

Waltham House Limited

Oasis Care

Inspection report

4-5 Queens Court
Bingley
West Yorkshire
BD16 2LT

Tel: 01274565009
Website: www.supportandcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place between the 7 and 10 June 2016 and was announced. This meant we gave the provider a short amount of notice (48 hours) that we would be visiting the office in order to ensure a manager was present.

This was the Commission's first inspection of the service since its registration changed in 2014.

Oasis Care provides a homecare service in the Airedale and South Craven areas of Yorkshire. At the time of our inspection they were providing personal care to 33 people who were living with dementia and/or had physical disabilities. This included adults and children.

A registered manager was 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.'

We received positive feedback about the service with unanimous praise received from all the people and their relatives with whom we spoke. It was clear people's experience of the care provider was very positive and people told us the care met their individual needs. Staff and management were motivated to providing a personalised and caring service. However, some systems and processes in place were not suitably robust to demonstrate that care was safe and well led. For example, improvements were needed to the service's checks and audits and documentation relating to medicines management.

People told us they felt safe whilst using the service and we found risks to people's health and safety had been assessed and suitable plans of care put in place.

There were enough staff deployed to ensure people experienced a reliable and consistent service from day to day, with staff arriving on time and staying for the correct amount of time.

The service needed to improve its recruitment procedures to ensure that staff conduct in previous employment had been fully explored before staff started working at the service.

Medicines were not managed in a safe way. We identified a number of gaps on MAR charts where we could not establish whether people received their medicines as prescribed.

The service was acting within the legal framework of the Mental Capacity Act (MCA). People were supported to make decisions in relation to their care and support.

Where required, people were supported appropriately with food and drink.

People's healthcare needs were met by the service. Staff liaised with external health professionals where required.

Staff received a range of training on induction and at periodic intervals to help ensure they had the correct skills and knowledge to care effectively for people. People we spoke with were very complimentary about the staff who cared for them.

Everyone we spoke with said they were treated with dignity and respect by staff. They praised the friendliness and kindness of staff and the management team.

People's care needs were assessed and plans of care put in place for staff to follow. People we spoke with said their care needs were met by the service.

A system was in place to record and respond to complaints. People told us they had no need to complain and expressed a high level of satisfaction with the service.

People, relatives and staff said the service was well run and the management team were effective in their role. They said the management team were hands on and regularly delivered care and support which allowed them to understand how the company was operating and resolve any minor issues that arose promptly.

Systems to assess and monitor the quality of the service, particularly those relating to the quality of documentation such as medication records were not sufficiently robust. Systems to monitor supervision, training and spot checks needed to be put in place. The management team had recognised these areas required improvement and had a plan to address through increased administration support.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. You can see what action we asked the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The service could not demonstrate medicines were managed in a safe way. We saw some MAR charts were poorly completed which meant we could not confirm whether people had received their medicines as prescribed.

People told us they felt safe using the service. Risks to people's safety were assessed and appropriate plans of care put in place.

There were enough staff deployed to ensure a consistent and reliable service. Recruitment procedures were not sufficiently robust to demonstrate that staff were of suitable character to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People told us the service was effective and staff had the right attributes to care for them. Staff received a range of training and support.

The service was acting within the legal framework of the Mental Capacity Act (MCA).

Where required, people were supported to eat and drink based on their individual preferences.

Is the service caring?

Good ●

The service was caring.

Everyone we spoke with said staff were kind and caring and treated them well.

People told us they felt listened to by the service and their choices were respected. This was confirmed in records of care we reviewed.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to commencement of the service and appropriate plan of care put in place.

People received consistent care and support at the times they needed it.

A system was in place to log, and respond to complaints. No complaints had been received any everyone was very satisfied with the service.

Is the service well-led?

The service was not consistently well led.

People, relatives and staff all spoke very positively about the service and said the management were hands on and effective in their role.

Systems to assess and monitor the quality of the service needed to be made more robust to ensure they identified potential risks such as incomplete medication records.

Requires Improvement 

Oasis Care

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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 and 9 and 10 June 2016 and was announced. This meant we gave the provider a short amount of notice (48 hours) that we would be visiting the office in order to ensure a manager was present. The inspection team consisted of one adult social care inspector, and an 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, in this case experiences of services for people older people.

On 7 June 2016 we visited the provider's branch office to review documentation and records relating to the management of the service. On 7, 9 and 10 June 2016 we made phone calls to people and their relatives to ask them about the quality of the service. We also made phone calls to care workers who provided care.

In total we spoke with 12 people who used the service, three relatives, five care workers, the registered manager and service director

We looked at elements of four people's care records, medication records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting relevant local authorities and health watch.

Is the service safe?

Our findings

Everyone we spoke with told us they felt the service provided high quality care and support. They all said they felt safe from abuse whilst using the service. People described the care workers who delivered care and support in a positive way. For example, comments included, "The girls are brilliant" and "They are lovely people." A relative told us, "I've never seen anything that causes me any worries when I leave, I'm quite happy that [relative] is being supported in the right way."

Safeguarding procedures were in place and followed. We saw evidence that where staff had noticed a concern about a person's safety, this had been reported to management and onto the local safeguarding authority to help ensure the person was kept safe. Staff had received training in safeguarding. Staff we spoke with had a good understanding of how to identify and act on abuse and told us the registered manager and provider would always take immediate action if they suspected someone was unsafe.

Risks to people's health and safety were assessed and appropriate plans of care put in place. For example, assessments covered moving and handling and any environmental hazards. A copy of these risk assessments was kept both in the office and in people's homes for staff to refer to. We examined visit times to people and saw calls consistently took place with no missed calls. Where two staff were required for moving and handling we saw evidence two staff consistently arrived. People and staff we spoke with told us staff always arrived at calls as planned and calls were not missed.

There were sufficient staff deployed to ensure safe care and treatment. People we spoke with told us the service was reliable and that they received a timely service. Daily records of care we reviewed confirmed this, demonstrating staff were deployed in the right place at the right times. Staff we spoke with told us the rotas were manageable and realistic. One staff member told us they particularly liked the fact that Oasis Care was not overly demanding on staff and the rotas were achievable. On reviewing the rotas we saw they were realistic with an appropriate number of calls listed and a small amount of travel time allocated between visits. The registered manager and provider demonstrated to us how they thought carefully about staff deployment before taking on new care packages and routinely rejected care packages if there was any doubt as to whether the service could meet people's needs. In order to grow the business new staff were recruited prior to new care packages being agreed to help ensure continuation of a reliable service.

People we spoke with told us staff were of good character and had the right attributes and skills to care for them. We spoke with staff about the way they were recruited to the service. All staff told us they completed an application form, attended an interview, were requested to provide references and had a Disclosure and Barring Service (DBS) check completed. We looked at staff files and saw evidence DBS checks were undertaken prior to staff starting work.

Care services are required to acquire information on staff's conduct in previous care employment. We saw some good practice, for example where a poor reference had been received, this had been followed up and discussed with the staff member. However, in one staff file we found no references were in place detailing their conduct in previous care work. The registered manager told us they had received a verbal reference

from the last employer but there was no evidence of this for us to confirm if this was the case. In another instance, a staff member had worked as a care worker in their previous role, however the provider had not requested a reference from their last employer. Therefore the service was unable to satisfy themselves of their conduct in previous care work. The registered manager told us they would seek this information without delay.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We looked at the way medicines were managed by the service. Each person had a medicine profile, which included a complete list of medicines each person was taking. This ensured the office was aware of the medicines staff were supporting people with. Medication Administration Records (MAR) were in place which listed each medicine people were supported with, this included a full list when medicines were supplied in dosset boxes. We saw timings of visits were conducive to safe medicine administration. For example, to ensure that pain relief and medicines for Parkinson's disease were given at safe intervals and consistent times.

Although some MARs were reasonably completed, we identified others that were poorly completed, which meant we could not establish whether people consistently received their medicines as prescribed. We found numerous gaps on MARs where staff had not signed to demonstrate the support provided or used appropriate coding. For example, if the person had already taken their medicines. One person required a tablet to be given once a week. However medication records for April and May were poorly completed which meant we could not confirm this person consistently received this medicine.

We saw hand written entries were often made to MARs, these were not signed by staff to demonstrate by whom and why the changes had been authorised. These handwritten entries did not always include full or clear information on the medicine support required. For example, the dose and number of tablets being provided.

The registered manager provided us with assurance they would address these issues and sent us new paperwork they were introducing to help reduce these risks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

Is the service effective?

Our findings

All the people and relatives we spoke with said the service provided effective care. For example one person said, "I have no complaints they are lovely girls, I'd be banging on their door if there were any problems." Most people told us care was delivered by a stable staff team for continuity. On reviewing daily records of care we saw this was largely the case with staff allocated to set care runs to improve continuity.

People and relatives told us staff were "lovely" and had the required skills and knowledge to care for them. Staff we spoke with said they were provided with plenty of training which they had found useful. They said they received "fantastic support" from the service. New staff without previous care experience were required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff with previous experience completed refresher training on induction which included topics such as safeguarding, medicines and manual handling. Additional training had been provided to the senior care worker on induction in "care assessing" to enable them to complete their enhanced duties correctly. New staff were required to shadow experienced staff to ensure they were introduced to people and had a practical knowledge of the care and support required.

Periodic training updates were provided to staff to ensure they kept their skills and knowledge refreshed. Staff we spoke with a good understanding of the topics, people, systems and processes we asked them about indicating training had been effective.

People and relatives told us they were supported appropriately with food and drink where required. Care plans provided information on any support required in this area. On reviewing daily records of care we saw evidence that people were offered a choice of food and drink at each visit. Daily records provided evidence that staff prepared food and drink as appropriate.

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. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found no people were currently subject to DoLS. The registered manager told us that everyone who used the service currently had the capacity to make decisions for themselves in relation to their care and treatment. However they demonstrated they were aware of the MCA and assured us that if a person lacked capacity, they would ensure decisions were made in their best interest in line with relatives consulted as part of the process.

People and relatives we spoke with said staff listened to them and offered them choices as to how they

wanted their care to be delivered. Staff also demonstrated this was a core value of the service. Daily records of care we reviewed provided clear evidence that people's choices and preferences were sought on a daily basis.

We saw evidence the service liaised with external health professionals where required such as district nurses. This advice was currently recorded within daily records of care. We established evidence of this support could be more clearly documented if it was recorded separately to provide a clear record of liaison with health professionals.

Is the service caring?

Our findings

All the people we spoke with told us the care workers were compassionate and caring and treated them with dignity and respect. For example, one person told us, "They are brilliant, I don't have any complaints, thank you for asking." Another person said, "The girls are brilliant" and another person told us, "They are lovely people." Relatives told us that when they had observed care and support they were happy that all the care interactions were overwhelmingly positive, respectful and people were treated with dignity and respect.

People told us staff were respectful of their homes and personal possessions. For example, one person said, "Oh yes they always tidy up after themselves."

The registered manager and director of the service were "hands on" and regularly delivered care and support and checked staff working for them treated people with dignity and respect. Dignity and respect was also monitored through spot checks on care and support workers practice and through the supervision process. Only staff with a caring attitude were recruited by the provider, this was established through the interview process. Staff were required to read and sign the staff handbook which informed them of the values of the organisation and the behaviours they were required to adhere to. This helped ensure staff worked to a consistent and high quality standard. Staff we spoke with demonstrated they were happy in their role and they were dedicated to providing a high quality and personalised service to people.

People told us they knew staff well and there was good rapport and mutual respect. These relationships were allowed to develop due to a relatively small group of staff attending to each person. Daily records of care we reviewed confirmed that staff visiting people were relatively consistent from day to day.

Care staff had a uniform and ID badge so people could be sure who they were letting into their homes.

Care planning focused on ensuring people were treated in a caring way. For example, care plans informed staff of where people could do tasks for themselves to promote their independence. Care plans focused on goals around dignity, respect and privacy. For example, one care plan clearly informed staff when assisting a person to use the toilet, how to ensure that their dignity and privacy was maintained as much as possible.

People told us staff listened to them and respected their choices. Daily records of care provided evidence this was the case. For example, showing people had been offered a choice of what they wanted to eat and drink. We saw evidence where people refused care or support, this was respected by staff and documented in daily records. Care records provided evidence staff provided social interaction with people as well as completing care and support tasks. People we spoke with confirmed this was the case.

Is the service responsive?

Our findings

People told us the service provided responsive care. They felt they were in "good hands". They said the service responded well when they had any changing needs.

People's needs were assessed by the registered manager or director prior to using the service to ensure the service understood their needs prior to service delivery. This led to the development of care and support plans for staff to follow. People told us a copy of their care plan was always present within their home for staff to refer to. Care plans demonstrated people's needs were assessed in a range of areas including eating and drinking, continence and moving and handling. Instructions were provided to staff on how to deliver care at each visit. We found these contained sufficient information to enable staff to deliver care, however some care plans could have contained additional detail about people's life histories and individual preferences. This would be particularly important if the service grew further and/or people were supported by a greater range of staff.

Daily records provided evidence of the care and support tasks provided at each visit. These showed care and support needs were met. People we spoke with confirmed staff completed the required tasks at each visit and they had no concerns. People told us care plans were subject to regular review and records we reviewed confirmed this was the case.

People told us staff arrived at their allocated time and they were only ever a few minutes late if traffic was bad. The service gave everyone a 15 minute window for care visits. Staff told us they were able to meet this requirement due to the way the rotas were organised. We reviewed daily records of care and support and saw visits took place at a consistent time each day albeit with some minor variation. Records showed staff stayed for the full allocated amount of time each visit. This helped demonstrate the service was providing appropriate care in line with the care and support agreement.

Arrangements were in place to help meet people's social care needs. People we spoke with said staff had time to chat and build up rapport with them. Daily records confirmed this aspect of care and support was provided. Some care packages involved social inclusion and we saw care plans were in place detailing how this support was to be provided. The provider also held an annual Christmas dinner to which all people who used the service and staff were invited, which helped build and develop relationships with people. A barge trip had also been undertaken in the summer of 2015 where people were invited on a day out with staff. The registered manager and director had plans to further develop this aspect of the service in the future.

People were all given a copy of the office phone number and told how they were able to raise any complaints. People we spoke with demonstrated a high level of satisfaction with the service and said they had no need to complain. However, people said when they called the office staff were also very helpful and resolved any minor issues or queries they had. The registered manager told us no complaints had been received in the last few years, this reflected the positive feedback we received about the service.

A number of compliments had also been received about the service and these were logged so the service

was clear of any areas where it exceeded expectations. Some comments included, "Staff were very pleasant and had made me a lovely delicious meal at teatime," "Father really enjoys the company of staff," "Thank you and the girls for their help under difficult circumstances" and "Thank you so much for all your efforts, I have no hesitation in recommending Oasis Care to anyone in need."

Is the service well-led?

Our findings

A registered manager was in place. We found the provider had failed to notify us of a statutory notification of abuse, in this case a safeguarding referral. Although we were satisfied the provider had acted appropriately in identifying the abuse and taken action to keep the person safe it had failed to report this to the Commission which is a legal requirement. It is important that the Commission is able to review events which occur within the service.

Staff we spoke with told us they enjoyed working for the company, morale was good and they felt able to deliver a high quality service to people. They said support from management was excellent.

All the people and relatives we spoke with said the service was well led. They said the management responded well to phone calls and regularly reviewed their care and support. People told us the registered manager and director were very 'hands on' often completing care and support tasks themselves. One person told us that as the owners went out to see them on a regular basis any minor concerns were also sorted out "then and there." This was confirmed in our discussions with the management who demonstrated their philosophy was to be highly involved in care and support so they knew how the service was operating first hand and in order to regularly seek feedback from people who used the service on an informal basis.

Our experience of the service was one that provided effective, caring and responsive care which met people's individual needs. We found the registered manager and director to be dedicated to providing a high quality and person centred service. It was clear care was being taken to grow the business in a way that did not come at the expense of people's care experienced being affected. The "hands on" nature of the director and registered manager clearly enhanced people's care experience and made for a personalised and friendly service. However, this was at the detriment of ensuring robust systems and processes were in place to assess, monitor and improve the service.

Although people's feedback was sought on an informal basis through the 'hands on' nature of management, no formal customer feedback surveys had been completed since February 2015. The registered manager told us they recognised they were behind with sending out the annual survey and would ensure it was done in the near future.

There was no system in place to formally monitor staff training, when it expired or staff training and developmental needs in the coming year. Details of training was included in individual staff files but there was no overview to quickly flag up when it was overdue. In addition, some staff had not received annual appraisals as per the provider's policy and supervisions were not structured in a consistent way. Some spot checks were undertaken on staff practice and these looked at a range of areas such as whether staff arrived on time, and had the correct uniform on. However again there was a lack of structure and organisation to these with some staff not receiving regular spot checks.

Medication records and daily records of care were not subject to formal audit or review. The registered

manager and director told us they reviewed records on an informal basis when they visited homes. Although we found daily records were well completed, this was not the case for Medication Administration Records (MAR). There was no process for bringing MAR charts back to the office for regular review and audit. We identified numerous poorly completed MAR charts between January and May 2016. However the gaps and other discrepancies on these MAR charts should have been identified promptly through audit and action taken to improve this aspect of the service.

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

The registered manager and director had recognised improvements were required to the way information was organised and managed. They were in the process of implementing a new computer database which they told us would allow a greater oversight of information including staff training records. A new senior care worker was also to be given responsibility for audits and checks. We saw a series of new forms were to be introduced such as a staff competency tool to robustly assess staff competency against a number of areas of care practice, however this was not in use at the time of the inspection.

Although care records contained information on people's basic needs, we concluded more detail could have been provided to fully demonstrate the person centred nature of the care and support provided. For example, around people's preferences, their preferred visit time or the length of the call.

Periodic staff meetings were held. We saw these were an opportunity to discuss quality issues and offer support as required.

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 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) (2g) Care was not provided in a safe way as medicines were not managed in a safe way. Medicine charts were poorly completed

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) (2a) Systems to assess, monitor and improve the service were not sufficiently robust.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed (2) (3) Recruitment procedures were not being operated effectively . Information specified in Schedule 3 was not available such as references and information on gaps on employment.