Oasis Care and Training Agency (OCTA)

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 25 and 26 November 2014 and was announced. When we last visited the service on 7 October 2013, the service was meeting the regulations we looked at.

Oasis Care Agency provides support including personal care for people in their own homes. At the time of the inspection about 100 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always handled and managed safely. Information about the management of people's medicines was not always clearly and accurately recorded and there were inconsistencies in the practices of staff. This meant people may not always have the support they required with their medicines.

Summary of findings

Risk assessments did not always cover people's specific health and conditions. There were no individualised risk management plans to ensure that risks associated with people's health and well-being were managed safely.

The service was not regularly assessed and monitored to ensure the quality of service provided to people was effective and met their needs and care plans were not always reviewed and updated to reflect changes in people's needs.

Recruitment procedures were robust and safe. Staff understood how to recognise abuse and protect people from the risk of abuse. People, their relatives and staff were encouraged to provide feedback and to raise concerns. Concerns were investigated and responded to appropriately to keep people safe and to improve the service.

The service worked closely with healthcare professionals. People were supported to arrange appointments to ensure their health needs were met. Relevant professionals were involved to ensure people received appropriate support and care in relation to their health needs.

Staff understood the principles of the requirements of the Mental Capacity Act 2005 and supported people with their decisions. Staff were supported through effective induction, supervision, appraisal and training to provide an effective service to people.

People said staff treated them with kindness and respect. People were supported to eat and drink appropriately. Staff provided support to people the way they wanted to be cared for. The service was flexible in meeting people's needs.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

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 not always safe. Risks to people were not always assessed and managed in a way that protected the well-being.

Medicines were not always handled and managed safely. People's medicines were not recorded clearly and accurately

Recruitment practices were robust so only suitable staff were employed to provide care to people.

Staff were knowledgeable in recognising abuse and how to report it in accordance with the organisations policy and procedure.

Requires improvement

Is the service effective?

The service was effective. Staff were supported through induction, supervision, appraisal and training. Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately. People were supported to food and drink appropriately.

The service worked with health and social care professionals to ensure people's needs were met.

Good

Is the service caring?

The service was caring. Staff treated people with dignity and respect. Staff understood the needs of people and how to support them. People were involved in their own care and were supported to maintain their independence.

Good

Is the service responsive?

The service was not always responsive. People's care was assessed prior to care being delivered by the service. Care plans were in place, however, they were not always detailed to show the support people required and were not always reviewed and updated to reflect people's needs.

People and their relatives knew how to raise concerns and complaints and these were investigated and responded to in line with policy.

The service had various ways to obtain feedback from people using the service and these were followed up to improve the service provided.

Requires improvement

Is the service well-led?

The service was not well led. Systems for monitoring the quality of service provided were not effective.

Staff said their managers listened to them and involved them in developing the service. The service worked with commissioners to improve the quality of the service.

Requires improvement

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 November 2014. The provider was given 24 hours' notice because the location provides domiciliary care service and we needed to be sure they were available to give us information during the inspection. The inspection was carried out by two inspectors and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the provider.

During the inspection we spoke with the registered manager, the care manager, four care coordinators and three field supervisors and two care workers. We reviewed 12 people's care records to see how their care and support was planned. We checked eight staff files to review recruitment processes and training and supervision for staff. We also looked at records relating to the management of the service. These included information about complaints and the service's quality assurance process.

After the inspection we spoke with eight people using the service, eight relatives and five staff. We also spoke with five local authority commissioners to obtain their views of the service.

Requires improvement

Is the service safe?

Our findings

Risks to people's care were not always managed to ensure they received a safe service that was appropriate to their individual needs. We found that risk assessments were not always sufficiently detailed in relation to people's individual health needs and conditions. For example, a person's care plan indicated that they were at risk of falls. However, the risk assessment was not fully completed to show how these risks would be managed to prevent or minimise them. Another person's care plan identified that a person was as risk of developing pressure sores, but there was no risk assessment to identify level of risk and action plan to manage this. We could not be certain that the service was protecting people from the risks of inappropriate or unsafe care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's medicines were not always managed and handled safely. Staff were trained in the safe administration of medicines and there was a policy in place which detailed the various levels of support people received with their medicines. However, we found that staffs' understanding of the various levels of support indicated in the organisation's procedure varied. There were discrepancies in the meaning of 'prompting' and 'administration' among staff. For example, for some staff prompting meant handing the medicines to the person and to some other staff prompting was reminding the person to take their medicines.

We were also unable to establish the system for recording medicines given to people. There were inconsistencies in the way medicines were recorded among staff. Three out of the five senior staff we spoke with about this explained that when medicines were prompted they were recorded in the care notes and when administered they were recorded on the medicine administration record (MAR). The other two senior staff said that there was a different system for recording when medicines are prompted. We requested to see samples of completed (medicines administration record) MAR charts but these could not be produced on the day of our visit and after. This meant we could not be confident that people's medicines were managed and administered safely. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe with staff and trusted them with carrying out both personal care tasks and with things around their home. One person said, "I trust them [staff] and feel safe with them" and one relative said, "I would feel safe to have a bath or go out while she [staff] is here".

Staff demonstrated awareness of the various types of abuse, how to report any concerns in line with the organisation's safeguarding policy and procedure. They understood how to use the whistle-blowing procedures and they told us they would use the procedure if required. Records showed that the provider had responded appropriately to allegations of abuse. For example, they had attended strategy meetings, provided information and worked with the local authority to investigate concerns and keep people safe.

Staff told us they followed the organisation's financial procedures when they supported people to manage their money. We saw that staff completed financial transaction sheets which detailed financial transactions and demonstrated that people's money was managed safely. People were protected from the risk of receiving support from unsuitable staff.

Recruitment procedures were safe. Staff records showed the provider interviewed applicants for jobs and took up references and criminal record check before they were allowed to work. This ensured that people received care and support from staff that were suitable and had the appropriate knowledge and skills to meet their needs.

Staff we spoke with understood the procedure to follow in the event of an emergency. For example they told us that if they saw or suspected someone was unwell, they would contact the person's GP for advice or call the ambulance if the person needed immediate help.

People told us that they were supported by regular staff that understood their needs and had worked with them consistently for many years. Although, people mentioned that there had been occasions in the past where staff had missed their care visit or where they had arrived late.

There was a system in place for allocating staff to care visits. Staff told us that they were happy with this system and had enough time to complete tasks for people. Staff were flexible to pick up extra shifts to cover emergency cancellations when required.

Good

Is the service effective?

Our findings

People told us that staff understood their roles and responsibilities. One relative said, "The way the care worker behaves suggests they are well-trained." Training records we saw showed that staff had received training in health and safety, moving and handling, food hygiene, infection control, safeguarding adult, medication, first aid and dignity in care. Staff told us that they were provided with the relevant training to do their jobs. They were able to explain the content and details of the courses they had attended to demonstrate they understood them.

Records showed all new staff received induction training before they were allowed to work on their own. The induction included two days of classroom which covered key policies and staff code of conduct and three days of shadowing where they worked with an experienced member of staff to learn the practical aspects of the job. Staff were given a copy of the organisation's staff handbook when they started so they can refer to it when required. This meant that staff were provided with the training and support they required to do their jobs effectively.

Staff told us they felt supported. Staff were supported through regular supervisions from their team supervisors every three months to discuss any issues they faced at work and concerns about the people they looked after. We saw copies of supervision notes and they covered discussions about the well-being of people using the service, performance issues, training and time keeping. Staff were also appraised yearly by their supervisors.

The team supervisors conducted regular unannounced 'spot checks' on staff while they were at people's homes delivering care to ensure they were delivering their responsibilities to the required standard. We saw evidence that staff were provided feedback following the spot check and issues were addressed. For example, there was discussion about the importance of ensuring good record keeping. However, we found that these had not picked up the discrepancies regarding staff practices in relation to medicines.

People told us staff asked them what they wanted and waited for permission from them before they supported them. Staff told us they always explained what they were doing and sought consent from the person before they carried out any task. They told us that where necessary they liaised with people's relatives if they have concerns about the person's ability to make a decision or choice. Staff said they found various strategies to work with people around their decisions and choices. For example, if a person did not want to have their personal care when it was due, they would leave it and ask them again in a different way later. A member of staff said "We never force anyone." Staff understood the communication needs of people with dementia and demonstrated skills to communicate with them. For example, they said they would use simple words and body language.

Staff understood how a 'best interests' decision should be made if people were unable, even with support to make a decision. They explained that the family, GP and social worker would be involved in a joint review meeting.

People told us they were able to have food and drink they wanted and staff supported them to prepare their meals. One person said, "Staff encourage me to eat and drink." People's care plans included information on the support they needed to prepare meals and shop for food. Care plans also reflected people's dietary requirements and choices. For example, cultural food or soft diet. Staff explained how they would assist someone who was not able to feed themselves. Staff told us they would assist people by cutting up their food in small portions and feed them if required. Staff also told us that they ensured people had their food supplements as prescribed and reported any concerns about people's nutritional needs to their supervisors. Records showed the service had taken appropriate follow up action to ensure people's needs were met. For example, contact the person's GP for advice.

Care records demonstrated that the service had worked jointly with health professional to meet people's needs. We saw evidence that people had been supported to receive advice and treatment from their GP and specialist health professionals such as psychiatrists. For example, the service had worked with district nurses to care for a person's leg ulcer. Staff told us they reminded people about their appointments and supported them to attend where required. We saw minutes of meetings where staff had attended care review meetings with other professionals to ensure that people's needs were appropriately met.

Good

Is the service caring?

Our findings

People we spoke with were happy with the staff. People told us staff treated them with respect, kindness and gentleness. They said staff were careful and preserved their dignity in the way they carried out tasks. One person said "[The member of staff] washes my back and helps me wash myself."

Staff understood how to respect people's privacy and dignity. Staff had been trained in dignity in care as part of their induction. The staff handbook also contained information about this so they could refer to it. Staff explained how they respected people's dignity and privacy. They also told us that they encouraged people do as much as they can do for themselves to promote their independence.

People told us that staff were interested in them and did not rush them. One relative said "Sometimes the care worker stays after her time and has a cup of tea and a chat." People told us that staff always asked if they needed anything else to be done before they left. We saw compliments received from relatives and they included comments such as "They [care staff] were patient with mum who could not speak and waited for mum to write to them, carrying out her wishes calmly and with dignity."

Another said "They [staff] were always cheerful when they entered the house with a greeting and said goodbye in the same manner." And a third person commented "You [staff] were always punctual and appeared happy to be in my home."

People told us they had the same care staff and had developed relationships with them. They said their care staff understood their needs and how to support them well. Staff demonstrated they understood the benefits of being familiar with the backgrounds, social history, preferences and needs of the people they looked after. They said it enabled them provide support to them the way they want.

People were supported to maintain their personal, cultural and religious needs. Care plans recorded people's requirements in relation to communication needs, preferred spoken language and preferred gender of staff. People told us they were matched with staff from similar background to enable their needs to be met appropriately. We saw that people's communications needs were recorded and staff had guidelines on how to communicate with people accordingly. For example, using writing, body language and gestures. We saw people's preferences had been acted on. For example, only female staff attended to the personal care of a person in accordance with their wishes.

Requires improvement

Is the service responsive?

Our findings

People told us they had a meeting with staff from the service for an initial assessment and to discuss their care requirements before the service started providing care to them. People told us they knew the content of their care plan and were involved in planning their support. Care plans detailed people care visit times, the duration of the visits and the tasks to be undertaken.

Care records showed that people's care visit times had been increased when required to reflect their needs. For example, one person's care visit was increased due to their risk of falls and deterioration in health. The service was flexible and met people's changing circumstances. People told us they were able to change their support visit times and stop and restart the care package as they wished. One person said, "They started immediately I told them I was back from holiday."

People told us staff understood their needs and how to work with them. However, there were risks that people's needs might not be met as care plans were not always updated and these did not always contained comprehensive information about people's needs and preferences. Five out of the 12 care plans we reviewed did not detail people's personal background, social history, likes and dislikes. We also found that three out of the 12 care plans we looked at did not reflect people's current needs. For example, the support one person required with taking their medicines had changed following deterioration in their health but their care plan had not been updated. Therefore new staff to the service or staff covering for permanent care workers might not have all the necessary information to care for and support people.

We recommend that the service consider training and current guidance for staff in relation to care planning.

People told us they knew how to raise or make a complaint. Details about how to complain were included in the handbook given to people when they started using the service. We reviewed the service's complaints log for the 12 months prior to our visit. Records showed complaints had been investigated and responded to promptly, according to the Oasis complaints policy. Complaints were followed up and appropriate action taken. For example, disciplinary action had been taken to address a complaint about a member of staff conduct. In another case a health professional had been involved to improve the care of one person following the complaint about quality of care.

The service conducted telephone surveys, spot checks and satisfaction surveys regularly to check people were happy with the service they received. The surveys checked people's satisfaction with the quality of care, and the information they received. The service reviewed people's feedback and took the necessary actions taken to improve the service. For example, where people had raised concerns about the abilities of a staff member, the staff member was changed and we saw that the staff member undertook retraining.

Requires improvement

Is the service well-led?

Our findings

The service was not regularly assessed and monitored to ensure the quality of service provided was effective and met the needs of people. There were no effective system for auditing the quality of service provided and processes in place. For example, the care plans audits had not been effective in identifying the issues we found such as care plans not being up to date and reflecting people's needs. We also found that the data collected from the electronic system used to monitor staff time-keeping and issues relating to missed calls were not monitored or analysed at management level to understand patterns and trends across the service and to identify the reasons and then devise a strategy for improvement. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us that they were listened to by the manager and their views were taken into consideration. One member of staff said, "We work together and support each other." The management team held monthly meeting with staff. Staff said they were able to freely discuss issues relating to their work and they could raise concerns about the care provided to people and about any issues impacting on their performance and these were resolved. Minutes of meetings showed staff were given the opportunity to contribute and discuss the implementation of policies and procedures and new systems. For example, we saw that the introduction of a new risk assessment form was discussed at team meeting and staff contributed in this.

Staff told us they received regular information and newsletters which they found helpful and informative and kept them abreast with changes in the organisation and new developments in health and social care so they could deliver service to meet people's needs. We saw recent newsletters which included articles about recognising signs of hypothermia and promoting confidentiality. Staff told us that the manager provided them with the opportunity to develop professionally. One member of staff said "If you work hard, they will support you to develop."

The service had devised an action plan to address areas which required improvement following the satisfaction survey conducted in 2014. For example, the staff handbook had been updated to reflect comments about staff practices to improve their knowledge and skills to support people appropriately. The organisation was running English language courses to improve the communication skills of staff following comments and concerns people had raised about this."

Commissioners of the service conducted an annual monitoring visit where they checked the quality of service provided. The feedback we received from commissioners was generally positive. One commissioner commented that "We have had no quality alerts from Oasis and as such they are one of our higher performing agencies in terms of quality concerns." Another commissioner said "They are generally good at acknowledging complaints and often call us to give an update and follow through with and email."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person did not take proper steps to ensure that people were protected from the risks of receiving care and treatment that was inappropriate or unsafe. (Regulation 9 (1) (a) (b) (i) (ii)).

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered provider did not ensure service users were protected against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered provider did not ensure service users were protected against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity.