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

85 Hanney Road, Steventon, Abingdon, OX13 6AN

Tel: 01235862919

Date of Inspections: 30 March 2013
17 January 2013

Date of Publication: September 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

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	Community health care services - Nurses Agency only Care home service without nursing 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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 17 January 2013 and 30 March 2013 and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members, talked with stakeholders, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services. We talked with commissioners of services.

What people told us and what we found

Relatives that we spoke with were very complementary about the level of care provided. One relative told us "the care is excellent and personally delivered by the manager". One relative told us "because it is such a small agency, my relative receives a personalised service, which the bigger agencies couldn't provide".

People who used the service, their representatives and staff were always asked for their views about their care and treatment but these were not recorded. Relatives that we spoke with said that their relatives felt very safe with the agency. One relative told us "if I had concerns about my relative's care, I would immediately speak to the manager .

One relative told us "We feel there are enough trained staff to meet my relative's need because the manager provides most of the care herself. She will bring another carer to assist with hoisting, bathing and carrying out some of the delegated nursing tasks. Another relative told us "the manager and her staff are available at anytime I need them. Relatives that we spoke with told us they were asked for their views about their relatives each time the manager visited, but this was done informally.

Many records were out of date and needed filing or destroying after seven years. The administrative management of the agency was not kept up to date. The manager agreed that this would be addressed as soon as possible.

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

What we have told the provider to do

We have asked the provider to send us a report by 18 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We hadn't been able to speak with people using the service because of the extent of their illness or their request that we spoke with family members. We gathered people's experiences of using the service by speaking to their immediate relatives and saw evidence of positive feedback received in thank you cards.

Relatives that we spoke with were very complementary about the level of care provided. One relative told us "the care is excellent and personally delivered by the manager". Another relative told us "the care plan was agreed after a detailed assessment, which involved the doctor and district nurses. Risk assessments were carried out as my relative needs two people to lift them". Another relative told us " we are so happy and satisfied that the manager was able to find us a live in carer for our relative". Another relative told us "we are kept informed with any changes". Another relative told us "we thought of finding a care home for our relative, we looked at several and realised the care that we wanted would not be provided. Our relative is happy, we are very confident in the care provided". We were able to see evidence that care plans had been discussed with the person and relatives, agreed and signed.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Five relatives that we spoke with said they were very happy with the care provided. One relative told us "because it is such a small agency, my relative receives a personalised service, which the bigger agencies couldn't provide". Another relative told us "we know all the carers, because the manager will bring new carers with her, when she is providing training and making sure everything is done to a high standard", Another relative told us "the agency feels like an extension of our family". Another relative told us "the care is very flexible and the carers wonderful".

We spoke with five care workers, three of whom mainly provided live in care. One live in care worker told us "I work two weeks on then take two weeks off, It works really well as I have a co-worker who covers the two weeks when I'm off. It works well as I have a good relationship with the person and their family". Another care worker told us "some of the people we look after are very dependent and require two of us to attend. Other people have needs because of mental health or have dementia". Another care worker told us "we provide care over a twenty four hours period and sometimes we are called out to assist with personal care in the evening or later at times". All six care workers were familiar with the needs of the person, their individual needs and choices. One care worker told us "we don't usually give medication as family members do this, but we have had training in the monitored dosage system and would be able to take over if family members were out". Another care worker told us "we can assist with hospital visits and be available for doctor's or nurse's visits and then advise the family".

We looked at five care plans and risk assessments. The manager had recently updated the care planning documentation. Care plans and risk assessments were clearly recorded and had been agreed with the person or their family because the person was unable to do this for themselves. Daily records reflected information about care provided as detailed in care plans. We were able to see evidence of involvement with the person's GP and district nursing teams. Two people required shared care with the local hospital. We saw evidence of training in delegated nursing tasks provided by the district nursing with all of the carer workers. We saw that risk assessments were signed, dated and up to date. Care plans,

risk assessments and daily records were kept in the person's home with a copy kept in the agency office.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Relatives that we spoke with said that their relatives and themselves felt very safe with the agency. One relative told us "if I had concerns about my relative's care, I would immediately speak to the manager. I have done this is the past and all was well". Another relative told us "I think it unlikely that my relative feels unsafe, because we are together most of the time. If I had any concern I would speak to the manager straight away and possibly the district nurses".

One care worker told us "we have received training in safeguarding vulnerable adults from abuse by watching a video and then having to complete a written test, this was sent away for marking by an external trainer. We read the agency procedure and Oxfordshire's own safeguarding policies. I would be confident to report any suspected abuse to the manager". Another care worker told us "the agency has policies and procedures about safeguarding people from abuse and we have been instructed in people's mental capacity".

We saw evidence of training provided by video learning them question papers being completed and marked by an external agency. We saw certificates were held on file. We were told by the manager, that all staff had been booked on a safeguarding training course provided by Oxfordshire Safeguarding team. The five care workers we spoke with were able to demonstrate their understanding of being able to identify possible abuse and the process for reporting their concerns.

We saw evidence of a procedure care workers must undertake when dealing with people's money. This included recording money spent, receipts of expenditure and change given. Care workers told us that managing people's monies is not something usually done by the agency as responsibility for money management is undertaken by family members.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

Relatives that we spoke with said there were always sufficient care workers on duty. One relative told us "We feel there is enough trained staff to meet my relative's need because the manager provides most of the care herself. She will bring another carer to assist with hoisting and bathing etc. We are happy with the carers". Another relative said "it is a small agency, I'm not sure how many people use it, but the manager and carers are always available. This is reassuring". Another relative told us "the carers are so kind and patient, nothing seems to be too much trouble for them".

We looked at duty rosters for the three care workers who provide a live in service and work for two weeks then have two weeks off. The live in care workers also provide care to other people in their own homes, who used the agency, during their two week break. The remaining three care workers work along side the manager, were it had been identified that two members of staff had been required. Care workers told us "I only work for a few hours each week, because the manager provides all the care herself. Hopefully it will improve when we get more work to do. I would prefer to work full time". Another care worker told us "It is good that it is a small agency so we know everyone, but there isn't enough work for us to do. I need to work more hours each week". One care worker told us "If I am not required to provide care in the community, then I provide personal care to the person living in the managers home"

All staff had a nil hours contract, so worked on as required roster. The manager told us that she was in the progress of recruiting another twenty members of staff including a deputy manager, administrative support and team leaders, because she has successfully been accepted as a preferred provider of domiciliary care by Oxfordshire county Council.

Care workers told us they were well supported, although one care worker told us "communication could be better".

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

People who used the service, their representatives and staff were always asked for their views about their care and treatment but these were not recorded.

Relatives that we spoke with told us they were asked for their views about their relatives each time the manager visited, but this was done informally. This was confined by relatives that we spoke with.

Staff that we spoke with said they were unsure about how the manager assessed and monitored the quality of service provision.

We saw evidence of an annual family satisfaction survey and a professional health worker satisfaction survey both completed in 2011/2012. In addition we saw evidence of quality assurance forms completed by people who use the service. Again these had been completed in 2011. We saw evidence that three GPs and one district nurse who had responded to questionnaires in 2011 and had stated "carers competent", "I feel confident that carers follow instructions given and call appropriately", "carers are excellent for follow up care following care instructions or advice". The surveys did not necessary reflect the view of people currently using the agency, their relatives or their most recent healthcare professionals.

Relatives that we spoke with were clear about the procedure for reporting a complaint or concern, but none had been recorded as the manager told us that any concerns would be addressed immediately.

We saw many letters of appreciation from people and their relatives. Many were dated back to 2008 and did not reflect the current people using the agency.

We saw a sample of the agencies policies and procedures. These had been purchased from an outside company who support domiciliary care agencies with various templates which contain up to date relevant legislation.

The manager told us that she conducts spot checks on live in care workers. This was

confirmed by care workers and relatives. We requested to see documentation of spot checks undertaken, but there were no written records kept .

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Records were kept securely, but could not always be located promptly when needed.

We did not speak to relatives about the agencies record keeping. We looked at five people's files. Care plans, risk assessments and daily records were up to date. Daily records were not available for the people who used the service at the time of the inspection, as they were kept in the person's own home. But people's daily records were made available the following day. We did not see any daily records of the people with live in care workers. We saw two people had a contract for a care package, but these were not signed or dated. We did not see contracts for the remaining four people. Relatives that we spoke with confirmed they had received a contract at the time of the care package commencing and the rates payable. Relatives confirmed their contract was with Oasis Private Care Ltd.

We saw that records were not necessary filed immediately and some records were kept on computer. Many records were out of date and needed filing or destroying after seven years. This was discussed with the manager, who accepted that by providing most of the daily personal care, the administrative aspects of the running of the agency was often not kept up to date. This she agreed needed to be addressed.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We have judged this a minor impact and is in breach of Regulation 20(1)(a)(b)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 18 September 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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