

Oasis Plus Care Services Ltd

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Inspection report

Peel House
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Surrey
SM4 5BT

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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

Oasis Plus Care Services Ltd is domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there was 1 person receiving personal care who was an older person. 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

There were enough staff to support people safely and staff timekeeping was good. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE) to reduce the risk of infections. People received the right support in relation to their medicines.

Staff received the training and support they needed to meet people's needs. People were supported to maintain their mental and physical health and to maintain contact with professionals involved in their care.

People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People liked the staff who supported them and developed good relationships with them. People received consistency of care from a small number of staff who knew them well. People were supported to improve their independent living skills as far as possible and staff treated people with dignity and respect. People were involved in their care and their care plans were based on their individual needs and preferences. People were encouraged to raise any concerns or complaints.

The registered manager and their management and staff team understood their role and responsibilities. The registered manager engaged and consulted well with people using the service and staff. Staff were supported by the registered manager. The registered manager understood their responsibility to notify CQC of significant events as required by law.

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

Rating at last inspection

This was our first inspection of this service since it registered with us on 26 August 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 Plus Care Services 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

Our inspection was completed by 1 inspector.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

The inspection activity started on 19 May 2023 by asking the registered manager to send us the information we needed securely. Inspection activity started on 19 May 2023 and ended on 9 June 2023.

What we did before the inspection

We reviewed the information we had received about the service, including any statutory notifications received. The provider was not requested to complete a 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. We used all of this information to plan our inspection

During the inspection

We spoke with 1 person using the service, the registered manager and 1 care worker. We reviewed a range of records including care and staff records and records relating to the management of the service. 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

- The person's medicines were managed safely. Risks were assessed and managed well and staff had reliable guidance to follow. The person was satisfied with the way their medicines were managed.
- Only staff who had received suitable training administered medicines to people.
- Staff recorded medicines administration as expected and the provider audited medicines records to check the person received them as prescribed.

Staffing and recruitment

- There were enough staff to support people safely. The registered manager told us recruitment was ongoing to continue to grow the business.
- People told us staff were always on time, did not rush them, and stayed for the agreed time. The person said, "Time keeping is excellent, always on the dot. No missed calls whatsoever."
- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. The provider explored any gaps in people's employment records.

Preventing and controlling infection

- People received care from staff who followed safe infection control practices. Staff received training in infection control and the safe use of PPE to reduce the risk of infections. The person told us, "Infection control really could not be better."
- The provider carried out checks of infection control practices to ensure staff followed current guidance.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff and were encouraged to raise concerns with the service or social services if necessary.
- Systems were in place to protect people from the risk of abuse such as training for staff on how to recognise abuse and take the right action.
- Although there had been no allegations of abuse, the registered manager understood their responsibilities to report to the local authority safeguarding team, follow their guidance and to notify CQC.

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

- The provider identified and assessed risks to the person, such as those relating to mobility, medical conditions and the home environment.
- Guidance was in place for staff to follow to reduce the risks and staff were informed of all key details before providing care.

- Staff understood how to respond to accidents and incidents. The registered manager told us there had been no accidents or incidents, but systems were in place to record and review them and improve where necessary.

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 of 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.

Staff support: induction, training, skills and experience

- Staff were supported by the registered manager. Staff received annual training in relation to their role on key topics including dementia, health and safety and moving and handling. People and relatives told us they found staff well trained.
- Staff received an induction which included training, shadowing and assessment until they were competent and comfortable to care for people.
- Staff received regular supervision with spot checks to check they carried out their responsibilities.

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 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. 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.

- The provider had systems to assess people's capacity in relation to their care but this had not been necessary.
- Care workers understood their responsibilities in relation to the MCA and received training in this.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- The person's healthcare and emotional support needs were assessed and recorded for staff to refer to. Staff had access to the person's care plan, and this was kept up to date with any changes.
- Staff were available to support people to see healthcare professionals when this was an agreed part of their care.
- Staff were available to prepare food in line with the person's dietary needs and preferences.

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

- The person's needs were assessed by the provider before their care began. A senior person met with the person and their relatives and reviewed any professional reports to draw up a care plan based on their needs and preferences. The person told us, "With the pre-assessment they asked the right questions to understand me."
- The provider continued to assess whether the person's care met their needs through regularly reviewing their care plans and consulting with the person, and others involved in their care, such as their relatives and any relevant health and social care professionals.

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 of 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

- The person was positive about their care workers. They told us, "I would say the care is exemplary, you could not find better... They go above and beyond the call of duty."
- The person received consistency of care from the same staff who cared for them as far as possible, which meant staff knew people well and good relationships developed.
- The person told us staff had time to engage meaningfully with them.
- Staff received training in equality and diversity and understood the person's religious, cultural and social needs. These needs were reflected in care planning.

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

- Care workers cared for the person according to their personal preferences, such as how they liked to receive personal care.
- The provider contacted the person regularly to check their care met their needs or whether any changes were needed and acted on any suggestions made.

Respecting and promoting people's privacy, dignity and independence

- The person was encouraged to be involved in their care as much as they wanted to and was able to maintain their independence as far as possible.
- The person's privacy and dignity was respected by staff who received training in, and understood, how to do this.

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 of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider recorded the person's communication needs in their care plans for staff to refer to.

Planning personalised care to ensure people have choice and control and to meet 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

- The person was involved in their care plan. The provider reflected the person's needs and preferences in their care plans through discussions with them, including from the initial assessment meeting and any further information. The care plan was kept up to date so they remained reliable for staff to follow. The person told us, "I have my care plan and I am happy with that. Nothing could be improved upon."
- The person's care plan was personalised. Their care plan detailed their background, personality and how they preferred to receive their care. Staff understood the person well. The person told us, "My needs are complex and staff understand well."
- Staff were available to support people to attend activities and do day to day tasks such as shopping if this was an agreed part of their care.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which people were given a copy of.
- People were encouraged to raise any concerns or complaints and a suitable process was in place to investigate and respond to concerns, although the registered manager told us no complaints had been received.
- People knew how to raise a concern and they had confidence the provider would investigate and respond appropriately.

End of life care and support

- At the time of our inspection the provider told us no one was receiving end of life care. However, training was available to staff and people could be supported to plan how they wanted to receive care at the end of their lives.

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 of 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, understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager was experienced in adults social care management, and they understood their role and responsibilities, as did staff.
- The registered manager was supported by a second director who was also available to carry out personal care. Both directors kept their training up to date.
- The provider had a range of audits to check the person received a good standard of care. These included checks of all care records and staff support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; 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 communicated openly and clearly. The person told us the registered manager often visited and called them to check they were satisfied. The person told us, "It is very well managed indeed."
- The provider took note of any equality characteristics and recorded them in The person's care plan with guidance for staff on how to meet them. Staff were kept informed of service developments and learning and knowledge was shared in formal and informal ways.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. The person and staff told us the registered manager was open and transparent.
- The registered manager understood their responsibility to send us notifications in relation to significant events that had occurred in the service such as any allegation of abuse, although none had been required.
- The provider was available to communicate with external health and social care professionals such as social workers, district nurses, GPs and occupational therapists to ensure people received the care they needed.