

Omnia Support Limited

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Inspection report

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Ratings

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|---------------------------------|--------|
| 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 Support is a community based care provider that provides personal care and support to people in their own homes. At the time of our inspection there were 122 people receiving personal care.

People's experience of using this service and what we found

People told us they felt safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had employed suitable staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment. Accidents and incidents were recorded and appropriate action taken.

Staff had the skills and knowledge to meet people's needs. People were supported to eat a healthy diet and care staff knew people's specific dietary requirements. People were supported by regular staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring and knew them well. People's privacy, dignity and independence were respected by staff.

People's support needs were assessed regularly and planned to ensure they received the support they needed. The provider had a complaints process which people were aware of to share any concerns.

The service was well managed. Feedback questionnaires were used to gather information about people's views. Spot checks and audits were carried out to ensure the quality of the service was maintained.

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

Rating at last inspection

Rated good overall (report published 01/03/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Omnia Support limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and two Experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their homes.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 16 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, office staff and care workers.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to

the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person and two relatives about their experience of the care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people. Whilst individual risk assessments did not clearly state the date they had been reviewed, a quality assurance form evidencing that care needs had been reviewed with people was on file to show that people's risk assessments were up to date.
- Staff were aware of people's risks and knew how to help promote people's safety and health.
- The provider had an electronic call monitoring system to monitor whether calls were logged in at the scheduled time. People generally told us they received their calls on time. On occasions when their calls were late, they were usually called in advance to let them know. One person said, "Occasionally they might be delayed, but they always let me know."
- The provider had a lone worker policy and provided care staff with a personal alarm and torch to help keep them safe when they were out working alone.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "When they [the care staff] come in the house, they get on with what needs doing." A relative said, "They [the care staff] are very good. They handle [person] lovely, they are caring and help [person] to move."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm. A professional involved in investigating an allegation of abuse commented, "I wanted to take a few minutes to congratulate you and your team for providing me with a fantastic service during my recent investigation. I have seen nothing but excellent service. [Person's] personal file supplied to me was by far the best set of notes, I have seen since. The content and detail were exceptional."
- Accidents and incidents were recorded and investigated to prevent them from happening again in the future.

Staffing and recruitment

- There were recruitment processes in place. We saw evidence of recruitment checks taking place before staff were appointed to ensure suitable staff were appointed to support people. We did identify some gaps in employment history which were not recorded. The recruitment administrator told us she had discussed these gaps with candidates but had not recorded why there had been gaps in employment history. The registered manager confirmed they would ensure this information was now recorded.
- People told us they generally had regular staff to support them. One person said, "There are certainly enough carers." The scheduler confirmed they had enough staff to support people safely and care staff confirmed this.

Using medicines safely

- People's medicines were managed safely. Medication administration records (MARS) we observed were completed accurately. One relative told us, "They help [person] with all of his medication otherwise he wouldn't remember to take it. They complete the book which lists the medication and when it has been given. Another relative said, "They put it [medicines] in a pot for him, yes he gets it on time, they log it."
- The provider carried out monthly audits to check medicines had been administered as prescribed.
- Care staff received training and regular competency checks to ensure they were administering medicines safely.

Preventing and controlling infection

- People told us care staff followed good infection control practices.
- PPE (personal protective equipment) was readily available to care staff.

Learning lessons when things go wrong

- Following an incident where care staff had not been able to access a person's home, the registered manager introduced a locks and bolts risk assessment. The provider offered a free service where internal locks and bolts can be removed or changed to ensure care staff were able to enter a person's home in an emergency.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- The provider carried out an assessment so they could be sure they could support people safely and how they wanted. People using the service and their family members were involved in the assessment.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support. One person told us, "I am involved in care planning."

Staff support: induction, training, skills and experience

- People were generally supported by a regular team of care staff, ensuring people were supported by care staff they knew. One person said, "It is the same carers most of the time."
- People were supported by care staff who had the skills and knowledge to do so effectively. One person told us, "They [care staff] know what they are doing, you don't have to explain to them."
- Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Care staff shadowed experienced care staff before they started to work unsupervised. They told us they felt the shadowing and training enabled them to feel confident to start work. One care staff member told us how they had not initially felt confident and the provider had been very supportive and had offered further shadowing opportunities so that they felt confident to commence work.
- All staff were given opportunities to review their individual work and development needs.
- Care staff received regular on-going training.

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

- People were supported to eat a healthy balanced diet. One relative said, "They offer [person] choices. They [care staff] are good at making sure [person] doesn't eat the same thing twice."
- Where people had specific dietary needs, these were clearly recorded in their care plans and care staff were aware of their needs. However, one relative told us.

Staff working with other agencies to provide consistent, effective, timely care

- When people's care needs required input from other health professionals, their advice had been sought. The service worked with other agencies as needed. Records we saw confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare when needed. One relative told us, "It has happened a few times when the carers have called to say [person] is unwell, they have called an ambulance."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received training in the Mental Capacity Act and had a basic understanding of the Act.
- Care staff we spoke with told us they asked for consent before support was given and people we spoke with confirmed this.
- Where people lacked the capacity to make their own decisions, best interests decisions were recorded, for example, to consent to the use of bed rails.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 told us they were supported by kind and caring staff. One person told us, "They [care staff] are tremendous. I wouldn't change them. The office staff are brilliant too." A relative told us, "The regular carers are very friendly, warm and communicative with [person]. [Person] communicates well with them, they have a laugh and joke around with [person], they have a good relationship."
- We found people's equality and diversity needs were respected and care staff received training in equality and diversity to be able to meet people's needs. A care staff said, "Equality and diversity is about treating people equally regardless of their colour, race, gender or background and respecting other people's views and beliefs." Care staff were also able to tell us about LGBT (lesbian, gay, bi-sexual, transsexual) and understanding and respecting people's different preferences.
- People and relatives told us they were supported by regular staff who knew them well. One person told us, "I know them all and they know me." A relative said, "[Person] is very particular, they like coffee in a certain cup, they [care staff] know exactly how [person] likes things."
- Care staff told us they enjoyed working at the service. One care staff said, "It's nice working here. We feel recognised for the work we do." An office staff member said, "I love working here, I love the rapport with people."
- Care staff were issued with awards, for example "Employee of the Month" to recognise the work they did.

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

- People and their families were involved in care planning and their views and wishes were respected. One person told us, "I am involved in care reviews."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One person said, "They [care staff] are always respectful and give me a good wash." A relative said "They [care staff] do give [person] their privacy. They cover [person] with a towel when washing them."
- People were encouraged to maintain their independence and do as much as they could for themselves. One relative said, "They encourage [person] to try."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. One person said, "I feel involved."
- Care plans contained information about people's backgrounds and hobbies and interests and clearly stated what outcomes they would like to achieve.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of AIS and how to meet people's specific communication needs. For example, they would match people with care staff who could speak their language and were able to produce care plans in different languages.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. All complaints raised had been thoroughly investigated and clear outcomes recorded. One person said, "I would get straight on the phone. About twice I have complained, I told the office that I didn't want a carer again and they respected that, about 18 months ago."
- Staff knew who to talk to if they had any concerns. One care staff member told us, "I have no concerns or complaints. I would feel comfortable to raise complaints."

End of life care and support

- People were supported to remain in their own homes at the end of their lives if they so wished. Whilst staff were aware of people's wishes and beliefs at the end of their lives, these were not always recorded. We discussed this with the registered and they devised a form which would record people's wishes for their end of life care and which would be implemented into their care plans if they so wished.
- Compliments we read expressed people's gratitude to the provider for their support and kindness at the end of their loved one's lives. One compliment read, "Your staff have been wonderful, treating [person] with great care, respect and dignity. I do not wish to single any carers in particular as this is unfair. They all have been fantastic doing a difficult job and not always thanked for it. [Person], I know was very thankful and grateful for all the help they received. I did spot two or three of your carers at [person's] funeral service. The family do appreciate them giving up their personal time out of their busy work and everyday schedule."

Thank you once again for making [person's] later life pleasurable."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had good oversight of the service and completed regular audits which had been effective in driving forward the quality of the service and improvements had been made since our last inspection. For example, medication administration records were audited monthly. Where any errors were found, these were investigated and the outcomes clearly documented.
- Spot checks and competency checks were carried out regularly on care staff in order to ensure they were providing good quality care for people.
- Care staff received regular supervisions and appraisals. Care staff confirmed this and we saw evidence of this in records we checked.
- Regular checks and reviews on the service took place to improve the quality of the service.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives thought the service was well managed. One person said, "It is well run and managed for me." Another person said, "The office are friendly and really approachable, they are value for money, I am really pleased with them."
- Whilst some people told us they didn't know who the registered manager was, they did know the senior staff who came out to see them. People who did know who the registered manager was spoke positively about them. One person said, "They [registered manager] are attentive when I phone, they take on board what I say, they address my problems well."
- Care staff and office staff spoke positively about the registered manager. One office staff member said, "We are a really good team." One care staff member said, "The manager is really good, you can talk to them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and was very open and honest about where improvements had needed to be made. We discussed a safeguarding that had been raised earlier in the year and the registered manager was very open and transparent about what had happened and what they learnt. They had shared all the relevant information with other professionals that were involved.

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

- Surveys were carried out with people to gain their views of the service. Feedback we observed from the surveys was very positive.
- Regular staff meetings were held for both office staff and care staff to share their views. Meeting agendas and minutes were recorded. The registered manager thanked staff for their work.