

GB Care Limited

# Oasis House

## 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 House provides care and support for up to 30 older people, some of whom may be living with dementia. There were 30 people living at the service when we visited.

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

People at this service were well cared for by dedicated staff. People benefited from good personal care. People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being. People were treated with kindness, respect and compassion and their privacy, dignity and independence were promoted. One person said, "The staff always ask me what support I need before doing anything."

People's feedback was consistently positive about the care, support and staff. People particularly liked the service because of the caring staff. One visitor said, "I don't know how staff do it, and they do, even with a smile. [Family member] is always kept nice and clean, it's very upsetting when your partner has deteriorated in health but I'm so grateful to the [registered] manager and staff for the support my [family member] gets in here, I have nothing but praise."

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.

Systems and process in place at the service kept people safe in all areas of their care including the administration of medicines.

There were enough staff on each shift to support people and robust recruitment checks were carried out before staff started working at the service. Staff received induction, training and supervision to ensure that they had the right skills and abilities to support people.

People were supported to eat and drink enough to maintain a balanced diet.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care.

### Rating at last inspection

The last rating for this service was good (published 16 December 2016).

#### 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.

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

## 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 House

## **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 an 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.

### Service and service type

Oasis House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including the safeguarding team. We used the information the provider sent us on 24 April 2019 in the 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 seven people who used the service and two visitors about their experience of the care provided. We spoke with six members of staff including, the registered manager, the deputy manager, three care workers and the activities co-ordinator. We also spoke with a visiting health professional.

We reviewed a range of records. This included two people's care records and medication records. We looked at a variety of records relating to the management of the service.

# 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Oasis House. One person said, "Yes I always feel safe, there is care 24hrs a day, I know the fire drill, the staff put me through that and I know where I should go and wait for help." People's facial expressions and body language told us that they felt safe and comfortable with the staff. Another person told us, "What makes me feel safe is the staff, they are very good company."
- Systems remained in place to protect people from abuse and avoidable harm. Staff continued to understand what to look out for and who they should report any concerns to.

Assessing risk, safety monitoring and management

- Risk assessments gave staff clear guidance on how to manage risks to people. Staff supported people to take risks in a safe way to maximise their independence, choice and control. Risks included mobility, choking and using bed rails.
- Equipment in use in the service was maintained and serviced so that it was safe for people to use. This included regular checks of the fire safety equipment to ensure it would be effective in the event of a fire.
- Staff knew how to support people whose behaviour sometimes challenged themselves and others, to make sure everyone was safe.

Staffing and recruitment

- People told us they thought there were enough staff to meet their needs. One person said, "In my opinion, there is always enough staff on duty, I can have a shower whenever I like, the staff are always very obliging, my room is cleaned every day." Another person told us, "Staff will sit and talk to you when they have time."
- The registered manager told us staffing levels had met people's assessed level of need. On the day of inspection there were enough staff on duty for people to have all their support needs met. Staff said there were enough staff for the number of people currently living at the service. One person told us, "The staff have always been quick to answer the call bell."
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the service.

Using medicines safely

- Medicines continued to be managed safely so that people received their medicines as the prescriber intended. One person said, "I get my medication on time and if I am in any pain I only have to ask for something." Another person said, "I receive my medication regularly."
- Staff kept accurate records of all medicines ordered, given and disposed of. Medicines' storage was

appropriate.

- Clear protocols guided staff to give medicines prescribed to be given 'when required' safely.
- Staff had undertaken training and had their competence checked on an annual basis. Regular audits were conducted, and action taken when necessary.

#### Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.

#### Learning lessons when things go wrong

- Staff recorded any incidents and accidents and the registered manager regularly met with a representative of the provider to discuss any accidents or incidents to look for any trends or patterns. This information would then inform any action needed to be taken to reduce the risk of recurrence.
- Staff meetings gave staff the opportunity to discuss any safety issues or investigations from their own and other organisations, to learn from them and to change their practice if needed.



# 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 good. At this inspection this key question has remained the same.

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

- Each person's holistic needs continued to be fully assessed before they were offered a place at the service. Needs were assessed in line with current good practice guidance. This initial assessment formed the basis of the person's care plan.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Care plans contained information about people's needs and it was evident that staff knew people extremely well.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training. They shadowed another staff member until they were competent and confident to deliver care.
- Staffs knowledge to deliver safe and effective care was developed through a training development programme, and spot checks on their work.
- Staff told us they were supported by the management team and received one to one sessions to discuss any work-related issues. Staff welcomed team meetings and one staff member told us that they had completed the Care Certificate (An agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors). They were being supported to gain a care qualification and received regular and meaningful supervision.

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

- People received home cooked food that constituted a balanced diet. One person said, "The food is excellent, I always enjoy my meals." Another person told us, "I'm not overly keen on the food- I've made suggestions to the chef. I like my breakfast the best I really enjoy that. I can have anything I like - I sometimes have a full English Breakfast."
- People were offered choices of where they wished to eat their meal and what to drink. A variety of drinks and snacks were available throughout the day. One person told us, "I spoke to the chef about getting me some Italian sausages infused with basil, and do you know he got them for me from a butcher in town. I had had them some years ago in Italy and loved them."
- Advice was sought from appropriate health professionals in relation to nutrition. The chef and staff had information which supported them on providing special diets when required.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment were used effectively to meet people's care and support needs. Such as call bells and sensor mats.
- People had access to indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.
- A plan was in place to undertake some refurbishment throughout the service.

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

- People were routinely registered with healthcare professionals. A GP visited when required to ensure access to treatment and medicine. There was a good relationship between the service and healthcare professionals. One person told us, "I have the district nurse come every day. I am diabetic, and they also come to dress my legs. Last Monday I was in very bad pain with my legs - they were quick to call the doctor, they sent the district nurse back to me."
- People were referred to other healthcare professionals as required. People were supported by staff to access healthcare appointments. Relatives confirmed they were kept informed as appropriate of changing health conditions. One person told us, "I go to my own doctor because they are local, the chiropodist comes every few weeks."
- Appropriate information was shared in a timely way, if a hospital admission was required

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One person said, "Staff are respectful, they will always check if its ok to do something, they don't just do it, they tell you what they are doing, you know like, 'can I do this for you', or 'can I take your slippers off'. I have signed for something while I have been here. I have had a DNAR put in place."
- Appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.

# 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 good. At this inspection this key question has remained the same.

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 told us staff treated them in a kind and caring way. One person said, "I think staff are very genuine in the way they care for us. I was not well recently and was laid in one of the recliners. They came up very slow and sat beside me and spoke very gently to me, to ask me how I was feeling, and if they could get me anything." Another person told us, "Everyone here is very caring towards me."
- Staff showed patience when supporting people and ensured people were comfortable when they had assisted them to move around.
- People were supported to establish and maintain relationships with their families and friends.
- People told us they regularly met up with friends and family which was important to them. They told us that their relatives were always made to feel welcome at the service, at any time. One visitor said, "Staff are very kind. They are always smiling, it's very nice."

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

- Staff continued to support people to make decisions about their care. Peoples decisions were recorded in the care plans, such as when they wanted to get up and when they wished to go to bed. The registered manager had sent relatives a letter to invite them to attend reviews where appropriate.
- Staff signposted people and their relatives to sources of advice and support or advocacy; they provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted independence. One person said, "Staff are very respectful towards me they cover me up with a towel. I was asked if I prefer male or female - I don't mind the male cares; they are very good."
- Staff spoke with people in a polite and caring way and showed patience when people asked them for support.
- People chose when they wanted time alone, which was respected by staff.
- People had access to equipment to aid their independence, such as equipment to help them move and specific cutlery which helped them to eat independently.

# 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 good. At this inspection this key question has remained the same.

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 told us their needs were met in a personalised way. One person said, "I think staff know me as a person, they always chat to me about me about my life when I was younger, they know my likes and dislikes."
- People told us staff were available when they needed them and responded promptly when they used call bells or requested assistance. We saw staff were not rushed and had time to spend with people. For example, when a person was distressed, staff knelt and held the person's hand, staying with them and speaking quietly and reassuringly until the person was settled.
- Care plans had been developed for each person. They provided information as to how care should be provided to meet the person's needs.

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.

- Care plans included information about people's individual communication needs and how these should be met, including the need for spectacles or hearing aids. Care plans also included information as to how some people who were unable to speak might express distress or needs.
- Staff did not rush people when speaking with them and allowed them time to respond. This supported their communication needs.

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

- People told us they felt they had enough to keep them occupied during the day. One person said, "The choir is very nice, I love the bingo I always win, and I love a good old sing song when we have musical entertainers come," Another person said, "I'm not really interested in any of the activities, other than when outside musical entertainment perform, I have my DVDs and books - I'm a big fan of reading."
- The registered manager said they supported people to go into the community and would support people to attend any clubs they showed an interest in.

Improving care quality in response to complaints or concerns

- A complaints system and procedure was in place. The procedure was displayed.
- People and relatives said that they felt able to speak to the registered manager at any time. Staff were aware of how to resolve concerns at a low level if possible. One person said, "I would make a complaint if I needed to. I have been asked personally about my thoughts on the care, and the food, you really can suggest anything to them they don't mind."
- Complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place. One person told us, "I have never needed to complain, but if I had to I would."

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate. One member of staff told us, when we asked about end of life care, "We would always try to care for the residents here at their home if this is their wish."
- Staff understood people's needs and were aware of good practice and guidance in end of life care. A member of staff told us, "We would also seek further support from our district nurse team if the time came."
- There were no people living in the service that required this level of support at the time of this inspection.

# 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 good. At this inspection this key question has remained the same.

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

- People and visitors felt able to approach the registered manager and staff team. One person said, "I know [name of registered manager] very well, lovely person, very approachable. When I first came here, they went through absolutely everything with me, and re-assured me they were there if ever I needed anything." Another person told us, "They are a very good [registered] manager. All the staff work nicely together and the senior's 'nurture' the new ones in, showing them everything. You could go to [name of registered manager] with anything and they would sort it."
- Staff were positive about the registered manager and the management team. One member of staff told us, "Yes I feel very comfortable with the [registered] manager and know they would listen to me. We can go and speak to them at any time."
- The registered manager promoted the values of the service, which the staff followed in practice.
- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by involving people in reviewing concerns or incidents to prevent them happening again. The PIR also stated: 'Recognising challenging situations and asking for advice or help when something is beyond my area of expertise.'

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 and staff team gave examples of learning when something had gone wrong or had been a near miss. They told us how they had tried to learn from it to reduce the risk of recurrence.
- The registered manager understood and acted in line with duty of candour when things went wrong. People had received a formal apology where there had been problems with their care.

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

- The service was well-run. Staff at all levels understood the importance of their roles and responsibilities.
- The registered manager notified the CQC of incidents that they were legally obliged to.
- The previous CQC inspection rating was displayed so people and their visitors could refer to this if they wished to.

#### Continuous learning and improving care

- There was organisational oversight of the service.
- Audits were carried out to monitor the quality of the service provided and this included a third-party audit conducted by someone who was independent to the organisation. Any improvements needed had been documented and had either been completed or were being worked on.

#### Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. We spoke to one visiting health professional who said that the service staff were keen to develop and work with them for the improvement of people living at the service.