Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Oasis Private Care Limited

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Date of Inspection: 17 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Oasis Private Care Limited
Registered Manager	Mrs. Media Esther Hancock
Overview of the service	Oasis Private Care is a privately owned service that provides personal care to people in their own homes. The service is based in Steventon, Nr. Abingdon, Oxfordshire.
Type of services	Domiciliary care service Rehabilitation services
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

We spoke with two people and four people's relatives. At the time of the visit, seven people were using the service.

Everyone we spoke with told us that care workers asked for consent to care. One person told us, "They always ask me, they're good". One relative told us, "they are always very good on that front. The carers always ask and they know when they're [my relative] happy".

Everyone we spoke with was happy with the service they received. One person told us, "They are excellent, I have no concerns". A relative told us, "We wouldn't be without them. They give us such peace of mind". We also noted that care workers were responsive to people's changing needs.

Care workers were supported appropriately. Care workers told us that there was always good communication between staff and management. We saw that detailed staff meetings were conducted. We found that arrangements had been made for care workers to receive supervision regularly.

The views of people were sought and their comments and concerns were acted upon. The provider monitored the quality of the service frequently and conducted detailed audits of the service to help improve the service people received.

We looked at records following concerns raised at our last inspection in March 2013. We noted that the provider had taken appropriate action. People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with two people and four people's relatives about consent to care and treatment. One person told us, "They always ask me, they're good". One relative told us, "they are always very good on that front. The carers always ask and they know when they're [my relative] happy". We spoke with three care workers who told us they always asked for consent before assisting anyone. One care worker told us, "You have to ask permission, I always do, for a wash, for anything. If they refuse, you accept and try again later".

We saw that people had consented to have their photographs taken for use in their care plans. For example, we saw that all seven people, or where necessary their representatives, gave consent for the person to have their photo held on their care file.

The provider sought people's, or where necessary relatives, consent for care and treatment and administration of medication. We looked at seven people's files and records. We saw records that people had consented to the care and treatment they received from Oasis Private Care Limited. People also consented to the service administering their medication.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. For example, we looked at the file for two people whose representatives had power of attorney. We saw that the provider involved people's power of attorneys in the provision of care. We saw that these representatives were asked to sign documents and were involved in frequent reviews of their representative's care.

People's advanced directives were documented. For example, we saw that one person had a documented advanced decision, regarding their wish not to be resuscitated. We saw that a copy of their original decision was recorded. We noted that the person's care file also contained a do not attempt cardiopulmonary resuscitation (DNACPR) which clearly documented that the person, their family and GP were involved in the decision. We saw that this form reflected the person's long standing wish to refuse resuscitation.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with two people and four people's relatives about the care they and their relative's received. Everyone we spoke with was happy with the service they received. One person told us, "They are excellent, I have no concerns". A relative told us, "We wouldn't be without them. They give us such peace of mind".

People's care plans were personalised and individual to each person. They also covered all aspects of their daily living and communication needs. For example, we saw the care plan for a person who was unable to communicate verbally. The provider implemented a care assessment which provided clear guidance for care workers to follow. This included talking slowly with the person and looking for non-verbal forms of communication, such as putting a thumb up and smiling. We spoke to a care worker, who told us, "when I assist them, I am always looking to make sure they are happy. They do this by smiling".

We saw one person's care assessment which provided clear information that the person was to be fed through Percutaneous endoscopic gastrostomy (PEG) feeding tubes as they could no longer swallow. This assessment detailed the exact assistance the person needed and contained advice and instructions provided by community nursing teams. This included advice about infection control and the amount of fluid the person was to be given via PEG feed every day. We saw on the person's care file that care workers had been trained to provide this care for the person. We also identified that this training was also documented on care workers employee files.

Risk assessments had been completed for each person to identify any risks relating to their care and the environment. We noted that a lone worker risk assessment had been implemented where necessary. We saw that where risks were identified, clear control measures were implemented. For example, one person had a dog, and the person's relative would make sure the dog was outside before care workers came to provide the care.

We saw one person was at risk of choking. We saw that care assessments were in place where care workers needed to eat with the person and avoid distraction as well as ensuring the person was sat upright when eating. We saw that care workers had raised

concerns that the person was struggling to take their medication as they struggled to swallow them. We noted that the person's GP was contacted, who gave documented permission to give medication with yoghurt and always made a referral for the person to a dietician. We noted that these changes were communicated to the person and their family.

We saw that care workers were responsive to people's changing needs. For example, we saw one care person's care file, where care workers identified the person was at risk of malnutrition as they were not eating lunch. We noted that care workers raised this issue to the manager who held a review meeting with the person and their power of attorney. We saw that clear actions were implemented, which included the provider arranging a lunch time call to ensure the person's nutritional needs were met.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Care workers received appropriate professional development. We spoke to three care workers. We asked care workers if they had access to training. One care worker told us, "There is always lots of training, they make sure we can attend and complete this". Another care worker told us, "I am very well trained. It's a good place to work".

We looked at the home's training records. The provider enabled care workers to have access to a range of training including safeguarding, food hygiene and infection control. One member of staff told us, "We can access a lot of training. We're supported to do this". Care workers told us they were able to request specific training. For example, one care worker we spoke with told us "I am able to request specific training. They are always asking us if there is any further training we want or need".

Care workers were supported appropriately. For example all care workers we spoke with told us they felt happy to raise concerns to the home's management. One care worker told us, "I'm supported. the manager is accommodating, it's a very good place to work". Another care worker told us, "there is lots of support and lots of opportunities to discuss things". Care workers told us that there was always good communication between staff and management.

We found that arrangements had been made for care workers to receive supervision regularly. We spoke with care workers and looked at six employee files. Care workers told us they had received regular supervision. We saw that supervision records focused on staff's professional development. For example we saw that one care workers supervisions were used to document their wish to complete training and gain a professional qualification.

The manager arranged monthly team meetings. For example, we saw detailed monthly team meetings which were implemented by the manager. These team meetings discussed training, safeguarding, incident and accidents and current information. We saw one team meeting discussed recent concerns about dignity and respect at hospitals. The minutes documented that care workers views were sought on how to ensure people were treated with dignity and respect. We saw in the meeting minutes for November 2013, that

arrangements were in place to support staff during adverse weather conditions. This showed us that information and good practice was clearly communicated to staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke with two people and four people's relatives. Everyone we spoke with told us they felt able to raise concerns. One person told us, "I have no complaints. It's very good". Another person told us, "I know who to complain to, but I have no need". This meant that people's and their relatives knew how to raise concerns.

The provider had evidence of how the views of people, their representatives, staff and external stakeholders had been sought. We saw records of the home's last quality assurance survey conducted in 2013. We saw that people and their relatives stated they were happy with the service they received. We noted that the provider had analysed the questionnaires and comments to help improve the service based on these views.

The provider conducted frequent quality review checks. A care co-ordinator from Oasis Private Care Limited, visited people's homes and asked them if they were happy with the service and with the care workers. We saw copies of these forms on seven people's care files. Where someone made a comment about care workers or changing times, these were reported to the manager and acted upon. For example, one person raised a concern about a care worker. The person told us, "I raised a concern about a carer, and it was acted upon. I haven't had that carer since. It's made me feel happier".

The provider responded to complaints, comments and compliments. For example, we noted that the provider had received no complaints since our last inspection. We did however see that comments made to the provider and compliments were documented. For example we saw that one person's relative had raised a comment about their relatives call times. We saw that the provider had acted on this comment to improve the person's service.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service, and visitors. We identified that the manager was aware of accidents involving falls and that appropriate action had been taken.

The provider monitored the quality of the service frequently. We saw that spot checks on care workers were conducted by the manager and senior care workers. These spot checks observed the care worker and if they were competent to provide care. We saw that spot checks happened for all staff. Positive comments and areas of improvement were identified. For example, we saw that one spot check asked for the care worker to make sure they consistently record the care they provided.

The provider conducted a detailed audit of the service. For example, we saw that the provider had conducted a detailed audit of their service in August 2013. We saw that they looked at all areas of the service, including people's care, record keeping and care worker training. We saw that they had identified concerns regarding people's consent for medication administration. We saw that they implemented a document for the consent of medication administration and these were kept on people's care files.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We carried out this visit because when we last visited in March 2013 we found that improvement was needed. The provider sent us an action plan in response to our visit. We found that the provider had taken appropriate action.

We looked at seven people's care records and saw that peoples' records were appropriately maintained. We saw evidence that care plans gave care workers clear guidance on what care people required. For example, we saw that clear guidance was in place to assist someone regarding their communication needs. A care worker told us "the care plans are good and provide appropriate information".

Care plans and risk assessment were reviewed regularly. For example all seven care plans we looked at had been reviewed frequently and reflected the current needs of people who received a service.

All care plans and care worker employee files were stored securely in the organisations office. For example, we saw that records were kept in two filing cabinets which were lockable.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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