

Oasis Care and Training Agency (OCTA) OASIS Central London Office

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Oasis Central London Office (OCTA) is a domiciliary care agency providing personal care to people living in their own home. During the time of this inspection OCTA was providing personal care to 75 people by 40 care workers.

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.

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

We found people were protected from the risk of harm and abuse. There were safeguarding policies and procedures in place and care workers were aware of this. Care workers had been recruited safely. They underwent appropriate recruitment checks before they commenced working at the service. Medicines were managed safely and risk in relation to carrying out the regulated activity of personal care were assessed and guidance for care workers was provided. There was a system for managing accidents and incidents to reduce the risk of them reoccurring. There were adequate systems for reviewing and investigating when things went wrong. Care workers understood their duty to raise concerns and report incidents and near misses. Care workers wore personal protective equipment (PPE) such as gloves and aprons and we were assured that appropriate infection control procedures were in place.

People received individualised care that met their needs, preferences and interests. People were supported, if needed, to express their views and preferences in relation to their care and support. The service identified and recorded how people wished to communicate. Assessments of people's needs were in place. There was a complaints procedure, which people and their relatives were aware of. There were methods of monitoring the quality of the service. Regular checks and audits had been carried out in areas related to maintenance of the premises, health and safety, medicines management, infection control and management of accidents and incidents.

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 2 May 2019).

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 13 March 2019 during which we found breaches of legal requirements. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 12 Safe care and Treatment and Regulation

17 Good governance.

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, Responsive 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 Central London Office on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

OASIS Central London Office

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 one inspector and two Expert by Experience who called people who use the service and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

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 used all this information to plan our inspection

During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with two care workers and the registered manager. We also received written feedback from 14 care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and complaints and incident data.

Is the service safe?

Our findings

Assessing risk, safety monitoring and management

- During our last inspection we found that the service did not document risks related to the environment in detail. This potentially may have put people using the service and care workers at risk when carrying out personal care.
- During this inspection we found the service ensured that risks to people were assessed in detail and appropriate management plans were in place to minimise risk
- Risk assessments were reviewed and updated to ensure they were current and care workers had appropriate guidance to support people.

Using medicines safely

- During our last comprehensive inspection, we found shortfalls in systems and processes to help ensure the safe management of medicines.
- During this inspection we saw that the service had made several improvements to address the shortfalls found. For example, the service introduced electronic medicines administration records (MARs). This allowed the service to monitor any missed or late administration of medicines almost immediately and ensured people received their medicines on time and as intended by the prescriber. One person said, "They give me my medication at the right time." Another person said, "I take my medication, but carers help me bringing the bottles on a tray and water. They also help me opening the bottles. I know my medications well, so I don't think I had any issues with this."
- We also saw that care workers had received training in the administration of medicines and their competency was assessed to ensure they supported people with their medicines safely. One care worker told us, "I have received medicines administration training and feel I have the right skill now."
- Care records had been updated since our last inspection and now included detailed information about people's medicines arrangements, who is responsible for ordering medicines and where medicines was stored in people's homes. This information ensured that everyone was clear of what to do when assisting people with their medicines.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused. Training records confirmed that staff had received training in safeguarding people and comments from care workers confirmed this. One care worker said, "I have received safeguarding training and would immediately inform my manager if I notice something." Another care worker said, "There are different forms of abuse, these include neglect, physical and verbal abuse."
- People who used the service told us that they felt safe with their care workers. One person said, "I do feel safe and relaxed with staff because we learned to work together and [they] respect what I can do and what I can't; it's not easy to be old and depend on another so my carer help is greatly appreciated." One relative said, "Yes, I do feel that my relative is safe. Carers have a caring nature towards my relative and the family. They are kind and reassuring."

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before staff were employed.
- Staffing reflected the needs and number of people who used the service. People who used the service told us that enough care workers were available and that they would be notified if anything changed. One person said, "The office calls if the carer is late." Another person said, "I didn't have problems with any cancellations, seems they organize this side of their work well."
- Since our last inspection the service had introduced a monitoring system which allowed office staff to see in real time if care workers were late and if they stayed for the duration of a call. One care worker told us, "I always log in and out when visiting people and if I am late, I call the office who would inform the client."

Preventing and controlling infection

- We were assured the service followed current government guidance in the prevention and control of infection. The provider had updated the infection control procedure in response to the COVID-19 pandemic.
- Care workers told us that they had access to enough protective equipment such as gloves, aprons and masks. One care worker said, "I make an appointment with the office to pick up gloves and masks, I have never run out."
- The registered manager told us that ensure all care workers had access to enough PPE, the service had arranged with some local shops to act as pick up point for PPE. This enabled care workers who found it difficult to visit the office to access PPE; but also reduced the time care workers were potentially exposed to the virus when using public transport.
- The service was currently not supporting any people who tested positive for COVID-19. However, the registered manager told us that they had supported some people in the past and the service used a designated care team for this purpose.

The registered manager told us that they would discuss COVID-19 risks with staff from the Black, Asian and Minority Ethnic (BAME) community. However, this was currently done informally. We explained to the registered manager that these discussions need to be documented and a record of these discussions must be kept in the staff members file.

Learning lessons when things go wrong

- There were processes in place for reporting incidents and accidents. Accidents and incidents had been recorded and included guidance and action to prevent re-occurrence.
- The registered manager told us that he would talk to care workers and inform them of any changes in their practice in relation to the prevention and reduction of accidents and incidents. For example, an incident where a person was choking on food. The registered manager ensured that care workers received additional training and appropriate clinical guidance and support was sought for the person and their family.

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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check if the provider had met a specific concern, we had about Oasis Care and Training Agency (OCTA). We will assess all the key question at the next comprehensive inspection of the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- During our last inspection we found that assessments of people's needs lacked detail about the support they required. As a result of this we recommended that the service found out more from a reputable source about assessing people's needs, based on current best practice.
- During this inspection we found that people's care plans contained evidence that people's needs had been individually assessed. Details of people's needs, including their daily routines, cultural, religious and dietary preferences were recorded. This ensured that people's individual needs could be met by care workers.
- Regular reviews of people's care needs had been carried out with them, their relatives and care professionals involved. One relative said, "Yes we were involved. There was a meeting with us, and we spoke about what care we wanted."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- During our last inspection we found that care files lacked information about people's life histories including their past occupations and important events in their lives. There was little information on future aspirations and goals for staff to help people to work towards. Information provided in care records was mostly task orientated and contained little personal and person-centred information.
- During this inspection we found that the new electronic care system was now fully embedded within the service and was used by over 70% of care workers, with the aim of using it to full capacity by the end of 2020. The registered manager explained that the reason for this taking longer had been the COVID-19 pandemic.
- Care records were detailed and included a range of information in relation to people's religious and sexual preferences, their communication needs and information about their family and other relevant personal information. People who used the service and relatives told us that they had been involved in developing and reviewing their care plans. One person told us, "I am very happy with the company. They [care workers] know me well and I was able to tell them how I want to be looked after. Everything is written down."

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.

- We discussed the AIS with the registered manager and he explained to us that the service had access to interpreting services which had been used in the past when communicating with people in their preferred language.
- We also saw that if at all possible, the service matched people with care workers from the same ethnic and linguistic background to ensure that communication between them was effective.
- We saw in people's care plans that their communication needs were clearly documented to ensure staff had the correct information to understand how people expressed their needs.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. People were given opportunities to raise any complaints or concerns. People confirmed they understood how to make a complaint. One person told us, "I have the phone number of the manager, if not happy." One relative told us, "I have two numbers one for the

office and a mobile number to contact if we are not happy."

- Care workers knew that they needed to report all complaints and concerns to the registered manager. One care worker said, "Clients are encouraged to speak up and share if they have any issues. I would immediately report this to the office."
- The complaints log showed that management had been responsive in addressing complaints brought to their attention by people and external stakeholders.

End of life care and support

- People's end of life care needs were discussed and information was included in their care plan and any particular needs were addressed by the service and care workers.
- Care workers had received end of life care training to ensure they were competent to look after people who require specific support when terminally ill or at the end stages of their lives.
- The management team told us they worked closely with community health and social care professionals and where applicable people's relatives if a person was identified as having a life limiting illness or were reaching the end of their life.

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 now 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.

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

- During our last inspection we found that while the service had quality assurance monitoring and assessment procedures in place, they were not always effective. For example, the service did not identify that there had been shortfalls in the management of medicines and care planning.
- We found during this inspection that the service had addressed these shortfalls and had introduced a wide range of regular and effective quality assurance systems. For example, the service changed to electronic MARs and regular audits of these were carried out and action taken to respond to any shortfalls. The new call monitoring system had also enabled the registered manager to respond swiftly if care workers were late or if calls had been missed. This showed that the provision of good quality of care was important to the provider and people who used the service were very positive about the care they received. People told us, "I am very happy with Oasis, they look after me well and provide good and safe care."
- The management team were responsive to our feedback about developing and improving the management of complaints and reviewing incidents regularly to identify patterns and trends. One relative told us, "They contact us, and we are happy with the quality of care. Great service had for some time."
- Care workers told us there was good communication between staff about the service and people's needs. They told us they felt supported by the registered manager and the management team, who were approachable and had a visible presence in the service. One care worker said, "We had regular meetings during COVID-19, and we can also use WhatsApp or emails to find things out."
- There was an on-call arrangements in place and a senior staff member was available to support staff out of hours. Care workers were aware of who they could contact if they required guidance or advice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager told us, "Staff, clients and relatives can talk to me anytime." People told us, "I spoke with the manager...very friendly." One relative said, "They [agency] are very good with telling us things. During the first lockdown they regularly contacted us to find out how things were going."
- When things went wrong, the management team completed an investigation and shared the findings and lessons learnt with care workers and where applicable others involved in people's care.
- People who used the service were kept informed of changes within the service and were involved as fully

as possible in their care. People told us that the service was, "Good agency", "Very happy with the service" and "Would recommend them."

- The registered manager told us they took part in regular virtual meetings with the local authority and other providers to share good practice. They kept up to date with legislation and current guidance. For example, the coronavirus pandemic and the impact had been discussed with people and staff.

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

- People who used the service and relatives told us that they had been regularly contacted by the office to get updates and share concerns and experiences about their care. One person said, "I received a questionnaire last year to talk about my care." A relative said, "[Name] from the office calls and asks me about the care, but also give me any info about changes."

- Peoples protected characteristics such as gender, disability, race, religion or belief, sex, and sexual orientation were documented in the care plans and care workers were matched with people to ensure they understood these and supported people appropriately.

- Satisfaction surveys were used to seek feedback about the service and an action plan was taken to make improvements in response to any issues identified by people and their relatives.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us that a positive impact of COVID-19 was that partnership working with external bodies such as local authority and commissioning had improved and the service had benefited from regular virtual meetings and provision of PPE.

- The service took advantage of training opportunities provided by the local authority to help ensure care workers had the learning and skills to provide people with the personalised care they needed.