

Oasis Care and Training Agency (OCTA)

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## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out an inspection of the service on 25 & 26 November 2014. At which time breaches of legal requirements were identified. This was because the provider did not ensure the safe management of medicines, carry out audits of identified risks and care plans were not regularly reviewed.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 14 and 24 March 2016 to check that they had followed their action plan and to confirm that they now met legal requirements.

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

This inspection took place on 14 and 23 March 2016 and was announced. We gave the provider 48 hours notice of our visit so that they could arrange for people to be available to talk with us about the service.

Oasis care and training academy provides personal care to people in their own homes in the boroughs of Lambeth and Southwark.

There was 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.'

People were supported to receive their medicines in line with their prescriptions. Staff received regular training on the safe management of medicines. People were protected against known risks. The service had comprehensive risk assessments in place to ensure identified risks were mitigated.

People's care plans contained comprehensive information including their medical history, likes and dislikes and health care needs. Care plans reflected people's current health needs and gave staff clear guidance on how to meet people's care needs. Care plans were reviewed regularly and updated to reflect people's changing needs.

People were supported by a service that carried out regular reviews of the care and support provided. An audit and compliance team undertook reviews of staff time keeping to ensure any delayed or missed calls were acted upon immediately. Audits undertaken ensured that live documents were reviewed regularly to reflect changes.

## 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. People were supported to receive their medicines in line with their prescriptions. Staff received regular training on the safe management of medicines.

People were protected against known risks. The service had comprehensive risk assessments in place to ensure identified risks were mitigated.

### Is the service responsive?

Good ●

The service was responsive. People's care plans contained comprehensive information including their medical history, likes and dislikes and health care needs.

Care plans reflected people's current health needs and gave staff clear guidance on how to meet people's care needs.

Care plans were reviewed regularly and updated to reflect people's changing needs.

### Is the service well-led?

Good ●

The service was well-led. People were supported by a service that carried out regular reviews of the care and support provided.

An audit and compliance team undertook reviews of staff time keeping to ensure any delayed or missed calls were acted upon immediately.

Audits undertaken ensured that live documents were reviewed regularly to reflect changes.

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We inspected the service against three of the five questions we ask about services: is the service safe, is the service responsive and is the service well-led.

The provider was given 48 hours' notice because the location provided a domiciliary care service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was undertaken by one inspector. Prior to the inspection, we reviewed the information we held about the service including records of notifications sent to us, information shared by other health and social care professionals and members of the public. We spoke with two people who used the service and two relatives. We also spoke with three members of staff, the training manager, compliance manager, care manager and the registered manager. We looked at six medicine administration recording sheets [MARS], nine people's care records and the electronic monitoring recording system.

# Is the service safe?

## Our findings

At the previous inspection on 25 & 26 November 2014 we found that risk assessments were not always sufficiently detailed in relation to people's individual health needs and conditions. For example, a person's care plan indicated that they were at risk of falls. However, the risk assessment was not fully completed to show how these risks would be managed to prevent or minimise them. Another person's care plan identified that a person was at risk of developing pressure sores, but there was no risk assessment to identify level of risk and action plan to manage this. We could not be certain that the service was protecting people from the risks of inappropriate or unsafe care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's medicines were not always managed and handled safely. Staff were trained in the safe administration of medicines and there was a policy in place which detailed the various levels of support people received with their medicines. However, we found that staff's understanding of the various levels of support indicated in the organisation's procedure varied. There were discrepancies in the meaning of 'prompting' and 'administration' among staff. For example, for some staff prompting meant handing the medicines to the person and to some other staff prompting was reminding the person to take their medicines. We were also unable to establish the system for recording medicines given to people. There were inconsistencies in the way medicines were recorded among staff. Three out of the five senior staff we spoke with about this explained that when medicines were prompted they were recorded in the care notes and when administered they were recorded on the medicine administration record (MAR). The other two senior staff said that there was a different system for recording when medicines are prompted. We requested to see samples of completed (medicine administration record) MAR charts but these could not be produced on the day of our visit and after. This meant we could not be confident that people's medicines were managed and administered safely. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities). After the inspection the provider sent us an action plan detailing action they would take to address our findings.

At this inspection we found people were protected against known risks. One person we spoke with told us, "I have poor mobility, but someone from the office does come and assess if it's getting worse. They check to see if there's anything the staff can do to help me more." Another person we spoke with told us, "Yes, they [senior staff] have carried out an assessment on me, they've looked at what help I need with my mobility and then come out every so often to see if things have changed".

We looked at risk assessments and found that these covered a wide range of risks, such as environment, medicines, falls and trips, pressure sores and nutritional needs. Risk assessments were comprehensive and detailed the identified risk, likelihood, consequence and level of risk. This gave senior staff a rating to help determine what action should be taken to minimise the risk, which gave staff guidelines on how to support people when faced with risks. We found if people who had risk assessments relating to their mobility were given a risk level rated as significant, this led to an action to say they required a level two moving and handling risk assessment. The level two moving and handling risk assessment was comprehensive and looked at people's ability to use mobility aids. For example, an assessment identified a person could turn in

bed independently and transfer from the bed to the chair/wheelchair. There were clear guidelines for staff to follow to ensure people were kept safe.

People were supported to receive their medicines safely. People told us, staff supported them by either reminding or prompting them to take their medicines. One person told us, "The staff hand me the dossette box and prompt me to take them". One relative told us, "They [staff] always tell her [relative] it's time to take her medicine. They prompt her and make sure she's taken them, I have no complaints about that". We spoke with staff who had a clear understanding of the difference between prompting and administering medicines. Staff told us, they had recently received medicines training. One carer told us, "The training helps equip us to administer medicines safely by giving us the knowledge to do so". Another carer told us, "If I did see an error with someone's medicine, I would report it to the office immediately. The care plans tell us how someone is to receive their medicine, the care plan will state if they need prompting or they self-administer, so it's clear."

People's received their medicines in line with good practice. Records showed there were two systems for recording medicines, one for medicines in dossette boxes and one for medicines in packets. We looked at the MARS for dossette boxes and those for medicines in packets and found these were completed accordingly. Where possible staff had obtained people's signature to confirm medicines had been administered or received. We spoke with staff who told us, "People don't always want to sign documents but where they can we encourage them to". When asked what the protocol was when people refused to take their medicine, staff were able to give us a detailed summary of the service procedure and who they would inform. Staff told us, if they were unsure about someone's medicines they would not administer them until they had spoken to a member of senior staff for guidance and support.

# Is the service responsive?

## Our findings

At the previous inspection on 25 & 26 November 2014 we found that risks to people's needs might not be met as care plans were not always updated and these did not always contained comprehensive information about people's needs and preferences. Five out of the 12 care plans we reviewed did not detail people's personal background, social history, likes and dislikes. We also found that three out of the 12 care plans we looked at did not reflect people's current needs. For example, the support one person required with taking their medicines had changed following deterioration in their health but their care plan had not been updated. Therefore new staff to the service or staff covering for permanent care workers might not have all the necessary information to care for and support people. We recommend that the service consider training and current guidance for staff in relation to care planning. After the inspection the provider sent us an action plan detailing action they would take to address our findings.

At this inspection we found people received care and support that was responsive to their needs. Care plans were person centred and contained information about people's diagnosis, medical and health needs, likes and dislikes and other important information. Since the last inspection the service had implemented a personal support plan which was located in peoples care plans. The personal support plans documented people's background information, social contacts, what staff need to know in order to support peoples and what's important in people's lives. For example, we viewed a support plan that clearly identified someone's working background and the people that were closest to them in their lives. It also detailed what they expected from the carer's supporting them and how they wanted the care to be delivered.

People's changing needs were met by staff that had up-to-date information. A person told us, "They [staff] involve me in the care plan and take note if there's something that requires amending". A relative told us, "When [my family member] started with the service, we were very involved in the care plans, I am able to have access to the care plans and if there are any changes I am always informed". Staff told us, "I read the care plan as soon as I start work, that way I know if there have been any changes that I need to be made aware of. If there are then I can adapt the way in which I work to meet the person's needs". Another staff member told us, "It's vital that the care plans are accurate so that we can do our jobs properly".

We looked at the care plans held by the service and found these to be live documents that reflected people's needs. Care plans were reviewed regularly to reflect people's changing needs and where required information shared with health and social care professionals to ensure a clear and transparent approach. Staff told us, if they felt someone's needs had changed they would inform their line manager immediately, who would then visit the service to carry out an assessment of people's needs to ensure that the care provided reflected the person's needs accurately.

## Is the service well-led?

### Our findings

At the previous inspection on 25 & 26 November 2014 we found that the service was not regularly assessed and monitored to ensure the quality of service provided was effective and met the needs of people. There were no effective system for auditing the quality of service provided and processes in place. For example, the care plans audits had not been effective in identifying the issues we found such as care plans not being up to date and reflecting people's needs. We also found that the data collected from the electronic system used to monitor staff time-keeping and issues relating to missed calls were not monitored or analysed at management level to understand patterns and trends across the service and to identify the reasons and then devise a strategy for improvement. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. After the inspection the provider sent us an action plan detailing action they would take to address our findings.

At this inspection people and their relatives told us, senior staff kept them informed of what was going on and they were encouraged to be involved in the care provided. One person told us, "Someone [senior staff] visits me from time to time, to make sure I'm happy with what is taking place. They also phone me and ask if there's anything I'd like changing."

People were supported by a service that carried out robust audits to improve the quality of care provided. Since the last inspection the service had changed their electronic monitoring system [EMS], to a more advanced system that gave detailed audits of performance. For example, missed or late calls were electronically recorded and a report was generated highlighting areas of improvement required. Where calls were either late or missed these were then automatically raised with the staff monitoring the system. Staff would then contact the care staff to ascertain why they were late or unable to attend the scheduled home visit. During the inspection we observed how staff dealt with late calls, which were due to delays in public transport or staff forgetting to electronically log in to confirm their attendance at a person's home. The monitoring team were swift in responding to identified areas highlighted, which minimised the risk of people receiving missed or late calls.

Since the last inspection the service had put in place a quality monitoring team, which consisted of the care manager, compliance officer and the registered manager. The compliance officer told us, "We can discuss any concerns, trends or issues outside of the set meetings should the need arise. We don't have to wait for the meeting date to discuss things and put plans in place". The team met quarterly to review all audits and where appropriate devise an action plan to ensure all points raised were addressed in a timely manner. We looked at the last quality meeting and found all actions from the previous meeting had been dealt with appropriately. For example a discussion around late calls was carried out and where required staff spoken to. Audits were monitored to ensure any trends or patterns were highlighted and improvements made where appropriate.