

Oasis Group (London) Limited

Oasis Care Milton Keynes

Inspection report

L35 Bletchley Campus
1 Barton Road, Bletchley
Milton Keynes
MK2 3HU

Tel: 07967201367
Website: www.oasisgrouplondon.org

Date of inspection visit:
30 March 2023
31 March 2023

Date of publication:
18 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Oasis Care Milton Keynes is a domiciliary care agency that provides personal care to people living in their own homes.

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 this inspection 26 people were receiving support with personal care.

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

People receiving care and support felt it was delivered safely by staff they felt safe with. Systems and processes were in place to support people's safety. Recruitment procedures ensured that people were only supported by staff who were suitable to do so. There was a consistent and stable staff team and people told us their care staff were reliable, punctual and they usually saw the same staff.

People received the support they required with their medicines. Staff worked consistently within the provider's policy and procedure for infection prevention and control.

People had their needs assessed and reviewed as required. People's health care needs were documented, and staff knew when to liaise with health care professionals as required. Staff had the experience, knowledge and training to meet people's needs.

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.

Feedback we received confirmed people were supported respectfully and with dignity, they had their independence promoted and were able to develop good relationships with staff members.

Complaints procedures were in place and staff told people how to use them. The provider's systems and processes monitored the quality of the service being provided. People's views were sought through surveys, which were analysed and used to identify where improvements were needed.

The management team ensured that checks and audits were in place and used effectively to drive improvements. Staff were supported through ongoing monitoring and good communication. Staff felt well supported and valued. Information was shared with staff to support in the delivery of good quality care.

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

Rating at last inspection and update

This service was registered with us on 13 November 2022 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oasis Care Milton Keynes

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and any feedback about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the

service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We had telephone discussions with 5 people using the service and 5 relatives. We sent emails to 14 staff members for feedback, and we received 5 responses.

We reviewed a range of records. This included 3 people's care records and risk assessments. We looked at staff recruitment checks and a variety of records relating to the management of the service including staff training and supervision records, quality assurance information and feedback from people and staff.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential harm. One person told us, "Yes, I feel safe. I've no problem with the staff. Ninety nine percent of the time I have the same [staff member] come around." A relative commented, "Oh yes, [family member] is safe with the carers. They are absolutely marvelous."
- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding processes when required.
- People were cared for safely. Staff received safeguarding training for children and adults to recognise abuse and protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a risk management plan was put in place to reduce the likelihood of any falls. A relative commented, "The carers look after [family member's] skin. They do everything they can to make sure [family member] is safe and comfortable."
- Risk assessments were reviewed and updated swiftly if there were any changes or incidents. For example, we saw that where a person had a fall their risk assessment and care plan were updated.
- Staff told us they felt they could confidently support people safely. The risk assessments accurately reflected people's needs and the way they should be supported.

Staffing and recruitment

- There were sufficient staff to fully meet people's needs. Without exception everyone we spoke with was positive about the staffing numbers, the continuity of staff and staff always staying for the time allotted to them. One person told us, "Yes, we have the same staff. We still have the same [staff member] that came from the beginning, and they are very good." A relative commented, "Yes, they stay the time they are supposed to. They always let me know if they will be late and no, they have never missed a call."
- We also received positive comments from staff about staffing numbers. One commented, 'There is enough staff and we don't have to rush people's care.' Staff had access to managers out of hours, including at weekends.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them.

Using medicines safely

- Where people needed support with their medicines this was done in a safe way by trained staff.
- Staff recorded when medicines were administered, or, if medicines were not required or refused on the

medicines administration record (MAR) charts.

- Staff confirmed and records showed that they received training for medicines management.
- Audits of medicine administration were completed to enable any errors to be identified and to enable investigations and actions to take place to help reduce the risk of recurrence.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections because staff were trained in infection prevention and control.
- People using the service informed us that staff followed guidelines to reduce the risk from infection transmission. One commented, "The carers wear gloves, aprons and masks and they put them in the bin before they leave."
- Staff confirmed they had supplies of PPE and completed testing for COVID-19 if they had any symptoms (?). This meant the risks from infection transmission was reduced.

Learning lessons when things go wrong

- The service had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.

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 is the first inspection for this newly registered service. This key question has been rated 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

- An assessment of people's needs was completed before the package of care commenced. This was used as a foundation for people's plan of care. Care plans were detailed, person-centred and provided staff with the guidance they needed to fully support people.
- The assessment tool looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements. People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- Staff were provided with support and training to meet people's needs effectively. Staff confirmed and records showed they received the training they needed to meet people's needs. One staff member commented, 'Yes, I have had induction training. I have also had training on medication, safeguarding, moving and handling, catheter care, dementia, end of life, pressure ulcer, mental capacity and medication administering competency.'
- New staff completed an induction where they worked with experienced staff to understand and gain knowledge about the job role. They confirmed they were provided with supervision to monitor their performance and enable them to professionally develop.
- People and relatives told us staff were competent. One relative said, "Yes, the carers are well trained and those that come to us are brilliant. [Family member] knows them well."
- Staff confirmed they received regular supervision with a line manager. One member of staff commented, 'We have supervision every quarter of the year. We are always in contact with the office as well for advice and support.' We also saw the provider carried out regular spot checks to observe that staff were working in line with best practice.

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

- People were supported to eat and drink enough to meet their dietary needs, and this was done in a safe way. One person said, "My carers make me what I fancy, and they always do it."
- A staff member commented, 'I support people by asking them what they want, considering their favourites and health conditions; (if they have allergies) with this in mind I give them a wide variety of meals. This all is dependent on the client's needs for nutrition.'
- Staff training records showed staff had completed food hygiene training so knew how to handle food safely.
- We saw people's nutritional and hydration needs were assessed and guidance put in place for staff to

follow.

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 with their healthcare needs and staff worked with families to ensure people received the care they needed. A relative told us, "The carers would and have contacted a doctor for my [family member] and waited for an ambulance to arrive. They would call me too."
- Staff knew how to respond to people's healthcare needs and had access to information about who to contact if they had any concerns. Care plans provided an overview of the person's health needs and the involvement of health care professionals where applicable.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us the staff always asked for their consent and permission before they completed any tasks. A relative commented, "The staff do always ask for permission, and they explain what they are doing. "
- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be 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 is the first inspection for this newly registered service. This key question has been rated 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

- People were treated with dignity, kindness and respect. One person told us, "They really do care, they are brilliant." A relative said, "The carers are all very kind. They listen to us and value our input."
- Staff received training in equality and diversity and spoke with kindness about people they supported. The registered manager was keen to provide a good service and they demonstrated an understanding of people's care needs and the importance of respecting diversity. A relative told us, "Most of the [staff] have a shared cultural background with my [family member] and call them 'Mama', which is a term of respect in our culture."
- People's equality and diversity was considered within care plans, which documented how people wished to be cared for, and any protected characteristics. They described people's individual daily routines and staff were able to describe people's preferences in different areas of their care. For example, one staff member described a person's love for a particular brand of tea, how much they enjoyed the taste and how it should be made so it was just how they liked it.

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

- People confirmed they were involved in making decisions about their care and these were reviewed to ensure they remained up to date. A relative said, "Yes, the family was all involved in setting up the care plan, everything was discussed." Another told us, "Most definitely. Me and my [family member] were involved from the beginning and that has been ongoing."
- People's communication needs were assessed before people started using the service. This detailed the person's preferred way of communication to ensure information was shared effectively.
- Records showed that people's care was reviewed regularly and people and relatives, where appropriate, were involved in the process.
- The registered manager said they would support anyone who wanted to use the service of an advocate. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and do as much as they could for themselves where appropriate. A relative told us, "[Family member] is no longer independent but staff do try to maintain the little independence they have left."
- People told us staff treated them with respect and always made sure their care was carried out in private. One person commented, "The carers do treat me with respect and dignity. They always ask me before they do anything." A relative said, "The carers are all very respectful."

- A confidentiality policy was in place. The registered manager team understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except with those that needed to know. One staff member commented, 'I do not share client's information with a third party unless it's the party listed on their consent forms and it's okay to do so.'

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 personalised care that met their needs and preferences. A relative said, "The carers know exactly what [family member] likes and doesn't like." Another told us, "The carers know what and how [family member] likes things to be done. They know which cereals for breakfast, how much milk to put in and so on. They know [family member] well."
- Care plans contained personalised information about people's background history, preferences, hobbies, interests, likes and dislikes. This enabled staff to understand the personality of the person they were providing care to.
- Staff we spoke with had good knowledge of the people they were providing care to and what personalised care meant to them. One member of staff commented, 'Person centred care means considering the person's dignity, respect and personalising the care needs specifically to the individual clients.'

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of this requirement and was able to provide documentation in different formats if and when required. We saw the provider's statement of purpose available in large print.
- People's likes and dislikes were recorded along with their diverse cultural needs. We saw preferred methods of communication recorded in people's care plans.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints, and people we spoke with knew how to use it and were comfortable to do so. One person told us, "I have their phone numbers. I could always call them but never needed to make a complaint." A relative said, "I have some numbers I can call if I have any worries and I would be happy to do that if I needed to."
- We saw that when complaints were made, they were documented and responded to promptly.

End of life care and support

- In the event this type of care was needed, there was a policy in place for the registered manager to be guided by.
- Staff had received end of life training so they could support people appropriately with their end-of-life

needs. A staff member commented, 'Yes, I have had training in end-of-life care. This involves supporting people who are in their last months, weeks or years of their life. Good end of life care involves having an advanced plan describing how and where you want to spend your last months.'

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 is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive ethos. People and their relatives expressed their satisfaction with the care provided. One person commented, "The best thing about the carers is their attitude. They always have time for people." A relative said, "It's made a big difference to us as a family. Before, everything fell on me and [name of relative] and now, since Oasis help us, life is much better."
- Staff providing care and support informed us they felt well supported and the management were approachable and contactable. A staff member commented, 'The management are approachable, and they are good leaders.'
- People knew who the manager was and how to contact them. One person told us, "The manager is [Name]. We speak often, not just with the manager but other members of the office staff. If I have a problem, they sort it out quickly."
- Systems were in place to ensure staff were supported and training was kept up to date. Staff informed us they received updates and had opportunities to discuss their work and additional support and training through regular meetings.

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

- The provider had a system of checks in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff. One staff member commented, 'There is very good communication. It's usually by email. We are always kept up to date.'
- Systems in place to manage staff performance were effective. There was a supervision, appraisal and training programme in place. A staff member commented, 'I have had good training and there is a lot of support for us. I feel listened to and communication with the office is brilliant. I never feel that I'm doing this on my own.'
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.

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; Working in partnership with others

- Contact with health professionals was made promptly to ensure joined up care was effective and met

people's needs. We saw emails to health professionals that confirmed this took place.

- The registered manager ensured there were robust systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service had quality assurance systems based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved in people's care. The provider actively sought the views of others to drive continuous improvement at the service.
- People and their relatives were involved in the improvement of the service where possible. We saw satisfaction surveys that were sent out to be people so the provider could gain their views. One person said, "I have completed a satisfaction form. If there's something I want them to change they will do it."
- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality of care people received.
- There were systems in place to learn lessons when things went wrong, so that improvements were made to enhance the service and the care people received.