed staff wore gloves and aprons. One staff member told us, "We have an infection policy and we wear aprons, shoe covers, and gloves. If I am unwell I must not come to work as I have to prevent infection spreading."

Learning lessons when things go wrong

- Accidents and incidents were recorded, including details such as what had occurred and what actions were taken because of this. We saw evidence of the registered manager working with staff to improve practice as a result of an incident occurring.



# 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.

This was the first inspection of the service and it was rated requires improvement

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff understood the principles of the MCA however they were not always recording or seeking clarification from the referral agent on people's mental capacity. In one person's file we read, "My [relative] makes best interests' decisions on my behalf." There was no other information recorded. We spoke with the registered manager about this and they told us they didn't query the information as this came from the local authority and the person was receiving care as part of their Reablement service. This meant the care was only for a very short period of time.
- In another person's file we read, '[Relative] has power of attorney.' A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. We spoke with the registered manager who was not aware if people had a LPAs, they were required to see evidence or obtain copies as evidence.
- The registered manager told us that the local authority completed the referral form as many people came for support initially as part of their Reablement service. As a result of the local authority completing the mental capacity assessment the registered manager presumed that they had requested the appropriate information as part of their initial assessment. The registered manager assured us that they would request evidence from the local authority going forward.

We recommend that the provider seek and implement national guidance in the relation to the MCA and DoLS.

Staff support: induction, training, skills and experience

- People had mixed opinions about staff being trained. Some people told us they felt staff had not always had enough training before they started working. Other people told us they felt staff had good training.
- Staff told us they had supervision every two months and a yearly appraisal as part of their training and development. However, records were not always available to evidence this, despite staff telling us they felt supported in their roles by the registered manager and other senior staff. One staff member told us, "If I have any concerns I can get support."

●. The registered manager told us records were not in staff files because records of supervision were archived every year, however in some staff's files we saw evidence of supervision records dated in 2016. We were not assured that the provider was undertaking supervision and appraisal as stated by their policy because records were not in place to support this. The registered manager told us that they were reviewing supervision and introducing a new policy and a method of recording supervision.

- Staff undertook a four-day induction at the start of their employment. This included training and was followed by shadowing more experienced members of staff. Staff told us they received training the provider identified as mandatory in areas such as safeguarding adults, manual handling, infection control and health and safety. We saw evidence of this in staff files.

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

- The provider received a referral from the local authority when a new person needed care. Field care supervisors visited people in their homes to complete a further assessment and this was normally done within 24 hours of the referral. People's assessments were detailed and considered aspects of their care such as personal care, medical and health requirements. People and relatives told us they were involved in developing their care plans. One person told us, "Staff came and asked lots of questions and wrote my report."
- Care plans were reviewed every three months and staff told us that if they saw someone's needs change for the worse, they contacted senior staff to come and review the care plans.

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

- We saw evidence of nutritional support plans which were broken down into breakfast, lunch, dinner and snacks. There was information about people's dietary requirements, allergies, likes and dislikes. People were supported to eat foods of their choice. One person told us, "They prepare food for me if I want it".
- Within people's daily notes we saw what people ate during meal times. One person liked to eat Weetabix and toast and this was also recorded in their care plan. This helped to show us that care workers were following the support plan.

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

- The provider had worked with other agencies including healthcare professionals to meet people's needs. We could see evidence of the registered manager being proactive in seeking support to meet people's changing health needs.
- Records showed what people's health needs were and contact details for healthcare professionals. Records showed office staff contacted the district nurse, GPs, and chiropodists about people's care and health when necessary.

# 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.

This was the first inspection of the service and it was rated requires improvement

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were supported by staff who were caring. One relative told us, "Staff are really very kind."
- Staff knew people well and adapted their support to meet people's differing needs. One relative told us how care workers sometimes fed a person's cat. "It's not in the support plan but they do this to help."
- Another staff member told us when they visited the person in their own home, they noted a maintenance problem. The person did not know how to log the complaint with the local council. The care worker contacted the council and logged the repair. They told us, "I explained the person was old and if there is a cancellation to please come and help this person. The council carried out the repair on the same day. This made me happy. It is not in the person's care plan, but it is important to help."
- Where people had equality and diversity needs, these were recorded in their care plans. Relatives told us that people's individual preferences and needs were being met. One person told us, "They are so good they plait my hair the way I like."
- Within people's notes we saw conversations recorded about people's religious beliefs and examples of how staff supported people during culturally important times of the year.
- Notwithstanding that staff were individually caring, the provider had not ensured that people were always supported in a caring way. People and their relatives told us that they were not always informed when new care workers were coming when their usual care workers could not come or if care workers were running late. One person told us, "I have to call after fifteen minutes sometimes I wait a long time and then I call." Another person told us, "Different carers come every night, and this is not fair." This does not always enable people to develop caring relationship with their care workers.

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

- Staff recognised that people's care needs changed. One person told us, "If one day, I make a visit and they don't want to do something I respect that decision and I do something else." This helped to ensure that people were able to be involved in making decisions about their care.
- The registered manager told us they did their best to make sure people could make decisions about their care by trying to ensure they got their care at times that suited the person. One care worker told us, "We listen to their choices and we talk to the relatives and this is how we make sure people are involved."
- People and their relatives told us care workers always asked people before they delivered personal care.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us that as part of people's initial assessment they spoke to people about how they would like to be supported to remain independent. Within care plans we saw information on what care

workers could do to keep people independent, such as encouraging the person to wash themselves and picking items of clothing. One staff member told us, "Sometimes people do not want personal care, but they just need someone to sit outside the door while they are showering, and it is important that I respect this."

- People told us when staff supported them with their personal care needs, they respected their dignity and were discreet and sensitive. One person told us, "I don't always like it, but the carers are dignified." Another staff member told us, "I always tell them what I am doing. I always chat away I draw the curtains and I respect their dignity, I always ask them what they want to wear and I give them choices, we talk about the weather and then we decide".

- Another staff member told us, "if we do the same thing every day soon people forget, and they become dependent on us". This helped to show that staff saw the importance of encouraging people to remain independent.

# Is the service responsive?

## Our findings

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

This was the first inspection of the service and it was rated requires improvement

This meant people's needs were not always met.

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

- People's care plans contained information about their lives and backgrounds, such as family, friends, employment and hobbies. Care plans gave information about people's care needs however, they were not always personalised. For example, in one-person's file we read, '[Person] needs support with washing and dressing and carer to promote independence where possible'. There was no other information therefore staff may not have all the necessary information to provide the appropriate care to meet people's needs and wishes.
- Staff completed a daily log at the end of each visit to keep a contemporaneous record of the care delivered and to ensure family members knew what care was provided. However, the notes were task focused rather than person centred. For example, support plans detailed people's likes and dislikes and what was important to them. In one person's file we read 'fashion is important to me but we could see no evidence in the daily notes that staff spoke to the person about fashion.' We spoke to the registered manager about this and they assured us that this was a recording issue and they would ensure people recorded more detailed notes.
- Care plans were reviewed regularly to make sure they continued to reflect people's needs. Staff told us about times when care plans were updated as people's health had deteriorated. We saw evidence of this in the care plans we viewed. We also saw evidence that people were involved in making decisions about their care. For example, in one person's file we saw how they needed extra support from a community-based health service. The registered manager was supporting the person to receive more appropriate support.
- People's specific gender preferences for staff were accommodated and records showed that people's requests had been fulfilled.

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 registered manager was not aware of the AIS standards however each person had a communication plan completed as part of their assessment. If specific needs were identified such as what was the most appropriate language to speak to someone this was recorded within people's care plans and action was taken to meet those needs. For example, the registered manager showed us how they worked in partnership with the local Somalian community centre if people needed support with translation. The registered manager told us that they would familiarise themselves with AIS.

We recommend that the registered manager seek and implement guidance on the AIS so they become familiar with these.

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

- The service had a complaints procedure which set out how complaints would be managed. This was given to people and their relatives when they began to use the service. People and their relatives had mixed reactions on how complaints were dealt with. People told us that, "It can take a long time for complaints to be resolved and the company should keep us updated." We looked at the complaints log we could see that a common theme was carers arriving late and not staying the required time. The registered manager told us that the service was committed towards improving care. As a result, they were currently rolling out a new electronic call logging system in partnership with the local authority. This new system logged the time care workers spent in people's home. This new system would allow the provider to monitor call times and missed calls and this would hopefully ensure people get support on time.
- People knew how to raise concerns and complaints and told us that they felt comfortable doing so. When concerns had been raised people told us that changes had been made to their care. This helped to show us that the registered manager was responding to complaints.

#### Supporting people to develop and maintain relationships to avoid social isolation

- During our inspection, the registered manager told us about a family member who required a care worker who could bring the person to their place of worship every week. At the time, the provider did not have a care worker available, but they spent time recruiting a care worker to ensure the person's request was met.

#### End of life care and support

- At the time of the inspection, no one was receiving end of life care. Staff told us they had supported people at the end of their lives.
- Within people's care plans we could not identify a section dedicated to recording any discussions about people's end of life wishes. This told us that people may not have been given the opportunity to plan for care at the end of their lives. The registered manager told us that many people were being supported for only a short period of time. The registered manager told us they were reviewing their end of life policy.

# 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.

This was the first inspection of the service and it was rated requires improvement

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have effective quality assurance systems to monitor service delivery as they had not identified the issues and concerns we found at the inspection, so they could take action to make the necessary improvements. For example, the provider's checks were not robust enough to identify concerns we found in relation to medicines management.
- Their arrangements to monitor the quality of the care records were also not effective because we found care records to be lacking and not always detailed. Similarly the arrangements around the recruitment of staff also needed improvement as the provider had not identified the shortfalls we found at this inspection despite having systems in place for this purpose.
- The provider did not have robust processes around implementing various strategies and requirements such as the MCA principles or the Accessible Information Standards as staff were not always aware of these.

We found no evidence people had been harmed, however, systems were not robust enough to demonstrate the service was effectively managed. This placed people at risk of potential harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager led a management team which included care co-ordinators and field based senior care workers. Each member of staff had specific responsibilities, which meant there was accountability for key areas such as rota planning, spot checks, auditing and quality assurance.
- People and their relatives told us the registered manager and staff were open and honest with them.
- Staff told us that they attended regular team meetings and we saw minutes of these. Staff told us they could contact the provider at any time if they needed advice and guidance.
- The provider and staff were aware of their responsibilities in ensuring CQC were notified of significant events if they occurred within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and the staff team knew people and their families well which enabled some

positive relationships and people told us they could contact the register manager if they had concerns.

- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Continuous learning and improving care

- The registered manager assured us that they would be reviewing their medicines and supervision policy.

Working in partnership with others

- The registered manager and staff worked with external organisations such as GPs, district nurses, and social services. There were good links with local authorities that funded people's care.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service failed to ensure that medicines were managed properly and safely. Regulation 12 (1) (2) (g)</p> <p>The service did not provide care and treatment in a safe way to service users. It did not assess the risks to the health and safety of service users and do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service.</p>