

Omanes Care Limited

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Inspection report

Milton Studios
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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

Omanes Care is a domiciliary care service providing personal and nursing care to people living in their own homes. At the time of the inspection, the service was supporting one person.

People who use the service may not always receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People felt safe and well supported. Identified risks had been assessed and regularly reviewed. Staff received appropriate training for their roles. People were given their medicines safely and staff followed infection prevention and control procedures.

People were asked to give their consent for support and the principles of the Mental Capacity Act were followed. 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.

Staff treated people with respect and upheld their privacy and dignity. People described staff as kind and caring and relatives were satisfied their family members were in safe hands. Staff knew people well and encouraged people to be as independent as possible.

Care plans included all information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

Audits were carried out to ensure the service was of high quality and the provider engaged people, their relatives and staff in giving their views about how the service could improve.

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

Rating at last inspection

This service was registered with us on 5 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

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?

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.

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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

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal and nursing care to people living in their own houses and flats.

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 service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 August 2021 and ended on the 8 September 2021. We visited the office location on 6 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 one person's relative the registered manager and the office manager.

We reviewed a range of records. This included one persons' care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including comments from previous people who have received a service, policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People felt safe with staff who supported them. One person said, "I feel perfectly safe."
- Staff had received safeguarding training and knew how to report concerns.
- The registered manager understood how to report any concerns to relevant agencies, including the local authority safeguarding team.
- Risk assessments had been completed when people started with the service and were regularly reviewed.

Staffing and recruitment

- Staff were recruited safely. The registered manager carried out appropriate checks to ensure staff were suitable to work at the service. This included obtaining references from previous employers and criminal record checks.
- The registered manager assured us there were enough staff to cover the care calls following the assessment of the person's needs.

Using medicines safely

- People told us they were safely supported by staff with their medicines.
- Staff had been trained to manage people's medicines safely. A relative said, "We are confident that [spouse's] medication administration is in safe hands."
- There were audits of medicines administration records to ensure people were given their medicines properly.

Preventing and controlling infection

- Plenty of personal protective equipment (PPE) was available to prevent infections. One relative told us, "[Staff] always wear PPE and change their gloves regularly."
- The provider had policies and guidance to help staff to work in accordance with current guidance on infection prevention and control.

Learning lessons when things go wrong

- There were systems to record, review and learn from incidents and accidents that may occur at the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs had been assessed before they started using the service. This gave staff the information they needed to provide effective care and support.
- People were happy with how staff supported people with their individual needs. One relative said, "Staff take great care of both of us we would never have managed without them."
- The registered manager reviewed and updated people's care plans when their needs changed. This ensured the information about the person's needs were always up to date.

Staff support: induction, training, skills and experience

- Records showed staff were trained in areas relevant to their role. A previous person commented and said, 'Thanks for your skilful help.'
- Policies and procedures were in place to support staff and review their skills and knowledge.

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

- People's dietary needs and preferences were documented in their care plans and staff knew how to support people safely and appropriately.

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

- Staff supported people to access health or social care professionals as needed.
- Staff all knew what to do if a person became unwell or needed additional support and would liaise with other professionals e.g. GP if this was necessary.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was a record of consent within people's care plan in relation to care, records and sharing of information.
- Staff received training in the Mental Capacity Act and knew how to put this into practice. Although no-one was currently subject to any restrictions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were well treated and felt respected. A relative told us, "Staff are kind and caring, they look after me as well as my (spouse). We couldn't ask any more of them." A comment from a previous person who used the service said, 'Thank you for the work you have done for us by your team. We are very grateful for the commitment, expertise and friendly care.....'

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

- People and their relatives told us they were involved in decisions about their care. A relative said, "The (registered) manager visited before care started to agree what support we needed, and this is under constant review."
- The persons care plan included a record of their involvement, preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- A relative told us what a difference the service had made to them. They said "[Family member] would have had to be in a care home. We have been enabled to stay at home and have some independence and stay together."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans were very detailed and gave clear information to staff so they could support people safely and appropriately. These plans and care notes were accessible to all staff to ensure all planned care was given.
- The registered manager regularly reviewed people's care plans and made changes if necessary.

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 informed us that information could be offered to people in different formats, such as large print or pictures, and in different languages to meet people's needs if required. This was not currently required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people in a way that enabled them to stay living in their own home with family members. One relative said, "I couldn't have looked after my [family member] without them, it would have been a struggle."

Improving care quality in response to complaints or concerns

- The provider had a system in place to record and monitor complaints. This helped them identify any reoccurring issues so they could be resolved.
- A relative told us they did not have any complaints, but they said they would be confident to complain if the need arose. They said, "If I had any concerns, I would absolutely contact them. I have spoken to the registered manager in the past and we have sorted out any issues."

End of life care and support

- Staff had undertaken training in end of life care and also knew they would be well- supported by the district nursing team if people needed support at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had several years working in the care sector, and this gave them an extensive knowledge base to use in their role.
- The registered manager understood their responsibilities in relation to the duty of candour. They understood their responsibilities to be open and honest when things go wrong. They also knew what they needed to report to CQC and other relevant agencies.
- Feedback about the culture and approach of the service was very positive. A relative said, "Nothing but compliments, really very good, they have done exactly what we asked. Another previous person who used the service commented, 'Staff have been a delight to have in my house. I would highly recommend the service that has been provided.'
- There were audits across all key areas of the service. For example, COVID-19, care plans and medicines. Any action required was added to a plan to give an overview of performance and any areas that needed addressing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Feedback was sought through surveys and quality assurance calls or visits to the person by the registered manager. The feedback was collated so any actions could be developed.
- The registered manager reviewed events and would share any learning with the staff team as necessary to help improve the service to people.
- The registered manager worked with other professionals to ensure support and the right care for people. For example, liaising with relevant health care professionals involved where people's needs changed.