

Norwich And Central Norfolk Mental Health Resources

Omnia

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Omnia is a registered care home and provides accommodation and support for up to 15 people who have mental health support needs. There were 14 people living at the service when we visited.

People's experience of using this service:

- People were protected from the risk of avoidable harm because staff had been safely recruited and they knew how to recognise and report abuse. There were systems in place to make sure the service was safe, with good staffing levels and skilled staff to deliver good quality care. Risks to people were fully assessed and well managed.
- People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.
- People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.
- People received enough to eat and drink and were supported to use and access a variety of other services and social care professionals. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.
- People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.
- People received person centred care that met their needs. Care plans were person centred and set out how staff should meet people's needs. The staff team were knowledgeable about people's needs. Managers and staff ensured information was provided to people in an accessible format. People took part in a range of group and one-to-one activities depending on their preferences. People said they knew how to make a complaint if needed.

- People, relatives and staff told us the service was well managed and had an open and friendly culture. Staff said they felt well supported and the management team were open and approachable. The provider's audit system covered all aspects of the service and helped to ensure the care people received was appropriate and safe. Managers and staff worked in partnership with other agencies to ensure people got the care and support they needed.

Rating at last inspection: Good (report published 8 July 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Omnia

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of mental health services.

Service and service type:

Omnia is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 15 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the provider 48 hours' notice of the inspection site visit because we needed to be sure that someone would be in to assist us with the inspection.

Inspection site visit activity started on 6 March 2019 and ended on 6 March 2019.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with four people who used the service. We also had discussions with five members of staff that included the registered manager, the service manager and three care and support staff.

We looked at the care and medication records of two people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People continued to feel safe living at the service. One said, "The staff make me feel safe. The rules of the house are quite strict and are enforced which makes you feel safe." Another told us, "I think this place is very safe and I would give it 10 out of 10 for safety."
- Discussions with staff demonstrated they were able to recognise when people were at risk of abuse or felt unsafe and staff said they would feel comfortable to report unsafe practice. One staff member said, "We have had safeguarding training and we learn how to identify changes in people's behaviours if they are not happy or feeling scared."
- All staff we spoke with were aware of safeguarding procedures and records confirmed they had relevant and up to date training in this area.
- Each person was provided with an individual tailored CHIME (Connectedness, Hope and Optimism, Identity, Meaning and Empowerment) Support Plan. People were assigned a key recovery coach, a link recovery coach and a recovery peer worker to ensure they fully understood how to keep themselves safe and identify any concerns they may have.
- The registered manager understood their responsibilities to act on reports of suspected abuse. Records showed that suspected safety concerns had been appropriately reported to the local authority safeguarding team when required.

Assessing risk, safety monitoring and management:

- People told us and care records we viewed confirmed they were involved in the assessment of the risks associated with their care.
- Staff understood when people required support to reduce the risk of avoidable harm. Care plans identified risks; for example, some people were at risk of self-harm and there was detailed guidance for staff to take to reduce this risk.
- Staff showed they understood the plans in place to manage risks to people as the information they gave about how they managed people's risks matched the information contained in people's care plan.

Staffing and recruitment:

- We observed enough staff on duty to provide people with the support and care they needed. People were supported to attend their appointments, activities and therapy groups during the day.
- People told us there was always enough staff available when they needed help and support. One person said, "I feel safe because there are always enough staff on duty."

- We saw recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references and their suitability to work with the people who used the service.

Using medicines safely:

- There were robust systems in place to ensure medicines were administered safely by trained staff. One person told us, "Staff give me my medicines in the morning and in the evening."
- Where people needed medicines 'as required', there was information available to support people to have these when they needed them.
- Staff told us and records confirmed they had been provided with training on the safe handling, recording and administration of medicines.
- Medication administration records (MAR) had been completed accurately and regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection:

- The service managed the control and prevention of infection well. There was sufficient staff to ensure the service was clean and checks were completed to ensure that standards were maintained. One person told us, "It is clean and tidy and I like my bedroom."
- Staff used personal protective clothing when assisting people with their personal care or when preparing or serving refreshments. For example, gloves and aprons.

Learning lessons when things go wrong:

- There were systems in place to review the service when things went wrong to ensure lessons were learnt and action was taken to minimise the re-occurrence. For example, the registered manager reviewed accidents and incidents and any safeguarding concerns that had been identified. Where necessary, improvements were made within the service to ensure the safety of people who lived there.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had a comprehensive assessment of their needs before they went to live at the service, to make sure their needs could be fully met. The assessment included understanding people's backgrounds, histories and what was important to them including their views, preferences and aspirations.
- We looked at the assessment for one person living at the service. There was information about the healthcare professionals that needed to be involved in the person's care to ensure care was based on up to date legislation, standards and best practice.

Staff support: induction, training, skills and experience:

- People told us they had confidence in the skills of the staff. One said, "The staff are very well trained and qualified to do this work." Another told us, "Yes we get very good care here. Staff are very kind and attentive."
- Staff told us and records showed they had received an induction and on-going training to give them the skills they needed to provide appropriate care and support. One staff member told us, "The training is very good. What I have found very useful is the training to support people with their behaviours. It's invaluable."
- The service focused on people's recovery, and staff had received training on the practices and principles of recovery focused support. This enabled staff to understand the stages of people's recovery and provided them with the knowledge to select and implement interventions to respect the individuality, strengths and needs of each person they worked with.

Supporting people to eat and drink enough to maintain a balanced diet:

- Care plans showed that people's nutrition and hydration needs had been assessed and planned for where required. They told us they were supported to make healthy choices. For example, one person told us, "I have a healthy eating plan." Another said, "There is a cooking group and a balanced eating group which I attend."
- All people had access to communal kitchen areas to prepare their own food and drink. As the service was working towards the recovery model, people were encouraged to be self-managing with their dietary and fluid needs from admission. Practical support was given where identified.
- Staff worked closely with the dietician and speech and language therapists if people needed support with their nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People were supported to lead healthy lifestyles, make healthy choices and have access to appropriate healthcare. One person told us, "I go on many long walks. I try to eat less junk food."
- Dental and optical services were arranged in the community where required. This was regularly monitored through recovery coach meetings and general observations. Any changes were documented in people's notes and acted upon where there was a change. These were highlighted to staff within the twice daily handover.
- Information was recorded about appointments to see healthcare professionals which showed concerns were acted on and treatment guidance was available to staff. People's healthcare information was reviewed monthly to check they had been updated in line with their needs.

Adapting service, design, decoration to meet people's needs:

- All people had personal lockable room space and an option of using a private log cabin to see their visitors.
- The service was in the process of working with an architect and the Board of Trustees to provide a PIE (Psychologically Informed Environment). This would ensure a non-institutional, safe and welcoming service.
- People's rooms were personalised and they told us they had been involved in choosing the decorations and objects in their rooms. We saw they reflected people's personal interests and preferences.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Care records showed that people's mental capacity to make decisions about their care had been assessed. Where appropriate people had signed their care plans to show they consented to their agreed care.
- Staff told us and people's relatives confirmed that verbal consent was sought and gained at each visit.
- At the time of our inspection, all the people who used the service had the ability to make decisions about their care. However, staff and the registered manager told us how they would support people who did not have capacity to ensure decisions were made in their best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People were treated with kindness and the staff knew each person well. One person said, "Staff always treat us with kindness and compassion." Another told us, "This place gives a very caring service."
- Staff treated people in a kind and caring way and people reacted positively to them and looked relaxed in their company. For example, we saw people joking and sharing some banter with staff. One staff member told us, "We work closely with people and so you get to know them really well. Their likes and dislikes, what makes them happy and what makes them scared."
- Staff knew what was important to the people they supported. For example, they spoke with people about films they enjoyed, sang familiar songs and talked about family.
- People were comfortable and happy around staff who valued the relationships they had developed. One person told us, "I have a key worker who I see twice per week. We talk about my future and have some goal planning meetings."
- People were supported by staff who knew how to support them when they became anxious or upset and we saw they knew what to say to help people manage their feelings. The staff understood the likely causes of people's distress and how to help them reduce their anxieties.

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

- People told us they had regular meetings with staff and were enabled to make choices about their care. One person told us, "We have key worker sessions and one to one meetings twice a week. Another said, "This place does support us. We have many meetings with our key worker."
- Care plans were in place to guide staff on how to support people to make choices about their care and support. For example, people could decide on the activities and therapy groups they wanted to take part in.
- We saw that people could have access to an advocate to support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected, their right to confidentiality was upheld and they were not discriminated against in anyway. One person told us, "Our dignity is respected. Staff are very respectful." Another commented, "The staff protect our privacy and dignity."
- Staff showed genuine concern for people and educated them about respecting each other's space and maintaining confidentiality.

- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were regularly updated with people's wellbeing and progress.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People continued to receive care that met their needs and were involved in the care planning process. One person told us, "I helped write my WAP (Wellness Action Plan) and my care plan."
- People met on a weekly basis with their recovery team that comprised of a recovery coach, peer support worker and link recovery coach. This enabled people to have an individual tailored support plan that identified their key strengths and aspirations for the future.
- People had the opportunity whilst working with their recovery team to access education and interests they may have in the community. They told us that staff always asked them about their likes and dislikes and made sure these were included in their care plans. For example, places they liked to go to and meal planning preferences. One person said, "I play football every day."
- The arrangements for social activities and attending therapy groups were based around people's individual needs, for example, we saw that staff demonstrated a commitment to assisting people to pursue their interests.

Improving care quality in response to complaints or concerns:

- People told us they knew how to complain and there were different forums where they could raise concerns. One person said, "We have many opportunities to tell the service how we are getting on and what we want and need." Another commented, "I have meetings with my key workers whenever I want, at least twice per week, and other regular house meetings."
- There was a complaints procedure in place that was accessible to people using the service. People were fully supported throughout the complaints procedure by one or more of their recovery team members.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.
- Records showed that one complaint had been received by the service within the last 12 months. We saw that lessons were learnt from complaints and changes in care were made in response to complaints as required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- We found a clear management structure that promoted person-centred values. The registered manager and senior staff had the skills, knowledge and experience to perform their roles, with significant experience in supporting people with mental health needs.
- People and staff commented that the registered manager and senior staff were visible and accessible and could be easily approached. One staff member told us, "[The registered manager] is a very good role model. They are knowledgeable and have a lot of experience."
- All the feedback we received about the service and the management team was positive. One person told us, "I know the managers very well. They are very good managers." A member of staff said, "We are really well supported here. That's why I've stayed so long."
- Staff described the approach to working with people as person centred and of striking a good balance between keeping people safe and achieving their goals. All staff without exception said they felt supported by the management team and told us how much they enjoyed working at the service. One staff member told us, "I love it here. We make sure people get the best support."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- We saw the latest CQC inspection report rating was available for people to read at the home and on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager carried out regular quality audits to ensure staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.
- Staff felt they were well trained and were committed to the care and development of the people they supported. They felt that when they had issues they could raise them and felt they would be listened to.
- All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The service involved people in decisions about their care. Satisfaction surveys were carried out with people and their relatives. Feedback was analysed and used to implement improvements or suggestions. For example; as a result of the feedback received, the service had increased the time recovery coaches spent with people.
- Staff told us they felt listened to by the registered manager. Team meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks.
- People told us they had a voice, and they felt like they mattered. They said meetings were a way to talk about areas of common concern, raise new ideas and challenge the service.

Continuous learning and improving care:

- The provider used an incident reporting system that flagged which serious untoward incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.
- Staff gave examples of support given by their line managers and the senior staff to support them in their roles. All staff we spoke with felt respected, supported and valued.

Working in partnership with others:

- The management team had established effective links with health and social care agencies. They worked in partnership with other professionals to ensure that people received the care and support they needed.
- The service held an annual community garden festival to celebrate positive mental health and breaking down stigma and included the local community in the event.