

## Oasis Private Care Limited

# Oasis Private Care Limited

### 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?

Good



Is the service well-led?

Inadequate



### Overall summary

We undertook an announced inspection of Oasis Private Care Limited Domiciliary Care Agency (DCA) on 6 August 2015. We told the provider two days before our visit that we would be coming. Oasis Private Care Limited provides personal care services to people in their own homes. At the time of our inspection eight people were receiving a personal care service. At our last inspection on 17 December 2013 the service was found to be meeting all of the requirements of the regulations at that time.

There was a registered manager in post. 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.

People were supported by staff who could explain how they would recognise and report abuse. However, the registered manager did not report a safeguarding concern to the appropriate authorities. This could put people at risk.

Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law. The registered manager had not notified us about a notifiable event.

# Summary of findings

The registered manager and staff did not demonstrate a good understanding of the principles of the Mental Capacity Act (MCA) 2005. Mental capacity assessments had not been used correctly and were incomplete. We could not be confident the rights of people who lacked capacity were protected.

Not all staff were supported through regular supervision. Where supervisions took place some meeting records were incomplete. Issues identified and raised in supervision meetings were not always followed up. This meant we could not tell if these issues had been fully addressed and concluded.

There were no systems in place to monitor the quality of service provided. Audits of procedures and systems were not conducted and accidents and incidents were not fully investigated. No learning from accidents and incidents took place or was shared with staff which meant any required improvements were not identified.

Records in relation to staff training were inaccurate. Some staff who were listed as attending training did not appear on the training providers records. Some staff names listed on the training record had left the service but records had not been updated to reflect this. Training dates were inaccurate. For example, some staff were recorded as receiving training before being offered a job with the service.

People told us they benefitted from caring relationships with the staff. Comments included; “I think they are

wonderful, so helpful” and “I am very happy with them. We chat a lot, they are company for me”. There were sufficient staff to meet people’s needs and people received their care when they expected.

Risks to people were managed safely. Risk assessments provided guidance for staff on how to reduce the risk.

People told us the service responded to their needs and wishes. One relative said “My husband has slowly improved. Our carer meets his needs perfectly, he knows us so well”.

People told us they knew how to raise concerns, were confident they would be listened to and action would be taken. People’s views were regularly sought and where issues were raised the service acted to address people’s concerns.

People knew the registered manager and told us they were friendly, approachable and supportive. One person said “Yes I know her, she’s fine. She comes round occasionally to check on things and we discuss them. I find her helpful”.

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014 and one breach of Care Quality Commission (Registration) Regulations 2009. You can see what action we have required the provider to take at the end 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. Concerns about people's safety were not reported to the appropriate authorities.

Risks to people were managed safely and risk assessments provided adequate guidance to staff on how to reduce the risk.

**Requires improvement**



### Is the service effective?

The service was not always effective. The registered manager and staff did not have a clear understanding of the principles of the Mental Capacity Act.

Mental capacity assessments were used inappropriately and were not complete.

People were supported by staff who knew their needs and supported them appropriately.

**Requires improvement**



### Is the service caring?

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

People were involved in planning and reviewing their care.

People benefitted from caring relationships with staff

**Good**



### Is the service responsive?

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

**Good**



### Is the service well-led?

The service was not well led. Accidents and incidents were not fully recorded or investigated and no learning was identified or shared.

There were no systems in place to allow the registered manager to monitor the quality of the service which meant any required improvements could not be identified.

Records were often incomplete or inaccurate.

**Inadequate**



# Oasis Private Care Limited

## 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 was planned to check 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 the 6 August 2015. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This inspection was carried out by three inspectors.

We spoke with four people, one relative, six care staff and the registered manager. We looked at three people's care records and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law. In addition we reviewed the information we held about the home and contacted the local authority commissioners of the service.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included; “Oh yes, they are wonderful. Perfectly safe”, “Safe? Definitely safe, absolutely” and “Yes I do feel safe with them”. One relative said “Oh heavens yes, very safe. I trust our carer completely”.

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager. Staff comments included; “I have never had to report anything but I am confident I know what to do”, “I’ve had the training and I know what to do. I am obliged to do so” and “I always report any changes in behaviour to the manager”. However, we saw a recent safeguarding incident that had prompted the inspection. This led to the person changing their care provider and had been raised by a social worker. This incident had not been raised as an alert by the service.

This concern is a breach of Regulation 13(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people were managed safely. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one person was at risk of developing pressure ulcers. ‘Safer systems of work’ gave staff clear and detailed guidance on how to support this person.

There were sufficient staff deployed to meet people’s needs. Where people required two staff to support them we saw two staff were consistently deployed for each visit. People told us staff stayed for the full length of the scheduled visit. One person said “Yes they stay for the full time, sometimes a bit more. I’ve no complaints there”.

Staff told us there were sufficient staff to meet people’s needs. Comments included; “Yes, we have enough staff, we have a number of live in staff too” and “Yes, we do have enough staff. Everyone is allocated specific clients so you don't have to rush or to be fast”.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

People told us staff were punctual and rarely late. Comments included; “I’ve no problems with time keeping”, “Sometimes late but pretty good generally and I now get informed if they are behind schedule” and “Very rarely late and if they are I get a prompt call”. The service was introducing ‘Quick Plan’. This is an electronic telephone monitoring system used to manage care visits. The system would log staff in and out of people’s homes and alert the service if staff were late. The registered manager told us “Staff are currently being trained in the new system”. None of the people we spoke with said they had experienced a missed visit.

Most of the people we spoke with told us they did not need support with taking their medicine. Where people did need support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained by the National Pharmacy Association and district nurses. Where specialist medicine training was needed, for example with Warfarin, this training was provided by Abingdon Community Hospital.

# Is the service effective?

## Our findings

Staff were not able to demonstrate a good understanding of the principles of the Mental Capacity Act (MCA). The MCA protects the rights of people who may not be able to make particular decisions themselves. One said "Do you mean dementia as we also have dementia training. We would get mental health team involved as some clients are under the mental health team" and "I can't remember".

Mental capacity assessments had been partially made for two people in relation to the decision to use bed rails. There was no explanation as to why an assessment was felt necessary and no indication in the care plan, or during our conversations with these people, they lacked capacity. We spoke with the registered manager who did not demonstrate a good understanding of the MCA. We could not be confident the rights of people who lacked capacity were protected.

These concerns are a breach of Regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported. Staff comments included; "Yes, we have supervision from the manager or trainer and we get spot checks are weekly", "We do get supervision every 3 months, we're always on the phone" and "We have supervisions, it's a two way process."

The provider's policy on supervision stated supervisions would be conducted every three months. However not all supervisions adhered to this schedule. One member of staff had not had a supervision since 2013. Some supervision records lacked detail or were incomplete. For example, one record noted concerns had been raised in relation to a member of staff's practice relating to hygiene, privacy and dignity. No further details were recorded and we could find no follow up action or conclusion to this raised issue. Supervisions were often conducted by people who were not employed by the service. The registered manager told us they often used "outside consultants" to conduct supervisions. Spot checks were conducted and appraisals had been completed annually.

People told us staff knew their needs and supported them appropriately. Comments included; They absolutely know what to do and how to do it", "Some are not as experienced

as others but they all seem good to me, no problem" and "We work together, I have faith in my carers skills". One relative said "Our carer is brilliant and I have complete trust in their ability to care for my husband".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included fire, moving and handling and infection control. Staff comments included; "Induction, that's the first thing you do. The training was delivered by social workers from Abingdon", "The manager rings different people to deliver training. It's always external" and "Safeguarding is refreshed yearly and all training is delivered either by 'Red Crier' [workbook based] or Oxfordshire County Council (OCC), We will also talk with staff on one to one meetings to see how much they learnt". Records showed staff also had access to development opportunities. Some staff had completed, or were completing National Vocational Qualifications (NVQ) in care at levels two and three.

People told us staff sought their consent before supporting them. Comments included; "I'm happy my wishes are obtained prior to any help I'm given, my carer is excellent", "They always check with me first", and "They ask and then get on with it". One relative said "Consent is never a problem, my husband makes it perfectly clear what he wants and they oblige". Care plans, reviews, risk assessments and medication assistance authority documents were all signed and dated by the person. Where the person could not sign the service had discussed their care record with them and documented the conversation.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, district nurses and dieticians. For example, one person had treatment from the physiotherapist and worked closely with the service to maintain their wellbeing. One relative said "Our carer is fantastic. They often liaise with the physio to make sure my husband is properly cared for".

People told us they had plenty to eat and drink and most people said they did not need any support for this. Where people did need support care plans gave staff clear

## Is the service effective?

guidance. For example, one person had specific food allergies and these were highlighted in their care plan. No one was identified as being at risk of malnutrition or dehydration.

# Is the service caring?

## Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "I think they are wonderful, so helpful", "I am very happy with them. We chat a lot, they are company for me" and "I have a very good and open relationship with them and we always talk about things". One relative said "We have a good relationship with our carer, they know us very well". Staff told us they enjoyed working at the service and had good relationships with people they supported. One member of staff said "As a care-coordinator I work four hours per day hands on. This allows me to have a good communication with clients & relatives".

Staff told us how they usually saw the same people regularly which meant they got to know them well. One member of staff said "I only work with one client who is deteriorating but still capable of making decisions. It's working well". Another said "We listen to their support network and to the client too, if they're able to let us know what they need or want".

People told us staff were friendly, polite and respectful when providing support to people. Comments included; "Very polite and most helpful", "I always have two carers to help me, they are very polite and respectful" and "Goodness yes, respectful and considerate at all times". One relative said "They respect my husband's dignity completely. They always shut doors and draw curtains when they help him. They know what to do".

We asked staff how they promoted people's dignity and respect. Comments included; "'I ask them if they are ok, I always check", "It is their home so I respect that and I ask what they want" and "I know how to ensure their dignity. I cover them when delivering personal care". When staff spoke to us about people they were respectful and spoke with genuine affection. The language used in care plans and support documents was respectful and appropriate.

People told us they felt involved in their care. Comments included; "I believe I am involved. I talk to the carers as well as the people who come from outside, such as social services and nurses", "I would say I am fully involved in what's going on" and "No issues on that score. I always have my say". One relative said "We are involved in all aspects of my husband's care. We can and do change requirements as needed".

Care plans demonstrated people were involved in planning and reviewing their care. For example, one person had stated 'I would like my carers to assist me to get washed'. Another had stated 'I prefer my medication whilst still in bed'. In addition this person had also stated 'please be considerate of my thoughts and feelings while supporting me since I value people to be treated with dignity and respect'. Where care plans were reviewed we saw people had signed demonstrating their involvement.



# Is the service responsive?

## Our findings

People's needs were assessed prior to receiving any care to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. People's preferences on how they were supported were recorded. For example; one person had stated 'please use light coloured flannel and towel when washing me', and 'allow me to express myself where ever possible. Give me time to do this'. Staff were advised to allow this person time to express their wishes.

People's medical needs were also assessed and guidance provided for staff to support them. For example, One person needed regular exercises to keep flexible. Guidance was provided for staff on how to support this person and included photographs of the exercise regime. The person had been assessed by an occupational therapist and physiotherapist who had also given guidance to staff. Additional guidance was provided by Abingdon Community Hospital therapy team. This person's relative said "Our carer has been trained by the physio and they are superb at supporting my husband with these exercises". Another person required creams to reduce the risk of pressure ulcers. This had been identified in their care plan and risk assessment. It was also highlighted in a review of care conducted by Oxford health NHS foundation trust. We spoke to this person who told us "Staff apply my creams daily".

People received personalised care. One person was supported by staff after a period of time in hospital. The service sought the advice and worked with healthcare professionals to meet this person's needs and support them to regain some of their independence. This person's relative said "My husband has slowly improved. Our carer meets his needs perfectly, he knows us so well". Another person needed support with their mobility. Their care plan

stated they needed hoisting for all transfers. Two staff were required to support this person and guidance for staff clearly stated how the person wanted to be supported. One member of staff said "It's all in care plan, everything you need to know, it's in the care plan".

People's care plans were reviewed every six months or as people's needs changed. People were involved in the reviews and signed to say they agreed with any amendments. One person's circumstances changed and the service referred them to the district nurse for assessment. Records confirmed the district nurse visited this person and provided guidance for staff to follow. This included the use of a body map for the person which we saw was maintained by staff. Daily notes evidenced guidance was being followed and this person's condition was slowly improving.

People knew how to raise concerns and were confident action would be taken. Comments included; "I know how to complain but I have no need", "I have raised a concern in the past and it was put right", and "Yes I know how to complain, I'm sure they would respond correctly". No formal complaints had been recorded since our last inspection. Historical complaints had been dealt with in line with the services policy. Details of how to complain were contained in people's care plans. These included details of how to contact details for the service and the Care Quality Commission (CQC).

'Service user reviews' were conducted every three months to seek the opinions of people. People were asked their views in relation to a range of issues associated with their care. People's views were recorded and those we saw were positive about the service. Where people had raised issues there service took appropriate action. For example, one person had raised a concern relating to their care. Their support plan was reviewed and the person was referred to an occupational therapist for reassessment. Another person had requested a change to their visit times and this request had been actioned.

# Is the service well-led?

## Our findings

There were no systems in place to allow the registered manager to monitor and audit the service. Care plans and risk assessments were reviewed individually and medicine records were checked weekly. However, these checks and reviews did not constitute a thorough audit of processes and procedures and did not allow the registered manager to identify issues, look for patterns and trends and improve the service. None of the concerns we identified and highlighted had been identified by the registered manager. For example, mental capacity assessments and related staff knowledge.

Accidents and incidents were recorded but not fully investigated. For example, one person received a bruise during hoisting. No details of the accident were recorded and there was no investigation into the circumstances around the accident. The documentation used to record the accident was not fully completed. Another accident involved a fall. The person had fallen in the shower and the report noted the person may have 'had a fit'. Whilst staff were advised to 'observe any changes of condition' no other guidance was provided to staff. An investigation was conducted but was incomplete and made no reference to the person possibly having a fit. There was also no record of the person's GP being informed. We could find no evidence that learning from incidents was identified or shared with staff to reduce risks to people. We asked staff about accidents and incidents and if learning from incidents were shared. Comments included; "I'm obliged to complete the documentation, assess the situation, use my judgement and ring the office" and "Have not had any, have not heard any lessons learnt". One member of staff told us they would complete an accident form "Only if I am told to fill it in".

These concerns were breaches of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law. The service had been recently involved in an incident where the police were called to attend. No notification had been received relating to this incident.

These concerns were breaches of Regulation 18(2)(f) of the Care Quality Commission (Registration) Regulations 2009

Training records for staff were inaccurate and out of date. For example, training records identified staff and the training completed. They also identified who had provided the training. We contacted one training provider and cross referenced staff names against their records. Some of the names on the services records did not appear on the training providers records. Some staff named on the training records had left the service. Staff recruitment records were also in conflict with training records. For example, some staff training was recorded completed prior to the member of staff being offered a job at the service.

These concerns were breaches of Regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People knew the registered manager and told us they were helpful and friendly. Comments included; "Yes I have been in touch with them and have no problems", "I know the manager, they are very nice but the office is chaotic" and "Yes I know her, she's fine. She comes round occasionally to check on things and we discuss them. I find her helpful".

Staff spoke positively about the registered manager and told us they were supportive. Comments included; "Yes, supportive, so far so good", "I talk to the manager, I have a good relationship with them and they are supportive", "Very supportive and encouraging, I'm always told that I can improve and progress" and "They are supportive and approachable".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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      | <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>A recent safeguarding incident was not report to the relevant local authority.</b></p> <p>Regulation 13(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>The registered manager and staff did not have a clear understanding of the principles of the Mental Capacity Act 2005.</b></p> <p>These concerns are a breach of Regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered manager did not adequately monitor the quality of the service. Accidents and incidents were not fully investigated.</b></p> <p>These concerns were breaches of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> |

This section is primarily information for the provider

## Action we have told the provider to take

Training records were inaccurate and out of date.  
Records relating to recruitment were also inaccurate.

These concerns were breaches of Regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

The service had been recently involved in an incident where the police were called to attend. No notification had been received relating to this incident.

These concerns were breaches of Regulation 18(2)(f) of the Care Quality Commission (Registration) Regulations 2009