

Omer Care Limited

Omer Care Ltd

Inspection report

Front Office, 2 Bakers Lane
Codicote
Hitchin
Hertfordshire
SG4 8XG

Tel: 01438820999

Website: www.omercare.co.uk

Date of inspection visit:

09 October 2018

11 October 2018

14 October 2018

Date of publication:

09 November 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection was carried out on 9 October 2018 and was announced. At their last inspection on 12 February 2016, they were found to be meeting the standards we inspected and were rated as Good. At this inspection we found that they were now rated as outstanding.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Omer Care were providing a regulated activity to 17 people at the time of the inspection.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. In this instance, the registered manager was also the provider.

People and their relatives spoke highly of the management team and how the service was run. Staff were extremely positive about Omer Care and the service that they were able to deliver. The ethos of the service put people at the heart of all that they did. The management team and the care staff went above and beyond what was expected to ensure that people felt valued and were well cared for.

There were systems in place to ensure the high standards were maintained and further developments strived for to continue to improve people's lives. The service was an active part of the community. People knew how to make a complaint and were very confident that they would be responded to.

People were supported by staff who had considerable knowledge about the people they supported and knew how to recognise and report any concerns. Staff were well informed about people's individual risks and how to mitigate them and medicines were managed safely. People were supported by enough staff who were well trained and felt exceptionally supported.

People were supported in accordance with the Mental Capacity Act principles and we found that people received support with eating and drinking appropriately. Staff went further than what was expected of them to help ensure people had eaten a meal and had enough to drink.

People told us that staff were all exceptionally kind and caring. Staff took the time to get to know people and were passionate about how they supported people. People had friendships with staff who at times popped in to people to see how they were outside of their usual visit times. People felt this improved their wellbeing. People were always involved in their care and were treated as individuals. Confidentiality was consistently promoted as was privacy and dignity.

People consistently received person centred care and support. Care plans were tailored to individual needs

and preferences. People were, at times, supported at the end of their lives and this was done in a way that promoted their dignity ensured they were pain free.

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.

People were supported by staff who had considerable knowledge about the people they supported and knew how to recognise and report any concerns.

Staff were well informed about people's individual risks and how to mitigate them and medicines were managed safely.

People were supported by enough staff who were well trained and felt exceptionally supported.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were trained and received supervision.

Staff felt extremely supported by the management team.

People were supported in accordance with the Mental Capacity Act principles.

People received support with eating and drinking appropriately. Staff went further than what was expected of them to help ensure people had eaten a meal and had enough to drink.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People told us that staff were exceptionally kind and caring.

Staff took the time to get to know people and were passionate about how they supported people.

People were always involved in their care and were treated as individuals. People were grateful of the relationships they had with staff and told us this made their lives better.

Confidentiality was promoted as was privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People consistently received person centred care and support.

Care plans were tailored to individual needs and preferences.

People were at times supported at the end of their lives and this was done in a way that ensured they were pain free and promoted their dignity.

People knew how to make a complaint and were very confident that they would be responded to.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

The ethos of the service put people at the heart of all they did.

People and their relatives spoke highly of the management team and how the service was run.

Staff were overwhelmingly positive about Omer Care and the service that they were able to deliver.

There were systems in place to ensure the high standards were maintained and further developments strived for to continue to improve people's lives.

The service was an active part of the community and this helped people overcome loneliness and social isolation. □

Omer Care Ltd

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We did not request a provider information return (PIR) for this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 9 October 2018 and ended on 15 October 2018. It included visiting the office, meeting with staff and telephoning people and their relatives. We visited the office location on 9 October to see the manager and office staff; and to review records and policies and procedures. The inspection was carried out by two inspectors.

During the inspection we spoke with four people who used the service, two relatives, four staff members, the office manager and the registered manager, who is also the provider. We also reviewed records relating to the management of the service. We also received feedback from key people who lived in the village where the service operates from.

Is the service safe?

Our findings

People told us that they felt safe using the service. When asked if they feel safe, one person said, "Of course." Relatives also told us that people were safe.

Staff were knowledgeable in recognising abuse and how to report it. One staff member said, "I would report straight away and if nothing was done I would report to adult care services." Staff told us that they had the contact numbers in their phones. We noted that staff had received regular training and the subject was also discussed at meetings and supervisions, with awareness also raised in the office and in other communications. We found that the management team had acted appropriately when any concerns were raised with them.

People had their individual risks assessed and ways to mitigate the risks were detailed in people's plans. Staff were aware of individual risks and we noted that the number of accidents and incidents was low. The registered manager reviewed any incidents to ensure that all remedial action, if needed, had been taken and to help identify any themes or trends. Risk assessments in place were signed and agreed by the person or their relative. This included detailed moving and handling and environmental risk assessments, photos of medication including where it was stored and how and when people preferred to take it.

Some people were supported to take their medicines. We saw that this was reviewed by the management team and staff received training and competency checks. Where any issues had arisen, appropriate action was taken by the registered manager to ensure the risk of further events was mitigated.

People were supported by enough staff to meet their needs. One person when asked if there was enough staff they said, "Always, sometimes they might be a little later in the morning but I don't mind, I like my bed." Another person told us, "No, calls are not missed or late, we run along quite nicely." A third person said, "They always turn up, they are so good." We saw that the rota allowed for travel time between calls and if a staff member was ever running late, a call was made to the person who they were next to visit. Calls that were missed or late were logged with the reason and feedback from the person. However, we found that in the past year there were very few calls missed and people had not been left without support. For example where the calls were missed, the person could support themselves or lived with a family member who was able to assist. Staff told us that they could not recall any visits that had been missed. One staff member said, "I've never known it since I have been working here." Another staff member said, "Calls are never cut short. [Registered manager] is on the ball with everything."

All staff told us that there was enough time and staff to complete all their calls in a way and at a time that people wanted. One staff member told us, "It is so different with this company, we get time with people." The registered manager told us, "I am not saying that we have never had staffing issues; indeed I have parted company with several carers who simply did not perform to the standards that we expect. I lead by example, and continue to do care calls on the basis that I do not expect my team to do anything that I would not be prepared to do myself."

Staff had been recruited safely to help ensure that they were suitable to work in a care setting. The interview had a record of questions asked and all references were verified. There was proof of identity and a criminal records check was completed. We noted that offer of employment letters were sent and were followed with an email from a member of the management team giving positive feedback about the interview and a warm welcome to the company.

Lessons learned were shared at meetings and supervisions. One staff member told us, "If there is an issue with a particular client, the staff who care for that person are called in to the office to discuss it." We saw that there were regular meetings with different time slots to help ensure all staff were able to attend and the meetings covered key events or changes.

Infection control was reviewed at spot checks completed by a member of the management team. They observed staff to ensure that gloves and aprons were used when needed and staff were adhering to policies and training.

Staff had received training in relation to fire safety and the risk assessment process checked for any fire hazards and if there was a smoke detector in people's homes.

Is the service effective?

Our findings

People told us that they felt staff were well trained and skilled for their role. One person told us, "The staff are very well trained. Very, very skilled." Another person said, "They are very trained, they certainly know what they are doing." Feedback on a recent survey stated, 'The carers are skilled, kind and polite.'

The registered manager ensured staff were suitably trained, skilled, experienced and supported to meet the needs of people. This included using innovative and creative solutions for providing staff with specialist training, information sharing and on-going support.

Staff confirmed that they receive a thorough induction which included a week of shadowing a more experienced member of staff and a combination of e-learning, coaching on the job and face to face training. Staff training spreadsheets and certificates viewed confirmed all staff had received thorough inductions, mandatory, personal and on-going training and support. These included the Care Certificate and National Vocational Qualifications (NVQs) which assess and solidifies the staff members knowledge with practical skill. One staff member said, "The catheter training was really good. It gave me a good understanding and I feel more comfortable with catheter care. [Person] deals with their own catheter but I know what to look for and I know what to get ready to help them do it."

Information in staff files showed a creative use of pop quizzes to regularly test staff's knowledge and understanding of learning as well as spot check of staffs practice and on the job coaching. Staff also had competency assessments. This combined with formal training meant that managers could be confident that staff had the right level of knowledge and skills required to meet the needs of people they were supporting.

Records showed people had choice and were given time to enable them to access and accept a balanced and sufficient diet. Staff confirmed they recorded people's fluid and food intake and asked people what they wanted to eat. One example given was for a person who would have specific health problems if they did not eat and drink enough. Staff explained, "[Person] needed to be encouraged. And given extra time over [their] call to support [them] to eat and drink." Staff showed they were especially attentive to people's needs during the heatwave. A staff member explained, "Eating and drinking for [person] who we encourage to eat and had late stage dementia, when we had that hot period making sure [person] drinks plenty was so important." The staff member went on to say, "We always put it in the logs with certain people who were worried about going to the toilet every 5 minutes explaining they still have to drink." When asked what they would do if someone wasn't drinking enough they said, "I would report it make sure it was in place to be closely monitored. We shared an email with the team for one person and we made it very clear to carers that we needed to encourage [them] to drink at least one glass each visit."

We asked staff about people with specialist diets and they explained about people they supported with diabetes. One staff member said, "We have some people with type 2 diabetes but they mainly manage their own food, they have capacity to decide what they're eating. We were going into one [person] with type one diabetes who was forgetting to drink or eat twice due to dementia and so we had time critical calls to make

sure that we had checked their insulin and meals were being eaten."

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. We checked to ensure the service worked in accordance with the principles of the MCA and found that they were.

Discussions with staff and records clearly showed that people were given the right level of time and information at a pace and level they could understand to make their own decisions. Signed records showed people's involvement in their care planning and their preferences. Staff gave examples of how they supported people to make decisions including those people who have fluctuating capacity. One staff member said, "Involve them in decisions. We will leave notes to put things away and it works sometimes for a certain degree but say after 6 months they might start to forget the notes and start not washing and not changing underwear and that is when we will get more help and contact the family and most are marvellous as well and trusts us. It's about respect and we try to keep people in their home and happy."

Staff worked with family members or advocates for those who did not have capacity to decide for themselves. The provider lists the MCA code of practice and five core principles on the wall in the office for all to see. The registered manager also provided the appropriate level of training and tested staff understanding. One staff member said, "It's wise judgements and bad judgements. Warning bells for when they don't have capacity, when they start doing strange things out of character and the family raise concerns, I would have a meeting with [registered manager] and the family and find a way forward involving everyone doctors."

The registered manager worked with people and their families to discuss options and wishes in terms of 'Do Not Attempt Cardio Pulmonary Resuscitation' instructions (DNACPR), which for some were in place in the event they were supporting people nearing the end of their lives. This meant that peoples dignity and wishes could be upheld in the event of serious illness and death.

Care plans and health records showed that people were well supported to access health services. Staff support people to make and attend appointments when required and look out for follow up appointment letters in the post to ensure they do not get missed. Staff document all interactions and health outcomes in detail and we saw email evidence of staff liaising regularly with family, where appropriate, regarding health outcomes and needs. The additional specialist training staff been given meant they were skilled in spotting when concerns arose and were confident to act.

Staff were familiar with people health care needs. They told us that at times they supported people by making appointments or attending appointments with them. One staff member told us how they had worked with the family of a person who needed injections for a health issue. The staff member said they felt it would be better and less stressful for the person if their relative supported them during the actual injection but they made the appointments and supported the person and their family throughout the whole process. The registered manager told us, "We worked with medical practitioners to review medication with the effect that somebody who had been over-medicated for the past 2 years is now pain-free but clear-headed."

Is the service caring?

Our findings

People were supported by staff who were always kind, caring and compassionate. One person told us, "They are all wonderful, they are my friends." Another person said, "They're my friends, we get on like a house on fire. They come in, make me a coffee and we chat about everything." When we spoke with staff we noted how passionate they all were about their role and how much they cared about the people they supported. A person told us, "I've not been very well and one of the girls (staff member) comes and sees me in her own time to make sure I have something to eat and drink. "They went on to say, "[Registered manager] comes too and she is lovely."

Staff celebrated the achievements people made in becoming more independent and were proud of any part they had in improving their wellbeing. A relative told us of how the relationship that a staff member had built with their relative had meant that they now received care that they had previously not accepted. The relative said, "[Staff member] has been [relative's] carer and I cannot commend her enough for her kindness, sense of humour and care. My [relative] is not the easiest of characters and yet she has created a trust between the two of them that is fantastic to see. [Person] allows her to [provide personal care] and many other duties which [they] would not even contemplate allowing before Omer Care started." They went on to say, "[Staff member] often pops in to see if [person] is ok in her own time if she's seeing another client in [person's] building and will fetch in [their] shopping. I think that she has built a good professional relationship with my [relative] and I know that [person] enjoys her company."

Staff wanted to make a difference to people. They knew the importance of getting to know each individual well so they could provide consistently personalised and compassionate care. They told us how they had supported one person who had been having a difficult time to change their sleeping arrangements. A staff member said, "[Person] was so grateful to us it was such a little thing but it made such a difference to [person] and they're now a different person." They went on to tell us that the person's anxiety had reduced and they were now enjoying a fuller life, which included going to the provider's coffee mornings. Another staff member spoke of the same person and said, "To see the difference in [person] is just beautiful." A staff member spoke about a person they supported. While they were chatting told us how they were in a supermarket and spotted a rare food that they knew they liked. They said, "I had to put it in my trolley and I'll take it next time I'm there." This demonstrated that staff knew people they supported well and thought of what they could do to enhance their lives.

One person supported by the service was a relative of a member of staff. The staff member said that they had no concerns about their colleagues supporting a person who they cared about. They told us, "When we went to the coffee morning [person's] face lit up when they saw their carers." In feedback from a survey another relative had stated, "When we take [relative] on holiday, it only takes about 48 hours before they say they are missing their carers."

The registered manager told us they liked to play a part in supporting people in the community and they often were a resource for people needing advice or equipment. They told us about a new idea of one of their staff members to hold coffee mornings. These take place at a local centre for people who they support to

help combat loneliness and create companionship. One person told us, "Their coffee mornings are great." Villagers were also encouraged to these coffee mornings to help them feel less isolated. One staff member told us, "Companionship is the biggest word at this company, it's one of the most important things." There was also a village event planned for Christmas.

Omer Care was linked with a vicar at a local church. So that if the vicar finds one of their parishioner's express being lonely or he feels could benefit from care and support but is not yet ready to accept it, he can put them in touch with the registered manager and her team. This means they then can reach out to these people to try and include them and start to build up trust. There was also contact with another day service in the village. Both the vicar and staff member from the day centre confirmed the register manager's involvement and told us how that the staff of Omer Care had a positive impact on people.

We were told that staff supported relatives of people too. One relative had lost the person who the service supported but staff still maintained contact with them making sure they were okay. We also saw that while a person was in hospital, a staff member visited regularly and called their relative in an evening to help them through the difficult time. A compliment received from a relative whose relative had died stated, 'I cannot say how much it meant to us to see so many of you at [person's] funeral and spend your time sharing your memories of [person] with us. It was such a comfort to me to know that not only you were caring for [person] but also casting your caring eye on [person's spouse]. Thankyou!'

This approach to caring for people in a dedicated way was led by the registered manager. Staff loved that the registered manager cared about the people they supported. They told us that they felt it was not just about a business but about proving people with the best care possible. One staff member told us, "[Registered manager] gives you that extra bit of care. You should see her [registered manager] in the village, everyone loves her." The registered manager told us, "I live and work within the community that we serve. It matters hugely to me that we get it right. I feel privileged that we are trusted to care for people at a time of their lives when they are vulnerable and needing help. I am very lucky to be able to earn my living in this way."

Staff told us that the registered manager and office manager both cared about their staff. They told us that they always checked on them and made them feel they could go to them about anything. One staff member said, "They have helped me build my confidence back up, they have changed my life."

People were involved in planning and reviewing their care which ensured that care was consistently delivered in a way that people preferred and needed. There was information about people's backgrounds and lives. Staff told us that they all spent time getting to know people. All staff spoke of how they used photos and items in the house indicating hobbies and interests to strike up conversations and really get to know people. One person told us, "They are all absolutely lovely, I know them all very well." One staff member said, "We need to speak to the client, ask what they want and what they expect from us. That's very important, [registered manager] understands this. We need to make them feel wanted." Staff spoken with knew how to promote positive communication and adapted their approach to the individual needs of the people they were supporting.

Is the service responsive?

Our findings

People received care that was person centred and met their needs. One person told us, "Before I had them I felt very depressed and low, I am so much better now. It's because they are my friends and they help me out a lot." Another person said, "I am so glad I got in touch with them (Omer Care)." A third person said, "I am very satisfied, it's very worthwhile."

Staff spoke about people and how they supported them. We noted that one staff member had spent a long period of time building trust with a person to enable them to deliver personal care. The registered manager told us, "I encourage my team to think beyond the task-based aspects of the care-plan and to think about ways to enrich the lives of those they look after. We have recently reunited old friends, taken people back to visit places they used to know." Staff we spoke with shared this approach to their role and people confirmed that this was the type of support that they received.

Staff gave us examples of how they supported people to help improve their welfare and promote independence. One staff member said, "Before we started supporting [person] they were depressed, lethargic and not mobile. Now their care needs have reduced, they love chatting, they have really perked up, like a different [person], they're mobile and have some independence back."

The service had a dignity champion and they used this knowledge to guide staff. They gave staff suggestions and props to help engage with people while supporting them. One staff member who told us about supporting people with advancing dementia said, "Anything we can do to get a flicker of engagement, we will do."

Care plans included very clear, step by step guidance on how people liked to be supported. Staff told us before meeting someone they read the plans, spoke with the management team and then spent time with people, getting to know them. The care plans seen, were extremely detailed with clear assessments of initial and current needs. These included details of things that mattered most to people such as pet care; including the name and gender of the pets, hobbies and interests, their health and allergies, medication as well as hobbies and interests and how to approach people when arriving at their home. Flexibility had been built into care plans where appropriate to promote independence and encourage involvement such as different guidance for shopping support depending on a person fluctuating health need.

Information had been updated when changes occurred and all was documented in a really clear way making it easy for staff to read and understand the new information and how to support people according to their preferred methods and assessed needs.

Information in people's care files also included reminders for staff to check peoples post and them to open and action anything that looked important such as hospital appointments. Staff would notify the office when appropriate for any additional support required. One staff member told us, "We work around people, not them working around us." Another staff member said, "We don't want people to feel like we are taking over."

We noted where changing needs were identified, they were raised with the office and family members so that a new approach could be taken. We also saw staff advised family members about other agencies that may be beneficial. For example, advise to contact an occupational therapist for more suitable chairs and

beds. A staff member told us, "If there is something or a change that I think will benefit a client, I tell [registered manager] and we get it done. I have never seen that in other companies, we go the extra mile." Feedback on a recent survey stated, "Omer Care did extra visits when I became ill." We also noted that calls were reduced when people's health improved and needs were less.

Daily logs were kept of all visits to people. They recorded a clear account of the support offered and given and any changes made to make someone more comfortable. For example, a change of cream applied as the person felt that the previous cream was stinging. We saw all staff followed these records and only used the cream that didn't sting the person's skin.

Some people were at times supported at the end of their lives and this was done in a way that promoted their dignity and ensured they were pain free. The registered manager told us, "I am especially proud of the end of life care that we have undertaken in the past few years. I have developed a training programme which combines knowledge with emotional support so that carers can look after people in their homes until the end of their lives, if that is what they and their families want. I know that this is not an easy route to take, and can be very emotionally demanding of my team. I also know that the satisfaction of helping clients and their families to achieve a dignified and peaceful death in their own home is a profound and positive experience." We saw where this was needed, a discussion about planning for these difficult times was had with people and their relatives. We spoke with relatives who had been supported by the team while they cared for someone at the end of their lives. They told us, "They were excellent. We were very, very in touch with what they were doing." They went on to say, "I like them, they keep in touch. They invite me to their coffee mornings."

People knew how to raise concerns if they needed and were confident that any issues would be resolved. One person said, "I would tell them if I felt anything needed to be changed or improved but there is nothing." Another person told us, "I have no problems but if I did I could contact them, they are all friendly." A third person said, "They are very good, I have no complaints at all." We saw that any issues raised were logged, investigated and any actions documented. Information was then shared with staff as needed. Feedback and compliments received were also shared with the staff team. We viewed several compliments received over recent months. One compliment read, 'Thank you so much for all you and your team are doing for [person]. [Person] is so much better and it's all down to your wonderful care.'

Is the service well-led?

Our findings

People, relatives and staff were all very positive about the registered manager and how the service was run. One person told us, "[Registered manager] and [Office manager], I know them both. It's a lovely company." Another person said, "The service is extremely well run, I don't see [registered manager] but know she is there if I need her." A third person said, "I've had [registered manager] come out and wash and dress me. She was very good and very kind." A relative told us, "[Registered manager] at Omer Care was very helpful indeed, right from the start. She met with me and also with my [relative]. She was kind, but very professional and organised." This gave people and their relatives confidence that service was run well and they received a service that was consistently of a high standard.

We received feedback from key people who also support people in the village. They spoke highly of the service and support provided by Omer Care. One of these people said, "[Registered manager] is very concerned about the wellbeing of her clients not just putting in carers for them." They went on to say, "[Registered manager] often refers people to us as she realises the benefits of them getting out of their own homes. All our members who use Omer Care cannot speak highly enough of [registered manager] and her carers. They not only carry out their duties to the highest of standards - they do their job with a smile and enthusiasm and I know the clients look forward to seeing them everyday." Another person said, "Our concerns for the care of older and/or socially-isolated people overlap. [Registered manager] and I recently had a conversation about this and the mutual support we can offer whilst respecting people's privacy. One feature of the organisation which I have not come across elsewhere is simply a kind of befriending or companionship service, whereby a member of staff will visit a lonely person and play a game, or watch a film, or chat with them for an hour or two on a regular basis - so that it isn't all about helping people cope with household routines, but about providing company and building relationships."

Staff all told us that they loved working for the service and it was so different to anywhere else that they had worked. One staff member said, "The team spirit is really good and we all communicate really well." Another staff member told us, "I love it. Such a nice way of working here."

The registered manager told us, "Caring is a really tough job, and my team are, for the most part, lone workers. We have created an atmosphere in our office where carers feel able to call in if they are worried or have made a mistake. I think that an open culture gets the best out of people and I would much rather know if mistakes have been made so that I can take action to put things right. Some of my team take a while to adjust to this if they have come from other care settings where a 'blame culture' has prevailed."

All staff said they would be able to go to the registered manager or the office manager with any concerns or worries. One staff member told us, "I made a hiccup once and I was so worried but [registered manager] was so understanding it made me feel I could go to her about anything." Staff also told us that although the management team were kind and fair, they still expected 'rules' to be followed and standards to be adhered to. A relative told us, "We have found Omer Care to be a real life saver and wouldn't hesitate to recommend them to other families." We found that the registered managers approach meant for a low turnover of staff

which benefitted people they supported as relationships were formed and staff knew people well.

Staff had regular team meetings and a newsletter which helped keep them informed. One staff member told us, "The meetings bring us all together and we get things sorted." We noted that these newsletters advised staff of training, completed and coming up, named the employee of the season, and invited staff to a BBQ hosted by the registered manager. These newsletters were bright and clear with positive messages of celebration of staff achievements and announcements, work supporting local charities and a thank you to staff who 'went the extra mile'. The registered manager told us, "I consider myself fortunate to work with a group of people who share my ethos and commitment to providing the highest standards of care for every one of our clients at all times." This meant that staff felt that they were valued and felt like they were part of the company. This had a positive impact on the people they supported because it meant they were passionate about upholding the registered manager's values. It was clear from speaking with people, staff and the management team that the ethos of the service put people at the heart of all they did.

We saw the management had been creative in planning a number of team meetings over a period of a month each quarter. Each meeting was held on a different day and time of the week which meant all staff working shift patterns could attend one meeting. This meant all staff were included, given a voice to raise any concerns and share best practices. This also ensured a consistency of information shared from managers to the staff team.

There were minutes of team meetings, which were very inclusive, informative and relevant to the role. Topics covered included lessons learnt around recent incidents which linked to relevant policies with discussion, sharing the outcomes of the annual staff survey and feedback around actions. There were also many information sharing sessions, for example, on urinary tract infection testing kits, celebrating staff of the month, a session by a staff member who had been on end of life care planning training presenting a whole training session with slide show on Advanced Care planning to the rest of the team to share their learning outcomes. This included a template for them to complete themselves on Advanced care plan.

The meetings shared innovative ways of ensuring that a consistency of practice and understanding across the whole staff team providing an outstanding level of care. For example, there was refresher training on what someone needs to prepare to safely strip wash people with dignity, how to give a person a bed bath, and what to do if someone passes away. This meant that staff were well prepared for meeting people's needs consistently and expected standards were made clear to the staff team.

There were systems in place to check the quality of the service and help drive improvement. The registered manager was not planning on increasing the size of the service. They told us that they were committed to deliver a high standard of care and growing in size may have an impact on their ethos. A staff member told us, "I love my job, because it's a small company you have a sense of identity, it creates a good working base."

As part of monitoring the service a member of the management team carried out spot checks of staff performance. These checks reviewed if the staff member was working in accordance with training, their attitude, their relationship with the person they supported and they also asked for feedback from the person. Those looked at were all positive. People confirmed that these visits took place and felt that their feedback was sought and listened to.

The registered manager also used a local provider's association to carry out an impartial feedback survey. One person told us that they were asked for their views twice a year. The most recent was August 2018. Feedback was positive. Comments included, "I feel that Omer Care go above and beyond what is required.",

"It is good to see such a hands-on manager who looks after her workers, clients and business side of things," and "Omer Care are flexible and considerate."

Recommendations from the survey included adding end of life care training for staff and consider champion pathways for staff. We noted that action had been taken to complete these recommendations. For example, end of life care training was being booked and there was a dementia care champion in post. We also noted that the registered manager had added an action for themselves, to start a newsletter for people who they supported.

The service kept informed about updates to practice by linking in with a local provider's association. They attended workshops and training and took on all opportunities for additional training and development for the team to further enhance the quality of the service.