Waltham House Limited

Oasis Care

Inspection report

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Date of inspection visit:
21 September 2017

Date of publication:
24 October 2017

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?	Requires Improvement

Summary of findings

Overall summary

Oasis Care provides a homecare service in the Airedale and South Craven areas of Yorkshire. At the time of our inspection they were providing personal care to 29 adults who were living with dementia and/or had physical disabilities. Most of the care and support provided was prompting and assisting people with personal care, meal preparation and medication with a low number of complex care packages.

The inspection took place between the 18 and 25 September 2017 and was announced. At the last inspection in June 2016 we rated the service 'Requires Improvement' overall and found three breaches of regulations relating to recruitment procedures, medicine management and governance.
At this inspection we found improvements had been made and the service was no longer in breach of regulation. We rated the service 'good' overall as we found a good quality and person centred service. People provided good feedback about the service and its staff. We identified some minor improvements were needed to governance to demonstrate the service was consistently well led. However due to the small size of the service and the oversight provided by the manager, we did not identify any impact on people who used the service. We had confidence these issues would be addressed by the management team.

A registered manager was in place but they had recently left the service. They were in the process of deregistering and the provider was in the process of becoming the new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People provided positive feedback about the service and said care met their individual needs. They said staff delivered a timely and reliable service and treated them with dignity and respect. Good relationships had developed between people and staff. People's views and comments were listened to and acted on to make improvements to the service.

Care and support was delivered safely. Medicines were managed safely and clear records of the support staff provided was recorded. Risks to people's health and safety were assessed and care plans instructed staff how to undertake tasks such as moving and handling in a safe manner.

There were enough staff deployed to ensure a safe and timely service. Staff rotas were manageable and enabled people to receive care calls at roughly the same time each day. A small amount of travel time was included to enable staff to stay with people for the full allocated time.
Safe recruitment procedures were in place to ensure caring staff with the right values were recruited. Staff received a range of training on induction and at regular intervals to ensure they had the right skills to care for people.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of

Liberty Safeguards (DoLS). People's consent was sought prior to the delivery of care and support.

The service liaised with health professionals over people's healthcare needs. This was documented within people's care plans to show the interventions undertaken. Staff were clear what they would do in a medical emergency to ensure people were kept safe.

People's care needs were assessed by the manager prior to using the service. These were used to develop care plans which varied in their detail depending on the complexity of people's care and support needs. Records provided evidence people received timely care in line with their care plans and people told us the standard of care was high.

People, relatives and staff said the office were helpful and they were usually able to get through to the manager should they need to. Staff praised the manager and said they were supportive and approachable.

Audits and checks were undertaken on the service. Some systems such as overseeing supervisions and appraisals and the collating of incidents and minor complaints needed to be made more robust.

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.

Improvements had been made to the medicine management system with better evidence recorded of the medicine support provided to people.

Risks to people's health and safety were assessed and people told us they felt safe using the service and in the company of staff.

There were enough staff to ensure a safe and reliable service. Safe recruitment procedures were in place.

Is the service effective?

Good

The service was effective.

Staff received a range of appropriate training delivered face to face by an external training provider. Supervisions and appraisals needed bringing up-to-date.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service worked with health professionals if people's health changed.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring and treated them well. People said staff respected them. We saw good relationships had developed between people and staff.

People were given choices as to how care and support was delivered.

Is the service responsive?

Good

The service was responsive

People's care needs were assessed and plans of care put in place which staff followed. People said care needs were met. We saw the timeliness of the service was good with people receiving visits at the times they needed them.

People were able to raise concerns with the service. The management team was approachable and listened to people.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Improvements were needed to some systems to ensure supervisions and appraisals took place in a consistent way and to ensure oversight of falls and minor complaints.

People and staff praised the service and how it was run. They said the service delivered person centred care that met people's needs. The manager was described as 'hands on', caring and approachable.

People's feedback was welcomed and used to make improvements to the service.

Oasis Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the provider's offices on 21 September 2017 and made phone calls to people, relatives and staff between the 18 and 25 September 2017. The inspection was announced. The provider was given a short amount of notice because the location provides a domiciliary care service and we needed to be sure that the manager was available. The inspection was carried out by one inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the visit to the provider's office we looked at the care records of three people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service. We spoke with the manager of the service who was also the provider.

Before and after the visit to the provider's offices we carried out telephone interviews with eight people who used the service, three relatives and six care workers.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the Local Authority Commissioning Unit.

We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Good

Is the service safe?

Our findings

Overall people said staff were kind and treated them well. One person said "Most of them are very good." Another person said "There's no reason to be concerned, they are all very nice, especially the one on a Friday." Information was present within people's care records instructing them on how to raise any concerns. Staff had received training in safeguarding and understood how to identify and escalate concerns. They said they had no concerns about how the service operated and thought people were safe from abuse. We saw there had been no recent safeguarding incidents but felt assured through our discussions with the manager that should an incident occur it would be dealt with appropriately.

Risks to people's health and safety were assessed. This included risks associated with their home environment and moving and handling. Most people said staff were competent and supported them competently and safely. However one person said that whilst most staff handled them safely, they believed one staff member required more training in safe moving and handling. We raised this with the management team so this could be investigated.

There were enough staff to ensure a reliable and consistent service. The manager demonstrated to us they regularly reviewed staffing against people's needs and only took on additional care packages should they have the staff recruited to meet people's needs. People told us calls were not missed and the timeliness of care workers was generally good. One person said "Yes [arrive on time]. I don't worry about the time they come. Usually they are very regular." Another person said "they are not often late." People said if staff were late it was generally only by a few minutes. Staff told us there were enough staff, rota's were realistic and they did not feel rushed. One staff member said of the rotas "they are perfectly manageable." We looked at rota's which showed us that each staff member had an appropriate number of calls to complete on each shift, with a small amount of travel time allocated between calls to help ensure they were able to keep to schedule.

Recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. Staff were required to attend an interview, although interview notes were not always kept. We spoke with the manager about the need to document this to better demonstrate recruitment decisions. Recruitment checks included exploring work history and ensuring a Disclosure and Barring Service (DBS) check was undertaken. The DBS is a national agency which holds information about people who may be barred from working with vulnerable people. DBS checks help employers make safer recruitment decisions. The service also required at least two written references before new employees started work. Where negative references had been received this had been explored with the people. We spoke with two new members of staff who confirmed that they have been subject to the required recruitment checks and had to await a DBS check before starting work.

People told us they received the right support with their medicines. One person said "Yes. They make sure you take the medicine and that you take them at the right time. They take the pills out for me." Another person said "They remind me, they are helpful that way. They usually know what I am supposed to be taking and ask if I have had it."

At the last inspection we identified concerns with the way medicine support was documented. Medicine Administration Records (MAR) were poorly completed meaning that the medicine support provided to people was unclear. At this inspection we found improvement had been made.
Staff had received training in medicines management. We saw guidance had been given to staff instructing them how complete a MAR correctly. We looked at a sample of MAR's and saw they were well completed with appropriate codes used to provide information on the exact nature of the support provided. Medicine profiles were present within people's care records which contained information on the medicines people were prescribed. These were subject to regular review, although they would benefit from more person centred information about the exact nature of the support provided. A medicines policy was in place, which the manager said they were making changes to ensure it met the requirements of the new National Institute of Health and Care Excellence (NICE) guidance on the safe management of medicines.

We saw emergency procedures were in place. One person told us "I fell down the steps and I rang them (Oasis care) and they immediately came and they took me to hospital." Staff spoke confidently about the emergency arrangements in place. They said they would stay with people if they had a fall or health emergency until help arrived or the manager would attend to provide support.

People reported that staff wore personal protective equipment such as gloves for personal care. Staff reported they had received training in infection prevention and had access to a plentiful supply of personal protective equipment.

Good

Is the service effective?

Our findings

Overall people said staff had the right skills to care for them. One person said "As far as I am concerned, they know what they are doing." Another person said "As far as I am concerned, they do what I expect them to do." A third person "I get on better with some than others. They are all courteous. I feel there is an occasional one who is fairly new who doesn't fully grasp what is required. It doesn't take them very long to get into normal routines." A fourth person said "I don't think they all have, but the ones I have at the moment are very good."

Most training was provided face to face by an external training provider. Training for new staff was based on identified training needs. For example staff new to care were required to complete a four day classroom based induction and completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff with more experience completed a one or two day classroom based induction. All staff received an induction to the companies policies and procedures and a period of shadowing. Forms to evidence this were in the process of being improved by the management team.

Existing staff received annual refresher training in key subjects such as moving and handling, equality and diversity and safeguarding. Staff told training was appropriate and gave them all the skills they needed to care for people and operate any specific equipment. Systems and processes were in place to provide staff with supervision although due to a lack of senior care workers, these were behind schedule. We saw a plan was in place to address this through the recent recruitment of a team leader.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. We found no DoLS had needed to be made. The service was working within the principles of the MCA and the manager and staff had an understanding of how these principals applied to their role and the care the agency provided. People's decision making abilities were assessed as part of the care planning process and used to develop plans of care. We found staff sought people's consent before assisting with care and support. People said they were able to make their own choices. For example one person said "If I am having an off day and I say 'I don't want to be bothered today' they will respect my wishes."

People said staff always gave them a choice of food and drink. We found information was recorded within care and support plans on the support needed. Daily records of care provided evidence this support was provided in line with plans of care.

People reported the service assisted them to meet their healthcare needs. One person said "I have had them ring the doctor for me and make arrangements." We saw any contact with health professionals was recorded within care and support plans. This provided evidence staff had liaised with professionals such as GP's over any health related concerns.

Good

Is the service caring?

Our findings

People told us the staff that supported them had a caring attitude and treated them well. One person said "None at all [concerns], they are excellent. Kind, hardworking and caring. All I can say is I am very happy with the way they do things. It just feels natural from the relationship I have with them." Another person said "Kind and helpful. No problems. You make friends with them."

People reported staff respected their privacy and dignity. One person said "Yes, I think they do. When you go out of the shower the person will walk you back to your bedroom, they put a towel over your shoulders. They drape me in the towel and take me to the chair they have ready, sitting in front of the fire, and I sit on a towel on the chair." Another person said "They knock on the bedroom door. They all know me."

The manager told us how they were selective in their recruitment approach to ensure staff recruited to Oasis Care had the right caring attitudes and values. Staff demonstrated good caring values and a desire to ensure people were provided with personalised care and companionship. For example staff told us of the importance of ensuring they had conversations with people as well as completing care tasks. Staff told us one of the best things about Oasis care was that they had time to chat with people and visits were not rushed. This helped develop good positive relationships between people and staff. In addition, each Christmas the service organised a meal with all people and staff invited to provide social interaction, and help foster the relationships between people and staff. This demonstrated a caring service.

Care records contained information on how people liked their care to be delivered. The manager told us they were in the process of completing life history work with people to enable more personalised information to be recorded on people's lives to enable better understanding of people.

Whilst people did not have set carers, the team of care workers was small which meant that people saw familiar faces on a regular basis. Most people told us if there were usually informed if someone new was to deliver care and support. One person said "They usually let me know if it's somebody different who is coming." Another person said "They come in the house and introduce themselves." Another person said. "I think, generally speaking, I don't have strangers dumped on me."

Care records demonstrated people's independence was promoted in plans of care for example encouraging people to do aspects of their personal care themselves.

People said they felt listened to by the service. They said they were able to make choices and staff respected their refusals for example if they didn't want any care and support delivered. Care plans considered people's choices and preferences. Daily records of care provided evidence people's choices were respected, for example around daily living and food.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw no evidence to suggest anyone who used the service was discriminated against and

no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

People told us care was appropriate and met their individual needs. They said staff were good and completed all the agreed care and support tasks to a high standard.

Prior to service delivery, the manager met with people to discuss their care needs and complete an initial assessment of need. This was to establish whether the service could meet people's needs. Once the care package was agreed, care plans were developed by the manager and senior care worker. These were developed gradually as the service got to know people and their individual needs and preferences. People told us that there was a copy of their care plan in their house which staff viewed and recorded in. We looked at people's care records which showed care plans were in place for each person describing the care and support to provide at each visit. These varied in detail dependant on the complexity of the package. Overall we found these were appropriate and contained the necessary information for staff to deliver personalised care. Some care plans would benefit from more detail around people's individual likes and preferences to ensure staff had access to this information.

Overall people said timeliness of the service was good. One person said "Yes [arrive on time]. I don't worry about the time they come. Usually they are very regular." Another person said "They let me know if they are going to be late. A third person said "It has never happened, never had anyone late." A small number of people said that staff were occasionally late but it was usually no later than 15 minutes. We looked at daily records of care which confirmed to us that most visits were usually consistently on time and staff told us unless there was an emergency they were able to get to visits on time.

People said care tasks were complete and overall staff stayed the correct amount of time. One person said "I don't feel rushed. I feel they are giving me the time they are supposed to and that it's adequate. If I am having a shower I will book it in advance, or they will ask me." Another person said "[Carer] is very good, but some will go before and I more or less talk them into staying the right amount of time. It's not often they're late." On reviewing records of care delivery we saw staff usually stayed with people for close to the full call time. Staff meeting minutes showed that staff were reminded of the importance of staying with people for the full call time, demonstrating the service recognised this was important to people.

The manager talked to us about their plans to encourage people to develop links with the local community. It was looking at ways to assist people to day centres and other daytime activities as part of a plan to increase people's social interaction and activity. This demonstrated the service recognised the importance of reducing social isolation.

A complaints policy was in place setting out how people's concerns would be dealt with. Information on how to raise complaints was present within people's care and support plans for them to refer to. People said that they found the management team approachable and accessible and were able to raise complaints. They said they were generally very happy with Oasis Care and had no cause to complain. People said when they had minor concerns they had been dealt with. One person said "Yes. I have been a lot happier with Oasis. There was one carer I wasn't keen on and I told [name] and she [the carer] did not come back."

We found there had been no formal complaints recorded since the last inspection. One person did tell us of a verbal complaint they had made. Although they said it had been dealt with, and we confirmed the actions taken with the manager, this had not been recorded. We informed the manager of the importance of recording all verbal complaints and 'niggles. '

Requires Improvement

Is the service well-led?

Our findings

Whilst we found a number of improvements had been made following the last inspection, further work was needed to ensure consistent, good governance. For example although falls and incidents were recorded within a dedicated sheet in people's care plans, this information was not always sent back to the office to allow collation and review. Systems were required to better record any issues such missed calls and verbal complaints so we could track the action taken. Supervisions and appraisals needed bringing up to date. We did not identify any impact on people as a result of these shortfalls and had confidence that they would be addressed particularly now additional management resources were in place.

Improved systems were now in place to track staff recruitment to ensure the required documents were in place and a training matrix was also in place to provide an oversight of the training each person had completed and when it expired. Daily records and medicine sheets were brought back to the office on a monthly basis for review. Whilst we saw these were reviewed by the management team, documentation to confirm checks had taken place and any actions could have been made clearer.

Staff received spot checks on their practice. This looked at a range of areas including documentation and care practice. We saw if actions were found following these visits they were followed up with staff individually or at team meetings if any wider themes or trends were identified. We looked at staff meeting minutes which demonstrated a range of quality issues had been discussed including timeliness of visits and travelling time.

People were asked to complete satisfaction surveys on periodic basis. One person said "Yes, they send them [surveys] every so often. I have never had a problem with it, nothing needing to be done." We looked at the results from the most recent survey which showed people were generally very happy with the service. Where negative comments had been received, it was clearly recorded what action was taken to address the issues people had raised.

People praised the standard of care provided by Oasis Care and said it provided a consistent and good quality service. One person said "They come when you want and do what you want." Another person said "I would not know what to do without them now." People said the management team were accessible and approachable. We asked people if there was anything that could be improved about the service. Most people said there was not. One person said "They all do their job well. They always ask if I need anything else doing." Another person said "They are all fully competent. I have no thought of anything that could be improved."

Most people said they found the office helpful should the contact them with any queries. One person said I have only phoned once. They were immediately helpful. I was happy with the response." However one person said "It depends on what time I ring. If I leave a message they sometimes don't phone back." When the office was unoccupied we saw the phone was diverted to the mobile phone of the manager or the team leader.

Staff also praised the service and said they would recommend to their own relatives. One staff member said "Such as good place to work, I wouldn't work anywhere else in care. Nothing is rushed; we can take our time with care and support." Another staff member said "It's an excellent, service we don't have to rush with people, the rota's work out brilliantly." Staff said there was an open culture within the service and they were able to raise any issues or concerns with the management team. They reported they were usually able to get in contact with management should it be required. One staff member said "Always get through to someone. We also have the managers personal mobile if needed."

A registered manager was in place; however they had recently left the company. We saw they were in the process of deregistering with the Commission. The provider was in the process of registering as the new registered manager. They were supported by a consultant who was providing additional support to make further improvements to some systems and processes. A new team leader had also been recruited as the manager had recognised that tasks such as supervisions and spot checks needed doing in a more consistent manner. We saw the manager was 'hands on' and regularly delivered care and support, which enabled them to interact with people who used the service and monitor how the service was operating. A staff member said "The manger knows clients well, she really cares and is hands on."