

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Oasis Care and Training Agency (OCTA) is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger disabled adults and older people, some living with dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection the provider was supporting 113 people with personal care living in the London Boroughs of Greenwich, Lambeth and Croydon.

People's experience of using this service and what we found

People and their relatives told us they had developed kind and caring relationships with their regular care workers and were treated with respect when they contacted the office. One relative said, "I am comfortable with them in my home and they treat me, my family and my home with respect."

Where people and their relatives raised issues or concerns with their care and support, the provider worked with them to resolve the problem. The registered manager and his team were proactive with information we received during the inspection and met with people to discuss and resolve their concerns.

People and their relatives thanked the service for how they had been supported during COVID-19 and how they had worked extremely hard to try to minimise any disruption to their services. A comment in a telephone check record stated, 'My care worker is doing such a good job with everything that is going on and keeping me safe.'

People were supported by a dedicated staff team who felt proud to work for the organisation and spoke positively about the open and friendly working environment. We received many positive comments about how staff had been supported and always had access to the management team for advice, especially during challenging periods throughout the peak of the pandemic.

The provider had monitoring systems in place to ensure people were contacted to check on their health and wellbeing and to give feedback about their care and support. The provider had translated COVID-19 government guidelines for people, their relatives and staff to ensure they fully understood how to stay safe and protect themselves from the virus.

Despite the COVID-19 challenges the service had to deal with immediately after the last inspection, the management team implemented action plans to address issues and strived to make the necessary improvements. Care workers were positive about the training and support they received with a focus on the management of people's medicines.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 18 April 2020) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 18 February 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management of people's medicines.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oasis Care and Training Agency (OCTA) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may return to inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oasis Care and Training Agency (OCTA)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Oasis Care and Training Agency (OCTA) is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider three days' notice because we needed to ensure somebody would be available to assist us with the inspection and to review records before the site visit.

Inspection activity started on 8 December and ended on 23 December 2020. We requested a range of documents related to people's care and policies and procedures that were sent to us by the registered manager between 4 and 21 December. We visited the office location on the 9 and 10 December to see the management team and to review further records related to the service. We made calls to people and their relatives between 8 and 22 December and calls to care staff between 8 and 23 December 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted three local authority commissioning teams and reviewed the previous inspection report. We used all of this information to plan our inspection.

We also reviewed recent Electronic Call Monitoring (ECM) data for 35 people, including 14 people who received double handed care visits, over a period of four weeks in November 2020.

During the inspection

We reviewed a range of records related to 16 people's care and support. This included people's care plans, risk assessments, medicines records and 10 staff files in relation to recruitment and training. We also reviewed records related to the management of the service, which included safeguarding investigations, incidents and accidents, quality assurance checks and minutes of team meetings.

We spoke with 18 staff members. This included the registered manager, three care coordinators and two human resources officers. We also contacted 21 care workers and spoke with 12 of them.

We made calls to 55 people and spoke with 16 people and 21 relatives.

After the inspection

We continued to seek clarification from the provider to validate evidence found related to ECM data, incident records and their follow up with the relevant health and social care professionals, quality assurance records and feedback we received from people and their relatives. We provided formal feedback to the registered manager via email on the 22 December 2020. We spoke with two health and social care professionals who had experience of working with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider's systems were not always robust enough to demonstrate safe medicines management and best practice was not always followed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service had made significant improvements in how people's medicines were managed and we received overwhelmingly positive feedback from care workers about how they had been supported in this area. One care worker said, "The training and support has been very good. Along with this, we get sent regular reminders in our WhatsApp group about medicines and the trainers are always available to answer any questions to help us out."
- The registered manager had discussed the findings from the last inspection across the staff team and developed an action plan to address the issues. Care workers received regular refresher training and a short medicines training video had been produced and shared with all staff for them to be able to review regularly. One care worker said, "This video was really helpful and gave us a lot of confidence to know what to do. They have taken this topic very seriously."
- The provider had started using a new electronic monitoring system for people's medicines administration records (MARs), which was being implemented at the time of the inspection. Approximately half of the service had been moved over to electronic MARs, with the aim to be completed by the end of the year. The registered manager acknowledged the impact of COVID-19 had delayed the completion date.
 - People's medicines were now monitored in real time and the system gave information about people's medicines for care staff to follow. If this was not recorded within the app, the monitoring officers would receive an alert. A care coordinator demonstrated how this worked and how the alerts were followed up, with daily checks in place. They added, "With this alert, it gives us a heads up and we can chase anything up right there and then, rather than waiting for MAR charts to be checked at the end of the month."

Staffing and recruitment

At our last inspection we recommended the provider follows safer recruitment processes to ensure they requested suitable references to evidence satisfactory conduct in previous employment within the health and social care industry. The provider had made improvements.

- Actions had been taken since the last inspection to ensure safer recruitment processes were followed to ensure staff were suitable to work with people who used the service. Staff files had been audited to identify any records that needed to be updated and files contained a full work history including explanations of any employment gaps.
- All appropriate checks for staff had been completed and there was evidence of photographic proof of identity and appropriate references in place. Character references were requested to give further assurance of suitability if applicants had no previous experience in health and social care.
- The provider continued to use an Electronic Call Monitoring system (ECM) where care workers logged in and out of their visits and feedback about punctuality and timekeeping had improved since the last inspection. Where samples of ECM data highlighted possible timekeeping issues, we followed this up with people and their relatives who confirmed they did not have any issues. People and their relatives told us if their care workers were running late, they would generally get an update.
- The registered manager explained they had different arrangements in place with local authorities where they could arrive within a specific time period of the scheduled visit time, usually around 30 minutes. The provider had also informed people and their relatives about the possibility of call disruption due to COVID-19.
- Positive comments included, "We always have two carers and they are always here. They don't hesitate to stay longer if they have to" and "They come four times a day, are on time and stay for the allocated time. They let me know if they are running late and they have been working very hard."
- Care workers told us their rotas were manageable and mainly worked in their local areas, having enough time to get between calls. Recruitment had been ongoing throughout the pandemic and there were contingency plans in place to cover any sickness or absence due to COVID-19.

Learning lessons when things go wrong

- There were procedures in place for reporting incidents and accidents, with regular reminders sent out to staff about their responsibilities. We saw health and social care professionals were updated with any concerns or changes in people health. A health and social care professional told us the provider communicated well and addressed any issues when they were raised.
- We saw an example of an incident related to a failed visit used as a learning experience across the service and to remind staff about the importance of following procedures. This had been discussed in management meetings and sent out in memos to care staff, with staff involved having further training and supervision to reflect on the incident.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding procedures in place with information and guidance for staff to follow. Investigations had been carried out and shared with the relevant authorities when any allegations had been raised. Although some documents related to investigations were not always kept together within the safeguarding file, the registered manager was able to show us they were in place and had been completed at the time of the incident.
- Staff completed safeguarding training and this topic was also regularly discussed during supervisions and observations to ensure their understanding. Good practice was seen where staff were reminded about the heightened risk of domestic abuse lockdown and to be vigilant during their visits and report any concerns.
- Staff were able to explain their safeguarding responsibilities and were confident any concerns raised would be followed up immediately. Comments included, "Where I have done this previously, they dealt with it very professionally" and "They do listen to us if we have any safeguarding concerns. They have taken this very seriously and really improved in the last year."
- People and their relatives told us they felt safe with the care they received. One person said, "I feel very safe as I have the same carer every day. If they are on holiday, someone else comes and it is also somebody I

know."

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed before the service started and if there were any changes in their health and wellbeing. Risk assessments had been completed and improvements seen since the last inspection with detailed guidance in place for care workers to follow and keep people safe.
- Areas of risk included people's mobility, continence and skin integrity, with detailed information about repositioning to reduce the risk of pressure sores and moving and handling guidelines to reduce the risk of falls. There were also good examples seen to support people who were at risk of choking, with input from health and social care professionals.
- Staff had a good understanding of the support people needed and how they could reduce any unnecessary risks. Spot checks and observations recorded care workers competencies and their ability to complete tasks in a safe way. One relative said, "My [family member] has multiple complex conditions and the carer bought a book to try to help her understand better, which I thought was wonderful."
- Where one relative highlighted some possible safety issues, we followed this up with the registered manager. They met with the family and confirmed the issue had been addressed, with correspondence from the family they were happy with the outcome.

Preventing and controlling infection

- There was an updated infection and prevention control (IPC) policy and regular management meetings discussed government guidelines around safe practices during the COVID-19 pandemic, which included the correct use of personal protective equipment (PPE). This was regularly shared with care workers via a WhatsApp group to ensure they all had immediate access.
- Staff had access to the relevant information to help them understand how to reduce the risk of infection. Staff completed refresher IPC training and had access to other training resources, such as videos and links from the NHS and Public Health England. One care worker said, "We watch the videos, get the updates about best practice for PPE we need to follow, which has been very helpful. If I stay healthy, I will keep my clients healthy and they have been very clear about this."
- Staff were extremely positive about the support from the management team throughout the pandemic and said they could get advice if they had any questions or concerns. Staff confirmed they always had access to PPE and if they were running low, could pick up more or have supplies delivered to them. One care worker said, "They give us plenty of gloves, masks, face shields and hand gel. I'm very happy they have kept us safe during COVID-19."
- Further support was provided to staff during supervision and spot checks continued where possible to ensure staff were following the guidelines. The rollout of weekly COVID-19 testing for staff was just starting and testing kits were being delivered during the inspection. The registered manager said this process would provide further reassurance to people, their relatives, the staff team and their own families.
- People and their relatives were positive about how staff followed correct IPC guidelines when they visited their home. One relative said, "They always wear their masks, they have taken this very seriously. I thank god for them keeping us safe during the pandemic." Two other relatives told us how they were informed at the beginning of the pandemic there would be a limited number of care workers visiting their family member to reduce the risk of infection and this had worked well.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Continuous learning and improving care

- Improvements had been made since the last inspection with the monitoring of the service. The management team discussed the outcome from the last inspection and implemented action plans, which were regularly reviewed to ensure actions were being completed and improvements were made. This continued to be completed despite the challenges of dealing with the COVID-19 pandemic.
- People's medicines were now being recorded on an electronic monitoring system which allowed daily checks to ensure people had received their medicines. Improvements were also seen in the recording and auditing of people's daily records and increased detail within people's care plans.
- Audit records showed examples of issues being picked up and addressed by the management team and staff were reminded about the importance of recording accurate information about people's care visits. The registered manager said, "We have put a lot of things in place since the last inspection. We've improved how we communicate and learnt from seeing the benefit of electronic documents."
- Regular communication with care workers via daily memos and spot checks were carried out to monitor staff competencies, with further telephone monitoring calls to get feedback about people's care. Care workers told us if any issues were highlighted during spot checks this would be followed up so improvements could be made. One care worker added, "They will also give us positive feedback too, if the client is happy and tell us to keep up the hard work. This is nice to hear as it has been a difficult year."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider continued to be aware of their responsibilities regarding notifiable incidents that occurred across the service. All relevant notifications for safeguarding incidents had been submitted and followed up with the relevant health and social care professionals. One safeguarding investigation was still in the process of being investigated at the time of the inspection.
- The provider had been open and honest when needed and had informed people and their relatives if they had been made aware of any issues or concerns, involving them in the investigation process. For one incident related to a failed visit, the registered manager had acknowledged this and apologised to the family about it.
- Regular management meetings discussed staff responsibilities and key issues across the service. Care workers spoke positively about the regular reminders they received, which included updates in government guidance and information related to COVID-19. There were also regular COVID-19 meetings to discuss current guidance and what was in place to ensure people and the staff team remained safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback had improved since the last inspection, with the majority of feedback positive about the management of the service and that they would recommend using Oasis Care and Training Agency (OCTA). Comments from people and their relatives included, "They know us so well, like part of our family. We have a very good relationship" and "They are very accommodating and I've got no problems at all."
- The management team were proactive in following up a few minor issues we received. People and their relatives told us if they did raise any issues, office staff were always respectful and tried to resolve the issue, involving senior managers if needed.
- The provider had also introduced a health check monitoring call to people who were more vulnerable or lived alone, with regular contact throughout the pandemic to check on their health and wellbeing. Some positive comments highlighted the support people received during the peak of the pandemic and how their care had not been negatively impacted.
- Staff continued to be positive about the support they received, especially with the added challenges of dealing with COVID-19. They also praised the culture of the organisation and the positive work environment. Comments included, "Although it has been tough, they have been here for us and I'm proud of how we have worked together to help one another" and "The support and unity we have is one of the best things. They are always available for us and treat us well."

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

- People and their relatives were given opportunities to be involved in the service and give feedback about their care and support. This included telephone calls, service reviews and home visits. One relative added, "During COVID-19, they have been in to visit [family member] and bring them things, which is good of them."
- Where one relative highlighted they had not always been updated as often as they had liked, the registered manager acknowledged this and met with the family to resolve the issue. We were given reassurances as we saw the person had been regularly contacted throughout the pandemic.
- Staff were positive about how they were treated by the management and office team, especially during challenging periods of the COVID-19 pandemic. Staff praised the support they received and were confident they would always be updated and listened to if they needed anything. Staff told us they felt respected and proud to work for the organisation.
- The provider had translated important documents and guidance into people's and staff member's own language to ensure they fully understood the advice to follow. One care worker added, "With this being translated into my Somali language, I can understand it better which helps to keep us safe from catching the virus."

Working in partnership with others

- We saw the management team worked closely with a range of health and social care professionals in relation to people's care and support and followed up any issues, concerns or requests for further input if there were changes in people's needs.
- The management team had regular contact and attended virtual meetings with their local authorities regarding safeguarding investigations and responding to COVID-19. A health and social care professional said the provider had been very supportive during the peak of the COVID-19 pandemic and they had a positive working relationship.