

Oasis Care and Training Agency (OCTA)

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service caring?

**Good** 

# Summary of findings

## Overall summary

Oasis Care and Training Agency is a domiciliary care service, which provides personal care to people in their own homes in eight London boroughs. At the time of the inspection there were 321 people using the service.

We carried out an unannounced focused inspection of this service on 31 August and 2 September 2016 and we found three breaches of regulations. The provider wrote to us to say what they would do to meet the regulations. We received action plan from the provider stating how they would meet our regulations.

We undertook this announced focused inspection on 7 February 2017 to check that they had followed their plan and to check that they now met the regulations inspected. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in.

This report covers our findings in relation to those requirements. You can read the report from our last focused inspection, by selecting the 'all reports' link for Oasis Care and Training Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this focused inspection we found the service had implemented comprehensive procedures to ensure the safe recruitment of staff. Staff personnel records contained two references, photographic identification, proof of address and a disclosure and barring services (DBS) record. Where staff had criminal convictions, the service carried out risk assessments to assess their suitability to deliver care and support. Recommendations identified in risk assessments were adhered to.

The service had a registered manager in place. 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.

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People were protected against the risk of harm and abuse. Staff were supported to receive regular

safeguarding training, to aid them in recognising the different types of abuse and the correct procedure in reporting suspected abuse. Records showed staff's understanding of safeguarding was regularly reviewed through supervisions.

People were supported by a service that learned from accidents and incidents. The service recorded incidents and accidents, and took appropriate action in reporting these to relevant professional bodies. Audits of accidents and incidents were undertaken to ensure trends were identified and action taken to minimise the risk of repeat incidents.

People's complaints were documented and action taken to address their concerns in a timely manner. Records showed complaints were logged centrally and documentation relating to concerns and complaints remained confidential. The service kept records securely to ensure only staff with authorisation had access to confidential records.

## 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 safe. The service had systems in place to ensure the safe recruitment of staff.

People were protected against the risk of harm and abuse. Staff received on-going safeguarding training. Staff were supported to understand their roles and responsibilities in reporting suspected abuse and avoidable harm.

People were supported by a service that learned from accidents and incidents.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People had their complaints managed confidentially and in line with good practice. The service had systems in place to effectively manage concerns and complaints.

**Good** ●

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## **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 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.

This inspection took place on 7 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by two inspectors and two 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.

Prior to the inspection we looked at the information we held about the service. We looked at statutory notifications the service had sent to us, previous inspection reports, safeguarding concerns and other information shared with us by health professionals. We also reviewed the action plan the service had sent us following the previous inspection on 31 August and 2 September 2016.

During the inspection we look at 19 service user files, 14 staff personnel files, accident and incident files and the complaints file. We spoke with 38 people, two relatives, one care coordinator, one human resources assistant, two field care supervisors, one care manager and the registered manager.

# Is the service safe?

## Our findings

At our previous inspection dated 31 August and 2 September 2016 we found, people were not always protected against the risk of unsuitable staff. The service did not have robust employment practices. Staff files did not always contain two references and references did not always reflect people's work history. Records showed that the service did not have adequate systems in place to ensure they had suitable disclosure and barring services [DBS] certificates in place. Where concerns about criminal records were identified, action to ensure people's safety was not robust or well documented. These issues are a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people were supported by staff that had undergone comprehensive employment checks to ensure their suitability to work. People we spoke with told us they felt safe using the service. One person said, "I do feel safe with staff." The service had restructured their human resources department and staff were able to focus on the auditing of staff personnel files. We looked at staff personnel files, covering the eight London boroughs, and found all staff had an application form, photographic identification, completed references and completed DBS forms. Staff confirmed they did not receive offers of employment until the pre-employment documentation was in place. A human resources assistant told us, "All new employees complete an application form and where they require support in completing their form, they have to sign an authorisation form confirming someone else helped them." They went on to say, "We audited the files and have implemented a new checklist that ensured everything is now in place, for each staff file. This means that we get the right staff employed, they are of a good quality." Where people had gaps in their employment history the service clearly documented the reasons why. Another staff told us, "There have been a lot of changes since the last inspection. We contacted each care worker and invited them into the office to complete a new application form and reapplied for references. It was a large piece of work to complete, but now everyone is on the same path, with the same goal and we want to achieve things together as a team."

Staff that had a criminal conviction underwent a risk assessment to determine their suitability to deliver care safely. The risk assessments assessed the impact and risk of employment as a carer and any recommended restrictions on activities/increased level of supervision while at work. Where recommended restrictions had been agreed, we reviewed daily log records and found that the restrictions had been adhered to. Risk assessments were reviewed regularly, however on one record we found there had been an error in recording the date. We raised this with the registered manager who ensured this was addressed immediately.

At our previous inspection dated 31 August and 2 September 2016 we found, people were not always protected against the risk of harm and abuse because the service did not have robust vetting practices in place when employing staff. These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection, we found that people were protected against the risk of harm and abuse because the service followed their comprehensive employment checks to ensure people were safe to work at the service. One staff told us, "All staff receive safeguarding training, it is refreshed annually and this can be done via

classroom based training or via e-learning." Staff were able to outline the process to be followed in the event of a safeguarding alert which was in line with policy and included notifications to the local authority. They told us they were required to report any safeguarding concerns immediately to a supervisor or the office using their phones to call/send an email or message so that no paperwork was involved at that stage except for any details recorded in the contact sheets at the people's home. One staff member gave an example of a recent alert and the process followed. We looked at staff training records and found staff had received ongoing safeguarding training, both during their induction and as a refresher training. The service supported staff to recognise the different signs of abuse and discussed their safeguarding policy and procedure during supervisions.

People were protected against accidents and incidents as the service took measures to learn from them. We looked at the accidents and incidents file which contained a flow chart defining an accident/incident/near miss and outlining the reporting process. There was an analysis sheet showing the total number of accidents, incidents and near misses for the last 3 years. This indicated 12 accidents and seven near misses during 2016. However there were only 10 completed forms in the file i.e. not all accidents and incidents had been recorded as required by stated process. Accident and incident forms had been completed with information on the details of each accident/incident including date and name of staff member reporting, who was informed and any medical assistance required, as well as any further action taken. There was also an accompanying management report for each form summarising the incident and indicating any further outcomes, action required or other learning for staff.

We could not improve the rating for safe to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Is the service caring?

## Our findings

At our previous inspection dated 31 August and 2 September 2016 we found that people did not always have their confidentiality maintained and respected. People's records were not always kept securely in locked rooms, with only those with authorisation having access to records. Records relating to complaints were not always kept in the main office. These issues are a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found people had their confidentiality maintained in relation to concerns and complaints. We received mixed reviews regarding people knowing the correct procedure in raising a complaint, with one person saying, "I suppose I could find out but they (office staff) usually ring me." One person told us, "If I complain they [office staff] deal with my complaint okay, I'm very happy." Another person told us, "The supervisors are very good. If I called them about a complaint, they would get onto it straight away which I'm glad about." A relative said, "Communication is better now, I can contact the manager by text but they aren't that quick to reply."

Since the last inspection the registered manager has decommissioned the use of 'note books' to record complaints. Staff we spoke with were clear about the system in place for investigating and responding to complaints. One staff told us, "If I receive a complaint, I must firstly take their statement which has to be recorded. I then share that information with my senior and ensure that it is recorded in the complaints file. The office staff then contact the person who has raised the complaint." Staff were aware of the duty of candour requirements and said that apologies were always issued where a complaint had been substantiated.

We reviewed the service complaints file and found complaints raised were logged by date and borough. The nature of the complaint and outcome were clearly documented, this also included what action had been taken as a direct result of the investigation and outcome. We spoke with the registered manager who told us, "We (the service) completed the action plan in relation to concerns and complaints by the deadline of 31 January 2017. We no longer use notebooks and there is a clear process in recording and responding to complaints in a timely manner."