

Oasis4life (F&D) Healthcare Ltd

Oasis4life (F&D) Healthcare Ltd

Inspection report

Blake House
18 Blake Street
York
North Yorkshire
YO1 8QG

Tel: 03330150995

Date of inspection visit:

22 March 2023

29 March 2023

30 March 2023

04 April 2023

Date of publication:

25 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oasis4Life (F&D) Healthcare Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 8 people using the service.

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

People received a good standard of care which met their personal preferences. Some areas of the care records required further detail to ensure all risks and care needs had been reviewed. However, staff knew the people well and kept them safe.

People received their medicines safely as prescribed. However, some records needed improvement. When administering a medicine which had a variable dose, staff did not always record the amount given. Records for the correct storage and application of topical creams also needed expanding to ensure staff had access to all information relating to the safe management of topical creams. There was no impact to the people due to these concerns however, we have made a recommendation about this.

Staff received training on how to provide care and their competency was checked in all main care areas to ensure they continued to follow best practice.

People and their relatives gave positive feedback about the service. One person told us, "I'm really delighted with them all, they do a wonderful job." One relative said, "We are highly satisfied, they are really good."

People felt confident in the registered managers ability to deal with any concerns raised. There was an open culture in the service with people and staff being able to discuss any care needs directly with management team. Changes to care were made quickly and the service tried to be flexible to suit people's preferences.

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

Rating at last inspection

This service was registered with us on 4 February 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about the service and to provide the service with a rating.

Recommendations

We have made a recommendation to the provider in relation to the recording of some medicines.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oasis4life (F&D) Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

One inspector and an Expert by Experience carried out the inspection. 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

Oasis4life (F&D) Healthcare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because this was a remote inspection and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 March 2023 and ended on 6 April 2023

What we did before the inspection

We reviewed information we had received about the service and 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to the operations manager and the registered manager during the inspection. We also spoke with one carer, four people who used the service and four relatives. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervisions and a variety of records relating to the management of the service. We looked at policies and procedures and quality assurance records. We continued to seek clarification from the provider to validate evidence found.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely; However, some improvement was needed in the recording of some medicines. For example, some medicines were prescribed with a variable dose which depended on peoples need. Staff did not always record how many was given at any one time.
- Protocols were in place for 'When required' medicines and topical creams were applied when needed. More information was needed in the care records for the application of topical creams to ensure staff knew how to correctly apply and safely store these products. The lack of detail in the records increased the risk of inappropriate application and unsafe storage of these topical creams, although no person had been harmed at the time of the inspection.

We recommend the provider review the protocol in place for the recording of variable dose medicines and consider best practice guidance for the recording of topical medicines. Updating their practice accordingly.

The registered manager took advice on board during the inspection and was working on updating their records and procedures.

- Staff were trained on how to manage medicines safely, with their competency checked by the registered manager.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been identified, however, some risk assessments were initially missing from the care records. This was addressed immediately by the registered manager who developed these during the inspection.
- People's needs had been assessed to ensure staff knew how to care for them safely. The registered manager was actively involved in providing care, monitoring practice on a regular basis.
- A system was in place to review accidents and to learn from them. There had been no incidents reported at the time of the inspection.

Staffing and recruitment

- There was enough staff to ensure safe care.
- People were recruited to the service, with the appropriate employment safety checks to ensure their suitability for the role.
- Staff were appropriately trained, and quality checks had been developed to monitor staff's practice.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff were trained to recognise the signs of abuse and knew when to act if they had concerns.
- People told us they felt safe. One person said, "I do feel safe with the carers, they respect me and are friendly and communicative."

Preventing and controlling infection

- People were protected from the risk of infection and staff were trained in effective infection prevention and control methods.
- An up-to-date infection prevention and control policy was available to staff when additional guidance was needed.
- People told us that staff wore personal protective equipment (PPE) while in their homes. One relative said, "They always wear masks when moving my relative or getting close to her, they seem very good with wearing gloves and aprons and general hygiene."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed and care was delivered in line with their preferences.
- Care plans were in place to help guide staff on how to effectively care for people. Some areas of the care plan's needed expanding to ensure all aspects of care had been recorded. However, staff knew them well and people felt confident openly discussing their needs with staff.
- Appropriate policies and guidance were in place and accessible to all staff which reflected current best practice, guidance, and legislation.

Staff support: induction, training, skills and experience

- Staff received an induction to the service and were suitably trained for their role.
- Training records were in place to manage staff training.
- Competency checks were taking place to ensure staff had the required skills and followed best practice.
- People told us they found that staff had the training needed to be competent in their job roles. One person told us, "The carers seem to be very well trained and effective. They give such attention to detail."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff received training in food hygiene and provided support with nutrition when needed. Care plans included people's dietary preferences.
- Most of the people at the time of the inspection did not require support to maintain a healthy diet, however, this support could be provided if needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthy lives and access healthcare services in a timely manner.
- Advice from other healthcare professionals was followed and actions implemented to ensure people had effective care.
- The service considered people's wider care needs which helped improve their wellbeing and provided good outcomes for people. People told us the service were proactive in sourcing other local healthcare services who could support them in offering effective care.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- At the time of the inspection there was no body receiving a service with restrictive practices in place. However, the registered manager understood the need to ensure any restrictions under the MCA were legally authorised.
- Staff understood the principles of the MCA and care records reflected people's capacity to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and supported by staff who respected them.
- The managers of the service spoke passionately about ensuring a caring and supportive culture within the service. Working hard to building this ethos into everything they do.
- Relative's and people, we spoke with were happy with the care received and told us staff treated them well. One person said, "They are all very kind and they jump to attention to help me."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were given the opportunity to request how staff spent time in their homes. One person told us, "They never leave without saying 'is there anything else that you would like us to do?' and that's regardless of the time."
- The managers provided care directly to the people which helped ensure a good level of communication. People were happy to discuss their care directly with them and changes could be made quickly if needed.
- Staff told us they took the time to get to know the people in their care, asking for their opinion on building an open relationship so they could express their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff had a positive and caring attitude to the people in their care.
- People told us that staff always maintained their dignity and privacy when providing care and could openly speak to staff about their care preferences.
- People were able to talk to their care team and worked together to tailor the care required to meet their needs, promoting independence and dignity.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care was person centred, meeting their needs and preferences.
- Initial assessments took place before care begin to ensure the service could meet people's needs. Giving people and their families the opportunity to discuss what was important to them.
- The service was flexible when providing care, considering peoples requests and working with them to provide a service which met their needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain relationships. The service involved people and their families when providing care and built strong relationships with them.
- Many people using the service did not require support to follow activities, however, the staff took an interest in people's hobbies and spent time discussing what was important to them.
- Care plans included people's likes and dislikes, so staff understood what was socially and culturally important to them.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern and had confidence in the registered manager to follow up any complaint quickly and appropriately.
- Care was improved when concerns were raised. One person told us of a minor concern they had which they raised with the registered manager. The Registered manager responded quickly, and additional training was offered to the staff member the following day.
- There had been no complaints made to the service at the time of the inspection, however, a policy and process was in place to help guide people and staff when needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The communication needs of the people had been met. Information was given to people in a format they could understand, and their preferred communication method was recorded within the care plans.

End of life care and support

- People did not require end of life care at the time of the inspection; however, this support had been provided in the past. Care plans could be expanded to include the end-of-life preferences of the people and care provided in line with their wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Quality performance and risks had been monitored through a series of audits and checks.
- Managers and staff were clear about their roles and worked closely together to provide care, continually reviewing the quality of the service provided.
- Processes were in place to ensure learning from when things went wrong. The registered manager would review any concerns and share learning with the team.

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

- A positive culture was promoted in the service which achieved good outcomes for people. People could discuss any care needs openly and action was taken by the staff team to ensure care met people's preferences.
- The service used a small core team of staff which included the managers providing care directly to people. This helped ensure a good standard of care and people could openly discuss their needs without delay as management were in their homes on a regular basis.
- Staff felt able to approach the management team at any time for support.

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 understood their responsibilities to be open, honest and to apologise if things went wrong and understood their regulatory requirements.

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

- People were involved in discussing their care. Surveys and courtesy calls were made to ensure people felt involved and changes to care could be made quickly if needed.
- People told us that they knew how to contact the service if they needed and would not hesitate to raise concerns.
- Team meetings were held giving the opportunity for staff to give feedback on any concerns and to have input in the planned developments in the service.
- There was an equality and diversity policy in place to promote equality and staff received training in this area.

Working in partnership with others

- The service worked well with other professionals. Care plans included updates from external professionals and staff acted on their instruction.
- The registered manager provided information to people about other care services available to them, working with other professionals to help improve people's care.