

Oasis Care and Training Agency (OCTA)

Oasis Care and Training Agency (OCTA)

Inspection report

24-32 Murdock Street
Peckham
London
SE15 1LW

Tel: 02076396192
Website: www.oasiscareandtraining.org.uk

Date of inspection visit:
19 October 2023
10 November 2023

Date of publication:
18 December 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?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Oasis Care and Training Agency is a domiciliary care agency. It provides regulated activity to people living in their own homes. The service provides support to older people, people with learning disabilities or autism, people with physical disabilities and younger adults. At the time of our inspection there were 186 people using the service.

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

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

Right Support: People were supported to have maximum choice and control of their lives. They were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to make decisions following best practice in decision-making.

Right Care: People were supported by staff who were trained to provide good quality care, support and treatment. People and those important to them, were involved in the planning of care. Staff understood people's cultural needs and provided culturally appropriate care.

Right Culture: People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff evaluated the quality of support provided to people, involving people and their families and other professionals as appropriate.

We saw 2 right to work in the UK checks for care workers had not been followed up. This was discussed with the registered manager and senior staff team.

The provider had a range of policies and processes in place to keep people safe. People and their relatives told us they felt safe with the care the service provided. A relative told us, "I know my [family member] is safe with them, they treat [family member] like their own family."

Care workers had the training and experience to ensure people's care and treatment was effective as well as

safe. People told us they thought the care workers were good at their jobs. A relative told us, "When [care worker] do [family members] breakfast, they will do whatever [family member] wants and will use their initiative if I haven't had time to shop yet."

People and their relatives told us they thought the service was caring. We received comments like, "The [care workers] are very kind to [family member], they have developed a really good rapport", and "I do not think there is anything [care worker] wouldn't do for [family member]. [Care worker] just does it without comment or need for praise."

People and their relatives told us that thought that the service was responsive, and people's needs were well met. They told us they thought the service was managed well and senior staff and managers could be accessed when required.

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

Rating at last inspection

The last rating for this service was good (published 22 January 2021).

Why we inspected

The inspection was prompted by a review of information we held about the service.

Recommendations

We have made a recommendation in relation to safe recruitment and supporting people with their diet.

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 effective 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 effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our effective findings below.

Oasis Care and Training Agency (OCTA)

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

The inspection team consisted of 1 inspector and 2 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 Care and Training Agency is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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

This inspection was unannounced.

Inspection activity started on 13th October 2023 and ended on 10th November 2023. We visited the

location's office on 19th October 2023.

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.

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 spoke to 6 people who use the service and 18 relatives about their experience of the care provided. We received feedback from 56 care workers. We spoke to the senior care coordinator, the business development and compliance manager, the quality assurance manager, the branch manager, and the registered manager.

We reviewed a range of records. This included 20 people's care records. We looked at 10 staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures, complaint records and safeguarding audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We identified 2 incidents where ongoing right to work in the UK entitlement for care workers were not followed. We saw no evidence that this impacted people's care. This was discussed at the inspection and were assured robust measures would be implemented to ensure these checks were continually up to date.

We recommend the provider seek guidance from a reputable source on ensuring employee's right to work in the UK checks are kept up to date.

- Pre-employment checks such as work references from past employers and Disclosure and Barring (DBS) checks were carried out. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough staff available to appropriately support people with their care needs. The numbers and skills of staff matched the needs of people using the service. Care workers told us they completed a period of job shadowing and an induction upon beginning their employment.
- Relatives told us they thought care workers were well trained and completed their tasks effectively. Care workers knew how to manage people's individual needs. A relative told us, "[Family member's] regular carer is trained well enough and uses the visit time well. [Care worker] is very proactive also."

Systems and processes to safeguard people from the risk of abuse

- There were established safeguarding policies and processes in place to ensure people were protected from the risk of harm or abuse.
- Care workers received training in safeguarding adults. They understood how to protect people from the risk of harm and abuse. A care worker told us, "I know how to recognise signs of abuse, and would report any signs of abuse to my manager straight away."
- People and those who matter to them told us they knew how to raise a safeguarding concern if they needed to. A relative told us, "Because they are regular [care workers] and have gotten to know [family member] well, they can spot if anything is wrong and will let me know immediately. I trust their judgement."

Assessing risk, safety monitoring and management

- There were appropriate risk management plans in place to guide care workers to provide appropriate support to people. Care workers were able to access risk assessments on electronic devices.
- Risk assessments were completed to ensure people's home environments were safe for care to be provided, this included information about adequate flooring, lighting and fire risks. A relative told us, "They follow the care plan which was completed with [family member] input before the care actually started."

- Care plans and risk assessments were reviewed regularly to ensure support provided to people continued to be appropriate. A relative told us, "We have just had a review because [family member's] needs have changed...the care plan has all been updated."

Using medicines safely

- The provider had a medication policy in place to ensure the safe administration and management of medication.
- Risk assessments told care workers how to safely support people with their medication needs.
- A relative told us, "Family member's] medication comes in a dosette box, [care workers] check to make sure [family member] has taken it."
- People were supported with their medicines by care workers who had been trained in administering medication.

Preventing and controlling infection

- The provider had an infection prevention and control policy which was up to date, and available for all staff to view.
- Care workers told us they had access to personal protective equipment (PPE). A care worker told us, "We never have problems with accessing PPE, it is always available."
- Care workers completed training courses on preventing the spread of infection. People told us care workers used PPE when delivering care.

Lessons learned when things go wrong

- The provider had processes in place for recording, monitoring and investigating accidents and incidents. Care workers and staff understood their responsibility to report any concerns to the registered manager, manager or care co-ordinators.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Some support plans did not contain speech and language therapy assessments (SALT) for people who may have been at risk of choking. These people were supported by family members with their food and drink, but care workers would sometimes assist. There was no evidence to support people were harmed because of this. We discussed the need for SALT assessments with the registered manager and senior management team. We were told SALT assessments would be made for all people who may be at risk of choking from now on.

We recommend the provider seek guidance from a reputable source in relation to SALT assessments.

- Relatives told us care workers work with them to ensure people eat and drink enough. We received comments like, "[Family member] isn't always good about eating. [Care workers] encourage them. They let me know if [family member] hasn't eaten much", and "[Care worker] sits with [family member] while [family member] has their meals."
- Care workers knew what action to take if they identified a person was not eating or drinking enough. They told us they would notify the next of kin, the office or the GP as required. They would also record concerns on their electronic monitoring devices so follow up action could be taken.

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

- People's care and support needs were assessed prior to the delivery of care. The provider worked with people and their relatives, health care professionals and the local authority to develop effective care plans and risk assessments.
- People told us that risk assessments were carried out. A relative told us, "They came to the home and did a full risk assessment. I remember them being very professional and very thorough with the questions they asked me and [family member]"
- People's care plans were personalised. Information captured included equality and diversity requirements, social aspirations and goals and language cultural needs.

Staff support: induction, training, skills and experience

- People were supported by care workers who had completed good quality training. Training included, moving and handling, safeguarding, understanding mental health and dementia awareness.
- People told us they thought care workers were well trained. We received comments like, "I think [care worker] is trained well enough for what is done for [family member], and "[Family member's] regular care [worker] is well trained and very proactive, and uses the time spent with [family member] well."

- Care workers told us that they received an induction at the beginning of their employment, and they had access to regular training and refresher training courses. They were able to request additional training to better support people if required.

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

- The provider worked with health and social care professionals, people and their relatives to ensure people were able to access consistent and effective care in a timely manner. A relative told us, "[Family member] had an injury and needed intensive physio input to help them walk again. I know the [care worker] helps them to move around the house."
- Care workers were well trained and able to support people accessing healthcare services. We received comments like, "If we are running low on medication, the [care worker] that lives near the pharmacy will always pick them up for me on her way", and "Because the [care worker's] are regular, they know [family member] well. They spotted when [family member's] breathing was not good and called the ambulance, [family member] was taken to hospital in good time."

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.

- At the time of our inspection, the service was not supporting anyone who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess and record people's capacity when required.
- Care workers understood and applied the principles of the MCA. They routinely sought consent from people and enabled people to make decisions about their day.

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 our last inspection we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- Care plans and risk assessments had information about people's support needs in relation to equality and diversity, and how people wished to be treated in relation to their privacy, dignity and independence.
- People and their relatives told us care workers were caring. We received the following comments, "I think [care workers] go above and beyond for [family member] and do everything they can to make sure [family member] feels comfortable and cared for. They treat me and my [family member well]," and "All the [care workers] that come are kind, caring and respectful to my [family member] and myself."
- People and their relatives told us care workers respected their privacy. A relative told us, "[Care workers] are very respectful to the fact I live here too. Although they have a key safe, they always make sure I know they have arrived."
- People and their relatives said care workers respected their dignity. A relative told us, "[Family member] looks forwards to seeing the [care workers] each day and they interact with them. I hear them chatting away to [family member] and checking that it is okay for them to carry out personal care before they begin."

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

- Care plans were created with the input of people and their relatives and included information about their hobbies and interests and how they wished for care workers to support them.
- People told us they felt they were listened to. A person told us, "I have a care plan which I agreed with during the assessment process before the care started. They help with all tasks and support my mobility when needed."
- People told us the provider encouraged people to share their views about the service. We received comments as, "I did get a phone call from the [registered] manager in person this year when he was asking for feedback about the service."
- A relative told us, "I know [family member] has called the office on occasion and seems to get whatever the query is sorted", and "I have rung the office if I need to, I have also gotten through to them on the emergency number, they are always helpful."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care workers supported people with person centred care by adhering to the information provided in the care plan and risk assessments. Care workers spoke to people on visits ensuring the care they provided was still appropriate.
- People and their relatives told us care workers were responsive to people's care needs. We received comments like, "The [care workers] are really responsive to [family member's] complex care needs, we have no complaints or concerns", and "They follow and complete the care plan which was completed with family input before the care actually started."

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 provider had Accessible Information Standard policies and procedures in place. At the time of our inspection, the service was not supporting anyone with any specific 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

- Care workers would support people to take part in socially and culturally relevant activities in accordance to people's care plans and risk assessments.

Improving care quality in response to complaints or concerns

- The provider had a complaints policies and procedures in place. People told us they knew how to contact the office to make a complaint if they needed to. The policy also included space for suggestions on improvements to be made.
- We saw records which supported that complaints and concerns were documented and addressed. People concerned were kept up to date with the progress and outcomes of any investigations as required.
- The business development and compliance manager was working on putting systems into place to make improvements on how the service worked. This work included looking at complaints and when things went wrong as well as looking at things that worked well.

End of life care and support

The provider had an end of life and support policy in place. Care plans and risk assessments had a section where people could document the support they required for end of life care if they wished.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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; Continuous learning and improving care

- We were not assured the provider's governance systems ensured managers and staff were fully aware of all risks and regulatory requirements. The provider failed to pick up or act upon issues in relation to care workers ongoing right to work in the UK eligibility checks, and the lack of SALT assessments for people who were identified to be at a risk of choking.
- The senior staff team and registered manager were proactive in improving the quality of the service. The service ensured all staff received relevant training as required to provide a good quality of support service to people.
- We saw records and notifications which indicated the service understood and acted upon their regulatory requirements
- Care workers told us that they received supervisions, and spot checks were carried out to ensure they were delivering good quality care at all times.
- People's care plans and risk assessments were reviewed regularly to ensure the care and support delivered to people remained appropriate.

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

- The provider had an open-door policy. Care workers told us they had no concerns with speaking to senior staff when required. They told us, they were confident if concerns were raised they would be addressed.
- People told us they were able to contact senior staff when required. We received comments like, "I think they are very good at communicating, I am able to speak to them easily", and "There is a professional relationship, the whole team is very flexible when they need to be."
- People spoke positively about the senior staff team. A relative told us, "The [registered] manager called the day after [family member's] stroke to see if he was ok."
- People and relatives told us they completed feedback forms where they were able to give their opinion about the care being delivered.

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 senior staff were aware of the legal responsibility to notify CQC and relevant agencies when things went wrong.

- We saw evidence to support the service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

Working in partnership with others

- The provider worked in partnership with a variety of agencies including health and social care professionals and a number of local authorities to ensure people's needs were met.