

Oasis Care and Training Agency (OCTA) OASIS Central London Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

OASIS (OCTA) Central London Office is a domiciliary care service that provides support and personal care to people living in their own homes. At the time of our inspection the service was supporting 145 people with personal care.

People's experience of using this service:

Medicines were not always managed safely, and records were not always fully completed when people who used the service were assisted with their medicines.

Risks associated with people's care needs were not always appropriately assessed and guidance on minimising such risks lacked detail.

The service did have assessments of care needs and information for staff on how to provide support to people using the service. However, we found these did not always provide sufficient information to ensure people's needs were fully met and responded to. We have made a recommendation about using current practice in relation to assessment of needs for people using homecare services.

Some care files lacked personalised information on how people wanted to have their care delivered. Staff knew people well and this reflected what people told us about themselves.

Quality assurance systems to assess, monitor and improve the quality and safety of the service were not always effective. There were improvements required in the monitoring of calls. Some people told us that care staff were sometimes late, and they were not always informed about this.

Staff and the registered manager knew how to spot signs of abuse and how to report them. Staff had attended safeguarding adults training.

People were supported by staff who had been through a robust recruitment process that checked they were safe to work with people who may be vulnerable.

Staff had access to training and received regular formal and informal support from their line manager.

Staff felt supported by the registered manager and felt that their feedback mattered in particular when they suggested any improvements in the relation to the quality of care provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practise. People told us staff asked them for consent before supporting with care tasks.

Staff supported people to remain independent and promoted their dignity. People's privacy was respected, and their personal information was kept securely.

We found the service was in breach of two regulations relating to safe care and treatment and good governance.

Rating at last inspection: This was the first inspection since registering with the Care Quality Commission (CQC) in June 2018.

Why we inspected: This was a planned comprehensive inspection

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If any concerning information was received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

OASIS Central London Office

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector and two experts by experience who interviewed people who used the service and relatives over the telephone on 22nd and 25th March 2019. An expert by experience is a person who has personal experience of using or caring for someone who uses domiciliary care services.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

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:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed information we had received about the service since registering with the CQC. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local

authority and other professionals who work with the service. We assessed the information we require providers to 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.

We spoke with 14 people who used the service and five relatives to ask about their experience of the care provided. We spoke with 12 members of staff, including the registered manager and the head of care.

We reviewed a range of records. This included nine people's care records and medicine records. We looked at six staff files around staff recruitment. We looked at records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management, using medicines safely.

- We found shortfalls in systems and processes to help ensure the safe management of medicines.
- Medicines were not always documented and recorded diligently. For example, we found gaps in a number of medicines administration records (MARs) and were therefore not able to clearly establish if all people had received their medicines as prescribed.
- In another MAR we found that one particular medicines had been reduced. However, there were no clear instructions from a health care professional to ensure it was safe to reduce the medicines. The provider did not demonstrate a good understanding of potential risks associated with particular medicines.
- We saw that staff were instructed in one person's care plan to crush medicines before administering. However, there were no clear instructions from the prescribing doctor and the dispensing pharmacist advising staff if it was safe to crush the medicines prescribed.
- Staff administered some people 'when required' (PRN) medicines. We saw staff often recorded the reasons they had administered these medicines in people's notes, which was good practice. However, there were no care plans or 'protocols' in place to inform staff when to administer these medicines, or what their intended affect was. This would increase the risk of people not being administered these medicines correctly.
- Risk assessments were in place for people identified at risk of harm. However, not all risk assessments provided staff with clear and concise information in how to manage and minimise the risk identified in the assessment.
- The safety of staff was not assessed for every home visit they might attend. There were not always environmental or lone working risk assessments for some properties that staff visited. This could potentially put staff and people who used the service at risk when carrying out and receiving their care.

The above is evidence is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People who used the service, relatives of people and staff said the service was safe and they felt safe with the support provided. One person said, "Yes I am safe, I really like the lady that comes and it's a good routine." One relative said, "My relative is safe with her carer. I am not worried."
- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. They had a good understanding of safeguarding. They had access to a whistle blowing policy which detailed how to report any concerns. Staff told us they would report any concerns to the manager.

Staffing and recruitment

- People who used the service and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. One staff member said, "We have enough staff and they try to match us with people who live close together."
- The provider had an ongoing programme of staff recruitment and retention. The registered manager told us they only took on people's care packages they had the capacity to meet.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed, including criminal records checks and references.

Preventing and controlling infection.

- Measures were in place to reduce the spread of infection. Staff received training about infection control and had access to disposable gloves and aprons.
- People and relatives told us that staff wear and change gloves when supporting them with their personal care.

Learning lessons when things go wrong.

- People were supported safely as any incidents were recorded and monitored. Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Needs assessments were carried out within 24 hours of receiving the care package. A further assessment was carried out approximately two weeks after the care package had been started.
- While we saw that assessments of needs had been carried out, we found that on some occasions the assessments were quite basic and lacked detailed information about the person's history, the person's health and social care needs and how the person expected their care to be carried out.
- We discussed this with the registered manager who told us that the provider had implemented a new electronic care assessment which may have been the reason for the lack of information.

We recommend that the service finds out more from a reputable source about assessing people's needs, based on current best practice, in relation to the assessment of needs for people using homecare services.

Staff support: induction, training, skills and experience

- Staff completed training the provider deemed mandatory such as fire safety, safeguarding, manual handling and basic food hygiene.
- Not all staff starting to work with the agency had previous experience of caring for people. If this was the case staff were provided with an in-depth induction which was based on the principles of the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care.
- Staff received an induction when they started working for the service which included the shadowing of more experienced staff.
- Staff told us that they were supported through regular supervision meetings with the management team and records that we viewed confirmed this.

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

- Staff supported some people with meal preparation. The staff we spoke with understood people's needs in this area.

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

- The service worked well with other organisations. People and their relatives told us that staff contacted doctors and other healthcare professionals as and when needed on people's behalf. One person told us, "Normally myself or my family would arrange any doctor's appointments, but I have asked [care worker name] in the past and they contacted them for me."

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.

We checked whether the service was working within the principles of the Mental Capacity Act 2005.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, we found that some relatives made decisions on people's behalf without having obtained the appropriate permission. We discussed this with the registered provider who told us they would address this matter with the relative's in question.
- People and their relatives told us that care staff respected people's decisions and gained people's consent before they provided personal care.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We received positive feedback about the approach of staff and the care and support delivered to people. Comments we received included, "They [staff] are very kind by being so helpful, looking out for things" and, "They [staff] are very caring."
- In some records we saw that people's life history had been documented. This information had been used by staff to get to know people and to build positive, caring relationships with them.
- Staff knew their preferences and used this knowledge to care for them in the way they liked.
- The service matched staff with people based on their cultural and language background, as well as taken into consideration gender preferences people who used the service may have. For example, one person told us, that the agency changed a male to a female carer after contacting and speaking to the office about this. Supporting people to express their views and be involved in making decisions about their care
- Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred. One person said, "They [staff] do yes. They say, 'are you ready', I say yes." Another person told us, "If I ask them to do anything extra, they [staff] will do it if they can."
- Staff understood people's individual methods of communication and support plans were in place which gave staff some guidance on the most effective way of communication to help people express their views.
- Information was available in a format that people understood. Pictorial aids were available which helped people to understand decisions and choices.

Respecting and promoting people's privacy, dignity and independence

- The service recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. One care worker said, "I will always close the door when I give people a bath." One person said, "They [staff] close the curtains and cover me up."

Is the service responsive?

Our findings

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

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Some care files lacked information about people's life histories including their past occupations and important events in their lives. There was little information on future aspirations and goals for staff to help people to work towards.
- The electronic system focussed on a list of daily tasks the person required support with rather than how they would like to be supported. This meant the structure of the system was task focussed and contained little detail of preferences or how people liked to be supported.
- However, despite records containing little detail of the person's preferences staff demonstrated good knowledge of how people liked to receive their care and support.
- We asked people if they were involved in the planning of their care. One person said, "Yes, the family did, and it is about to be reviewed."

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided accessible ways to do this.
- Since registering with the CQC the service had received 12 complaints. These had all been resolved. Most complaints related to staff being late. However, we saw in complaints records viewed that these had reduced over the past two months. People told us they knew how to complain about the care if they needed to. One person told us, "We made a complaint about the night carer. It was a male carer and he had obviously been sleeping not awake. It was taken up and the carer was changed to a female carer as we requested."
- The registered provider had a complaints policy in place and said they would look at any complaints received to assess if action could be taken to prevent further occurrences.

End of life care and support

- Where the service currently, or previously supported people at the end stage of their life, staff worked alongside other healthcare agencies to ensure they received appropriate care. The service had provision for staff training in 'end of life care'.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Quality assurance systems were in place to assess, monitor or improve the quality and safety of the care provided. However, these were not always effective.
- The current quality assurance systems did not highlight the shortfalls we found in relation to people's care plans, risk assessments, medicines management, MAR charts and assessments of needs.
- While most people told us that they were informed if staff would be late, this was however not the case for everyone. We talked about this with the registered manager who told us that the service was currently looking into this and was trying to develop new ways to ensure all people would be informed if staff run late. Some people told us they were not always informed if staff were late.
- We found several risk assessments did not provide sufficient detail how to manage risks and mitigate some risk factors by responding appropriately to situations that arose.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The provider promoted an open culture within the service. The registered manager was able to describe the action they would take which included discussions in management team meetings and staff meetings to ensure the service learnt from any incidents that occurred.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff.

- Staff meetings were held regularly and frequent spot checks at people's homes were carried out to ensure the service was monitored and continued to develop. Staff told us the meetings were useful and well attended and gave them opportunities to suggest ideas or voice opinions on how the service operated.

Working in partnership with others.

- The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as G.P's, district nurses and continence specialists. This ensured

a multi-disciplinary approach had been taken to support the care of people receiving the service.

This section is primarily information for the provider

Action we have told the provider to take

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

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