

Oasis Supported Living Limited

# Oasis Supported Living

## 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: This service provides care and support to people living in a supported living setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection, two people were receiving a service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The format of the care plans and some policies and procedures did not always consider how information could be presented to consider people's different needs. We have made a recommendation about the accessible communication standards.

Assessments and support plans were in place identifying what was important to people and how people needed to be supported. People's relatives told us the support people received was centred around the person and that they were involved in any decisions made.

The provider had a complaint process which people were aware of to share any concerns. The service needed to develop end of life care planning. We have made a recommendation about end of life care.

People received safe care. Risk assessments covered all areas of risk and staff knew how to keep people safe from harm. Staff had received training in infection control and had access to personal protective equipment. People were supported to take their medicine in a safe way.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received effective care, from a small team of trained staff. People told us they were supported to have maximum choice and control of their lives and that staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff supported people to maintain a healthy diet, in line with their assessed needs and could access health care if this was needed.

Staff were kind and caring and had developed positive relationships with people. Staff understood the importance of respecting people's privacy dignity and independence.

The service was well managed. The registered manager was approachable, and people knew them well. Spot checks and audits were being introduced to ensure the quality of the service was maintained.

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

Rating at last inspection: This service was registered with us on 26 October 2015 and this is the first inspection.

Why we inspected: This was a planned comprehensive inspection

Follow up: We will continue to monitor the 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.

## 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 Supported Living

## Detailed findings

### Background to this inspection

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

Inspection team: One inspector carried out this inspection.

Service and service type: This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection, two people were receiving a service.

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 site visit, because it is small, and the manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did before the inspection: We used the information the provider sent us 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 this information to plan our inspection.

During the inspection: We spoke with two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, and Director. We contacted four health professionals to obtain their views. Where information has been supplied this has been included within our report.

We reviewed a range of records. This included care records and medication records. We looked at two staff

files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe with the staff that supported them. One relative said, "I wouldn't hold back if something wasn't right, it is safe here."
- Staff knew how to recognise abuse and protect people from the risk of harm.
- Information about how to keep people safe was on display, this provided people with information about how to raise any concerns they may have.
- An easy read version of the safeguarding policy was available which gave people information about how to identify unacceptable behaviour, including any form of discrimination, and who to talk to if they needed to report any concerns.
- Whistleblowing procedures were in place, and the staff knew how to access these.
- The registered manager looked at ways the team could learn when things had gone wrong and used this information to look at ways in which the service could be improved.

Assessing risk, safety monitoring and management

- The service supported people to live independent lives. Risk to people had been assessed and any changes were monitored.
- A range of risk assessments provided information for staff about what action to take. These included environmental risks and risks related to the health and support needs of the person. Risk assessments were written in an enabling way, which considered the people and the staff.
- Staff were aware of people's individual risks and how to help people in a safe way.
- Restrictive practice was not used at the service, and there had been no incidents of restraint or seclusion. One staff member explained, "We have been trained to look at ways to calm the situation down rather than wading in and doing restraint. Which is what we don't do. We look at how to deescalate the situation."

Staffing and recruitment

- Staffing levels ensured that people received the support they required safely and at the times they needed. One relative said, "[Name of staff member] is lovely. They really like the staff."
- Robust recruitment checks had been carried out as part of the recruitment process.
- Staff rotas were organised in a way to provide consistent support to people.

Using medicines safely

- At the time of the inspection, staff encouraged people to take responsibility for their medicines and manage this aspect independently. Staff prompted people to take their medicines as prescribed.
- Records clearly defined the support people needed and regular assessments were carried out if people's needs or wishes had changed.

- Staff had been trained in medicine administration, and the registered manager carried out regular audits of the ordering and storage processes.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had been given infection control training and were provided with personal protective equipment (PPE) to use. For example, disposable gloves and aprons.



# 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. This is the first inspection of this newly registered service. This key question has been rated Good. 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

- The registered manager told us that during the assessment process, people were advised that they had the right to choose which care provider supports them. There was a lack of written information advising people of their choice around this area.

We recommend that the provider ensures information is available for people explaining their rights and choices.

- Assessments were in place, which considered people's, physical, mental, and social needs, in line with people's assessed needs.
- Staff used communication methods suitable to people's individual needs, to enable people to involve people in decision making.
- Support plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet. Staff received training in equality and diversity.

Staff support: induction, training, skills and experience

- Staff had been given an induction, which included shadowing elements.
- Regular supervision was carried out with staff throughout the year, along with an annual appraisal. This gave staff an opportunity to discuss how they felt they were getting on and any development needs they may have. Staff told us they were well supported. One staff member said, "Supervision is really good you can say how you are feeling and talk about if something has cropped up. They help us."
- Staff received a programme of training that enabled them to understand and meet the needs of people who used the service. One staff member said, "You can ask for training and you get it." Another said, "They are supportive as an organisation. We are a community and work well together. They supported me to do a degree, in therapeutic communication and organisation."

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

- People and their relatives told us staff supported them to eat and drink in line with their assessed needs. One relative said, "We do like it here. [Name] can get food as and when they want it. They love the freedom they are given here."
- Staff enabled people to choose what they would prepare and eat. One staff member said, "Generally we are just accompanying people into the kitchen, using prompting and light assistance rather than doing it for them. For example, we make sure have they got the right chopping board and knives. Help them along."
- Information on whether people needed any specific support with their nutrition was included within their plan of care, such as the need for food to be cut up in manageable sized pieces or dietary requirements to support people's health or cultural needs. One person had been highlighted as being at risk of choking. The

staff knew how to assist this person in a safe way. We highlighted this to the registered manager to confirmed that guidance for staff about what to do in case of a choking incident would be implemented.

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

- People's healthcare needs were monitored. Care records showed that people had access to GP's. They were referred to specialist services when required such as the dentist or opticians.
- Guidance was available for staff about how to support people's oral health. People had oral health care plans and risk assessments in place.
- Information was available when people had visited health professionals, which included the outcomes of these visits including any follow-up appointments.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a clear understanding of people's care needs and the skills and knowledge to meet them. They had been trained in the MCA and DoLS.
- The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and understood how to apply the principles of this legislation to their everyday practice.
- Staff obtained people's consent before providing any support and respected their rights to make their own decisions.

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

- People lived in their own flat, within a larger complex, under a separate contractual agreement. The support they needed to live independently was provided by additional staff.
- People had their own tenancies, private space, and unrestricted access to shared parts of the building.

# 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. This is the first inspection of this newly registered service. This key question has been rated 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; equality and diversity

- People were supported to live as independently as possible. One relative said, "I have always wanted [Name] to be independent. This service had such a good feel. They do as much as they want."
- Everyone was positive about the service. A relative said, "I wanted [Name] to have their own life. They do now. They go out, have a social group and is living independently."
- Staff were aware of people's protected characteristics and supported people in a way that met their emotional needs. One staff member explained, "We do art and therapy. I get as many people as I possibly can, even if someone has a poor hand grip. I find a bigger paint brush, or we use a sponge to make pictures. If there is a barrier, I will go around and find away. There is always away for people to do what they want. You just have to find it."

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

- Staff used different techniques to support people to express their views. One staff member explained, "[Name] is more comfortable if they are distracted. For example, [Name] likes to play pool and they will talk if you spend time with them playing pool. If you don't do that they won't chat. They need a distraction to chat. We use this therapeutically."
- People were supported to maintain relationships with friends and relatives.
- Advocacy services were supplied if this was needed. An advocate is an independent person who promotes and acts on a person's best interests.
- Relatives told us that communication was good and they were regularly updated.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and treated them in a dignified way. One staff member said, "[Name] has a great sense of humour. We respect them and value their opinions. We joke with them, making sure we keep the boundaries." Another staff member said, "It is important to show that you care. I treat people how I would like to be helped. It is about being respectful to them and their opinions."
- Staff understood people's social needs and supported them to maintain and develop their relationships with those close to them and maintain their social networks and access the community in line with people's needs and preferences

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways promotion of choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- Staff considered how they could support people in a way that promoted their independence. For example, please had been encouraged to go to various destinations on holiday. One staff member explained, "You name it we will do it. We have had weekends away, water sports, abseiling. If anyone comes up with an idea, we go out of our way to find a way for them to do it."
- People and their relatives had been involved in planning, reviewing, and evaluating all aspects of the care and support that was being delivered. One relative said, "We have been very involved with [Names] care plan. We have had endless meetings about that."
- The staff could explain how they would support people in an effective and responsive way.
- Care plans were person centred and looked at how people could be supported to live the best life they possibly can.
- Care plans considered a wide range of daily living activities. Such as, enabling people to maintain and develop personal relationships, improving people's health, and being connected to their community.
- People's social needs were understood, and were supported to maintain and develop their relationships with those close to them, their social networks and community.
- People had free access to their family, friends, and community. One relative said. "[Name] can choose what they want. The staff are lovely. I am in and out here all the time, or they come over to ours."

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.

- The service identified people's information and communication needs. People's communication needs were identified, and recorded in the care plans.
- Assessment, care plans and information relating to the service, was not always available in different formats, to make sure that people could understand the information being shared with them.
- The registered manager needed to complete training relating to the accessible communication standards.
- Easy read version of key policies was not available if these were required. The registered manager told us

these were currently being developed.

Improving care quality in response to complaints or concerns

- People and their relatives said they felt able to raise any concerns they had with the registered manager or staff.
- The complaints policy was on display but could be developed in a variety of different formats.

End of life care and support

- At the time of the inspection the registered manager told us that people using the service were still young and vibrant and did not always want to consider this aspect.
- Policies relating to end of life were available for staff.

We recommend that the registered provider reviews how they explore and record people's preferences and choices in relation to 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. This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The culture of the service was caring and focused on providing person-centred care that met people's assessed needs.
- A defined governance and management structure was in place and provided clear lines of responsibility. The registered manager was supported by the director who helped to carry out reviews of the service on a regular basis.
- Staff had defined roles and were aware of the importance of their role within the team.

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

- A registered manager was in post at the time of the inspection. One staff member said, "Everybody here is approachable it is such a nice atmosphere to come into work. The nice atmosphere trickles from the top, down to people."
- People, and staff continued to have confidence in the way the service was managed. They told us the service was well led.
- Staff consistently described the registered manager as open, and approachable.
- The registered manager looked at ways they could review, develop, and learn where possible. They were passionate about ensuring staff and the service delivered good care to people.

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

- The registered manager had a good understanding of the registered activities and the improvements the service needed to make moving forward. The management team were receptive to feedback.
- People were asked for their views, but no feedback had been returned, so we were unable to view this during the inspection.

Continuous learning and improving care; Working in partnership with others

- The registered manager carried out a range of audits, which looked at key areas and checked the quality of the service. The registered manager said, "Systems are in place, but we want to consider how to apply it to a service providing personal care only."
- Checks were carried out on a regular basis, to ensure the quality of the service people received was good. Staff were competent to carry out their role.

- The registered manager promoted person-centred, high-quality care and good outcomes for people.
- The service worked in partnership with other organisations to make sure they were following current practice. These included GP's and community health professionals.