

Omega Homes Limited

Head Office (Omega Homes Ltd)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Head Office (Omega Homes) is a domiciliary care agency and supported living service. It provides personal care to younger adults with learning disabilities, and physical disabilities living in their own houses which were supported living environments. People needed help with day-to-day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. People had a variety of complex needs including mental and physical health needs.

Head Office (Omega Homes) provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two supported living properties in the Longfield and Gravesend area of Kent. In these premises people each had their own bedrooms, but shared the kitchen, dining room, lounge, laundry and the garden. There was an office at each site.

Not everyone using Head Office (Omega Homes) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service was providing personal care to six people diagnosed with learning disabilities and autistic spectrum disorder at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; staff recognised that people had the capacity to make day to day choices and supported them to do so. People were encouraged to be independent. People were engaging in the community.

Risks to people's safety had not always been identified. Risk assessments did not have all the information staff needed to keep people safe. The provider had not always reported and arranged repairs with the landlord and maintenance had not always been undertaken in a timely manner.

Medicines were not always managed safely. Medicine administration records (MARS) were not always

complete and accurate and did not always show that people received their medicines as prescribed. Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed. Medicines were stored safely.

People were not always supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service did not always support this practice. Some people's care files showed consent forms which relatives had signed. There were no capacity assessments in place to evidence that the person had been asked about the decision. There were no records that best interest meetings had taken place with relevant people to discuss what would be in people's best interests.

The provider had not always made adequate records when recruiting staff to demonstrate that they had carried out thorough pre-employment checks. This is an area for improvement. There were suitable numbers of staff on shift to meet people's needs.

Accidents and incidents had appropriately been recorded and reported and actions had been taken. The accident and incident forms had not always been updated by a member of the management team to detail that action had been taken. This is an area for improvement.

Information about people's health needs and their preferences for support were not always clear. Some people had a diagnosis of epilepsy. Their keeping healthy plans and hospital passports did not detail that they had a diagnosis of epilepsy. We made a recommendation about this.

Some people living at one of the supported living services did not have any assessment documentation to evidence that their needs had been assessed prior to moving to the service. we made a recommendation about this.

Support plans and supporting documentation were not always individualised and person centred. Which meant that people may receive care and support which did not meet their needs.

The service was not always well led. The registered manager knew people well and people were comfortable communicating with them. The registered manager and provider had carried out the appropriate checks to ensure that the quality of the service was maintained. However, the audits and checks were not robust. They had not captured the issues relating to risk management, medicines management, consent and planning care and treatment we had identified and timely action had not been taken to address the issues and concerns their audits had found.

There was a positive atmosphere at the supported living services. People were happy, and staff engaged with people in a kind and caring way. People were busy when we visited, engaging in activities and undertaking daily living tasks as well as attending health appointments.

The service continued to provide effective support to people living with a learning disability and or autism. People were provided with good support to communicate, staff knew people well and understood their communication. People were supported to manage their emotions and had positive behaviour support strategies in place. People were supported to feedback on their experiences and contribute to planning their own support in ways which were suitable for their communication needs. For example, through using pictures, stories and electronic communication.

Staff were kind and caring and had the skills, learning and training they needed to support people. People

were encouraged to increase their independence. The service supported people to maintain family relationships.

The service met the characteristics of Requires Improvement in most areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection on 16 August 2016 the service was rated Good (the report was published on 13 September 2016).

Why we inspected: This inspection was a scheduled inspection based on previous rating.

Enforcement: You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will visit the service again in the future to ensure they have made changes to the quality of the service.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Head Office (Omega Homes Ltd)

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 carried out by one inspector.

Service and service type:

Head Office (Omega Homes) is a domiciliary care agency and supported living service. It provides personal care to younger adults with an autistic spectrum condition in supported living houses in Longfield and Gravesend.

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 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 12 March 2019 and ended on 11 April 2019. We visited the Longfield supported living location on 12 March 2019 to see the manager, people and staff; and to review care records and policies and procedures. We visited the Gravesend supported living location on 14 March 2019 to meet with people, staff and view care and support records. We made telephone calls to staff and relatives between 13 March 2019 and 11 April 2019.

What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service including previous inspection reports. We used all this information to plan our inspection.

We spent time with all six people who received a service. We also spent time speaking with three people. We spoke with two people's relatives. Some people were not able to verbally express their experiences of staying at the service. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and local authority safeguarding coordinators and Healthwatch. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. We did not receive any feedback from any other health and social care professionals.

We spoke with five staff including; support workers, senior support workers, the deputy manager, and the registered manager.

We looked at four people's personal records, care plans and people's medicines charts, risk assessments, staff rotas, staff schedules, two staff recruitment records, meeting minutes, policies and procedures.

We asked the management team to send us additional information after the inspection. We asked for copies of the staff training matrix, risk assessments and action plans from quality audits. These were received in a timely manner.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Risk assessments did not have all the information staff needed to keep people safe. Risk assessments were not suitable and sufficient and were not detailed enough to detail what staff should do to meet people's assessed needs and risks associated with them.
- Some people were diagnosed with epilepsy. Two people had no risk assessments in place to detail to staff how they should meet their needs and what their seizures may look like and what action they should take if they had a seizure. There were no risk assessments in place to detail what extra precautions were in place to support people with bathing, showering or swimming to prevent drowning. One person did have an epilepsy risk assessment and guidelines. Their risk assessment had not identified all the risks. We spoke with staff about bathing, showering and swimming risks for people with epilepsy. Some staff had no awareness of some of the risks to people whilst experiencing a seizure.
- One person's support plan detailed that they required support in the kitchen when making hot drinks and food. The support plan detailed that the person sometimes went into the kitchen to make drinks and food without staff being present. A risk assessment had not been completed with the person to identify and agree safe ways of working.
- Risk assessments were very basic and did not give clear guidance for safe ways of working with people. Hazards had not been fully explored and risks associated with these hazards had not been fully recorded. This meant the action needed to reduce the risks of harm to people had not been explored, documented and made clear for staff.
- At one of the supported living properties, cleaning materials and chemicals had not been kept securely stored to prevent unauthorised access. This meant people could be harmed from ingesting chemicals.
- The provider had a responsibility to arrange general repairs and maintenance at the supported living services. Repairs and maintenance had not always been undertaken in a timely manner. One person's bedroom felt very cold, we checked that the radiators were working. They were working but staff told us it was always cold in the room and there had been problems with cold air and draughts since adaptation works had been completed. The person felt the cold and staff had to use temporary plug in electric heaters to ensure the person was warm enough when using the toilet and receiving personal care. This meant that the person was at risk of living in a room that did not meet their needs. Staff had undertaken health and safety checks. They had been reporting concerns with trees and issues with the garden and driveway for several months. These issues were still outstanding. The provider had not arranged repairs or maintenance and there were no records to evidence that these repairs had been reported to the landlord. This meant staff, people and visitors were at risk of harm when using the garden and driveway.

The failure to manage risks to people's health and welfare was a breach of Regulation 12 of The Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were kept safe because the equipment had been maintained. Registered person's had taken on responsibility from the landlord to ensure equipment and the premises were maintained and kept in good working order. Appropriate maintenance and checks had been undertaken of fire alarms and equipment, electrical equipment and wiring, hoists and slings. Annual gas safety checks had not been carried out since January 2018, the registered manager had arranged for a contractor to visit to rectify this. A relative told us, "He is quite safe there." Another relative said, "He's safe there, he has someone with him all the time, they are aware of where he is in the house which keeps him and others safe."
- Each person had a personal emergency evacuation plan (PEEP) in place to detail what level of support they would require to evacuate the service in a fire.

Using medicines safely

- Medicines were not always managed safely. We checked three months of Medicine administration records (MARS) (where records were available) and found these were not always complete and accurate and did not always show that people received their medicines as prescribed. One person's MAR showed that their multivitamins and Double base gel had not been signed for on 29 and 30 December 2018. This meant there was no evidence to show they had their medicines as prescribed. There was also a MAR in place which had a hand written entry for Ciprofloxacin antibiotic. The MAR was undated so it was not possible to work out which month this related to. The entry of the medicine had not been signed by two members of staff to check and verify that the prescription instructions had been correctly added to the MAR. We were unable to check that it had been correctly added because the course had been completed. Another person's MAR which was for the period 31 December 2018 to 27 January 2019 showed that Aqueous cream had not always been given as prescribed. It had not been signed for as given on 02, 03, 24 and 27 January 2019.
- The provider's medicines policy stated that all medicines dispensed in compliance aids from the pharmacy would be subject to weekly stock counts and audits. However, records showed that people's medicines had not been checked and audited at one supported living property since October 2018 for two people and November 2018 for one person.

The failure to manage medicines safely was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed.
- Medicines were stored safely. In one of the supported living services medicines were stored in the office. In the other supported living service medicines were stored securely in medicines cabinets in each person's bedroom.

Staffing and recruitment

- Staff had not always been recruited safely to ensure they were suitable to work with people.
- The provider had not always carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. One staff file contained an unexplained gap of 12 years in their employment history. Their interview notes showed that gaps were not discussed and reasons for gaps had not been explored or documented. We spoke with the staff member about this and they told us the reasons for the gap and told us this had been discussed at their interview. The provider had not recorded the staff member's answers. This is an area for improvement.
- References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of

these checks in staff files.

- There continued to be enough staff to keep people safe. Staffing was matched to people's assessed needs. A staff member told us, "I feel there is enough staff on [shift]; some people are quite independent." One person told us they were, "Happy here" and named some staff members as their favourite.
- Staffing was arranged flexibly and where people needed one to one or two to one support this was provided.

Learning lessons when things go wrong

- When things went wrong lessons continued to be learnt and learning was shared with staff.
- Incidents and accidents were analysed, and any trends were monitored. People's support plans had been updated where this was needed. For example, when new triggers to emotional behaviour were identified these were added to people's support plans.
- Accidents and incidents had appropriately been recorded and reported and actions had been taken. The accident and incident forms had not always been updated by a member of the management team to detail that action had been taken. For example, who they had informed and what action had been taken to prevent the incident occurring again. This is an area for improvement.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to know how to spot signs of abuse and mistreatment. Training records showed that 15 out of 16 staff had attended safeguarding training.
- The provider had effective safeguarding systems in place to protect people from the risk of abuse. The registered manager had appropriately reported safeguarding concerns to the local authority and taken action to protect people.
- Staff had confidence in the management team and provider to appropriately deal with concerns.
- All staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member told us, "I have done safeguarding [training]. I would report [concerns] straight to [registered manager or deputy manager], report to CQC, care managers, police. It would definitely be dealt with."
- A relative told us, "They are never abusive, they are kind and appropriate when talking with him."

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- The supported living services were clean, tidy and smelt fresh. Staff completed cleaning in communal areas and people were supported and encouraged to keep their own rooms clean.
- Most staff had received the appropriate training to learn how to minimise the risk of infection spreading; 14 out of 16 staff had received infection control training and 10 staff had completed hand hygiene training.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. We checked whether the service was working within the principles of the MCA.
- We checked whether the service was working within the principles of the MCA. The management team and staff were knowledgeable about supporting people to make choices. Staff gave examples of how they supported people to make their own decisions. For example, offering choices of items to wear. We observed people choosing where they wanted to go and what they wanted support with. Some people used prompt cards or electronic devices such as tablets to plan and choose. Staff were respectful of people's choices and decisions.
- However, some people's care files showed consent forms which relatives had signed. For example, one person who we spoke with during the inspection, was able to understand questions, answer, provide feedback about living at the service and carry out a number of tasks including looking after their own bank card and pin number. Their relative had signed giving consent for photographs to be taken. There was no evidence to show that the person had been asked if they would be happy to consent to photographs being taken for their care files, medicines records and notice boards. No capacity assessment had been carried out to demonstrate that they did not have capacity to make their own decisions about this matter. There was no record that best interest meetings had taken place with relevant people to discuss what would be in people's best interests.
- Relatives had signed documents and stated that they were a person's lasting power of attorney (LPA). Registered persons had not carried out checks or requested copies of documentation to ensure that the relatives were legally authorised LPAs who were authorised to make decisions on behalf of the person. Therefore, registered persons could not be sure that the documents and consent forms had been legally signed.

The failure to provide care and treatment with the consent of the relevant person was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider told us in their provider information return (PIR) that, 'All service users are assessed for their needs before joining the service, they each have their own key worker, each key worker spends time talking with the service user about how they are feeling, what they are happy about, and what they are unhappy about.' However, some people living at one of the supported living services did not have any assessment documentation to evidence that their needs had been assessed prior to moving to the service.

We recommend that registered persons assess people's needs, wants and wishes following current best practice.

- Prior to people moving in to the other supported living service their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities. A relative told us during the assessment period they were asked about their loved one's likes and dislikes.

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

- Information about people's health needs and their preferences for support were not always clear. Each person had a keeping healthy plan which detailed their health diagnoses, care and support and communication needs. Some people had a diagnosis of epilepsy. Their keeping healthy plans did not detail that they had a diagnosis of epilepsy.
- People had hospital passports in place. These are documents people can take with them when they go to hospital and provide useful information for healthcare staff. Passports included information such as how the person expresses that they are in pain, how they take their medicines and information about how the person engaged with healthcare previously. The hospital passports for people with epilepsy did not detail that they had epilepsy, what their seizures looked like, how frequent the seizures were. The only indication that people had epilepsy was a list of medicines which showed that people were taking medicines for the control of epilepsy.

We recommend that registered persons review and update people's health care records, based on current best practice, in relation to the specialist needs of people with learning disabilities and autism.

- Staff continued to support people well with their health needs. Relatives confirmed people's health needs were well met.
- Staff had a good understanding of people's health needs. They supported people to attend regular health appointments and check-ups, and liaised with the GP for referrals to other health professionals. Staff knew people well enough to pick up on signs that they were unwell. One staff member told us, "If people are not well we can pick up from their attitude or behaviour." They gave an example of one person holding their ear recently. They supported the person to see the doctor and found that they had an ear infection.
- Staff supported people to check their weights regularly.

Staff support: induction, training, skills and experience

- Most staff continued to receive induction, training, support and supervision to carry out their roles. Training records evidenced that eight out of 16 staff had completed moving and handling training despite providing care and support who used equipment to meet their mobility needs. The training records also showed that only 10 out of 16 staff had completed epilepsy training. Some staff had not completed all their mandatory training. This is an area for improvement.
- Staff confirmed that they had opportunities to complete vocational qualifications. One staff member said,

"I will be starting an NVQ3."

- Staff told us they received support from the management team through discussions, supervision meetings and staff meetings. Although the registered manager had not been at the service for approximately seven months (due to ill health), staff felt they had adequate support from the deputy manager during this time. One staff member said, "I do feel supported, I feel they fully support us as a team."

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

- People were supported to eat and drink to maintain a balanced diet and good health. People were involved in going shopping, planning the menu and where possible the preparation of food and cooking. One person took great pleasure in preparing and cooking the evening meal, joking with staff about not burning the food, they set the dining tables and checked on how the food was cooking frequently.
- Staff understood people's food likes and dislikes. They had gathered information from people, their relatives and previous placements to inform their understanding of how to meet people's nutritional needs.
- Staff supported people to create pictorial and visual menus to help people plan which meals they are going to make.
- Food records show that supported to eat healthy meals. People were supported to prepare and cook foods which recognised their religious and cultural needs. For example, spaghetti Bolognese had been made with turkey mince.

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

- Staff gave examples of calling the community nurses, GP and other health and social care professionals when required which evidenced they worked together with other organisations to deliver effective care, support and treatment.
- People's care records evidenced that the service frequently worked with local authority care managers and advocates to ensure people received consistent and joined up care and support.

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

- We observed people being treated with kindness and compassion. Staff responded quickly to people's requests and questions. Staff frequently spoke with people and when they did so it was in a patient, calm and friendly way. We saw that staff maintained eye contact with people, sat down next to them at the table when talking with them, and bent down to interact when appropriate.
- Staff had considered people's diversity needs and taken action to improve people's lives. For example, staff utilised their autism training to adapt to each person's sensory needs. One person wanted staff to look up a picture for a haircut and print this out so they could use this on their daily planner. Staff did this immediately which enabled the person to remain calm and in control of their emotions. Staff explained that they supported the person at the end of every day to put their planner together for the next day.
- One relative told us, "We are happy with the staff; they are very knowing. They understand his gestures and his needs." Another relative said, "I'm extremely happy with their input. They treat him as a man not a lad" and "Their only fault is they care too much. They are very, very caring."
- A person told us they liked living at the supported living service. When we asked what it was they liked, they said, "People."
- There was a relaxed, homely atmosphere in both supported living premises.

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

- People were supported to express their views in a way which suited them. People had keyworkers who they regularly spent time with. Keyworkers are staff who take the lead in coordinating a person's support. Keyworkers used pictures and objects of reference to discuss people's support with them and enable people to express their views.
- Staff also used electronic tablets or mobile phones to assist people to communicate where this was appropriate.
- People were encouraged and supported to self-advocate. People had support from relatives to advocate for them where they needed them. One person had a court appointed advocate to help them make decisions. Advocacy information was available for people.
- Where people used Makaton or personal signs to communicate, there was information about these signs in people's support plans. We saw staff and people used signs, gestures and sounds to communicate regularly throughout the inspection.

Respecting and promoting people's privacy, dignity and independence

- We observed that staff treated people with dignity and respect. People told us they were happy and liked the staff. We observed other people interacting with staff and smiling. One person put their thumb up to indicate they were happy.

- Staff respected people's privacy. Staff did not enter people's rooms without knocking first and being invited in. Staff detailed how they supported people with their personal care in a dignified manner to ensure the person's privacy was maintained, such as making sure doors and curtains were closed. A staff member said, "When in people's rooms with them, we shut doors, [ensure] dressing gowns on when going to the bathroom. Privacy maintained at all times." Another staff member said, "Always talk through what I'm going to do check they are ok about removing pyjamas when supporting to undress and shower." A relative told us, "They give him his privacy."
- People's records were stored securely to protect their privacy.
- People were supported to maintain important relationships. People were supported to stay in touch with their relatives. Records evidenced people saw their relatives frequently. One relative said, "He is always happy to go back there when we have taken him out and is smiling. We see him every other weekend and on Wednesdays." A person told us, "Staff help me to see [relative]." Another person was collected during the inspection by their relative so they could travel to watch their football team play. Staff explained that this was something the person did regularly with their relative.
- People were encouraged to become independent. Support plans included information about how much a person could do for themselves, such as dressing and undressing, eating and drinking. A relative told us, "[Loved one] is always dressed nicely."

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

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

- Support plans were in place. These provided basic information about people's care and support needs and what people could do for themselves. However, support plans and supporting documentation were not always individualised and person centred. Two people's 'about my health' support plans referred to another person within the sections that detailed the support allocated to maintain personal safety. Another person was also referred to within the activities sections for both people. This meant staff could not be sure that the information in the support plan was person centred and individual; whilst one person was able to verbally tell staff what they liked and didn't like to do. One person was not able to verbally communicate. This meant that staff could cause the person anxiety or distress by being encouraged and prompted to do activities and tasks that they were not comfortable with.
- Two people's support plans did not detail that they had a diagnosis of epilepsy. Therefore, there was no information for staff on how to meet people's needs when they had a seizure.

The failure to adequately plan person centred care was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's support plans addressed people's needs, wishes and preferences. They included information about people's preferred routines, method of communication, things that made people upset and strategies for supporting this proactively, their social inclusion and interests and the important people in their lives. Records showed that evaluation of people's care support and reviews with people and their relatives took place regularly. A relative told us, "They [staff] update the care plan and we are involved."
- Staff were responsive to people's needs. People told us that staff supported them to be active members of their local community. People were encouraged to get out into the community and complete tasks and activities they enjoyed. We observed staff supporting people to go out into the community, prompting them to wear clothing appropriate to the weather.
- People had been supported to go on holiday and complete activities which they had a keen interest in. Staff had supported one person on holiday to America to visit Graceland. The person had memorabilia from the trip on display in their bedroom. Another person loved animals and had been supported to go to meet the Super vet. The person had a signed photograph on display.

Improving care quality in response to complaints or concerns

- People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand. Complaints leaflets and posters were available in the communal areas of the supported living services we visited.
- We observed that people and staff had a good rapport; people felt comfortable to approach staff and ask questions. People were given the opportunity to talk about concerns and complaints in weekly 'resident's

meetings'.

- Staff told us how they would recognise if people who were unable to verbally communicate were unhappy. They explained that people's behaviour may change, people may become withdrawn or act differently. This would alert staff, who all confirmed they would report this and explore the reasons for this.
- One relative told us, "We have not had any problems with the service, we can talk with staff and ask questions." Another relative said, "I can't fault the service."
- There had not been any formal complaints about the service. However, the provider had responded to feedback received about the service. The provider's information return stated, 'Although we have not received official complaints with regards to the service, through our feedback surveys that have been returned to us from service users, outside professionals, friends and family we have identified that communication about how Omega Homes works to achieve the expected standards of the service should be improved and increased. This will be done through regular email communications with Care Managers and family members.'

End of life care and support

- The service was not supporting anyone at the end of their life and the people living there were younger adults.
- The management team understood that if people's health deteriorated they would seek advice and guidance from healthcare professionals to ensure people had the right care and support at the end of their lives.

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There were systems in place to check the quality of the service including reviewing support plans, incidents, medicines, safeguarding, maintenance and health and safety. Where actions were needed these were recorded. However, they were not completed in a timely manner. The systems to check the quality of the service were embedded, however the audits and checks had not identified the concerns we raised in relation to effective risk management, medicines management, consent and planning care and treatment.
- The provider had used an independent quality consultant to carry out an audit of one of the supporting living services in July 2018. The audit was not carried out of the overall service provided by Head Office (Omega Homes) and did not cover the other supported living premises. The consultant created an action plan which listed a number of the concerns we found during this inspection. The provider had not taken timely action to address the issues. The audit had also flagged up that the staff working for the provider believed they were not employed to work for Head Office (Omega Homes) and they were employed to work at one of the supported living services; which evidenced that staff did not have a clear understanding of their roles.

The failure to effectively monitor and improve the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered managers had informed CQC of significant events that happen within the service, as required. However, these had not always been made in a timely manner and without delay. There had been a delay in notifying CQC about a safeguarding incident that had occurred. This is an area for improvement.
- Policies and procedures had been amended and reviewed since the last inspection to provide updated guidance and support to staff.
- The registered manager told us they continued to gain support from the provider.

Continuous learning and improving care

- The service had not always improved care and support, learning from feedback from others. One of the local authorities who had commissioned the service for people had carried out a quality monitoring visit in September 2018. They had made recommendations which included putting in place risk assessments for people regarding community risks such as stranger danger, road safety, medicines, challenging behaviour and to amend epilepsy risk assessments to include risks with bathing. The provider had not acted on the recommendations and had not made improvements.

- The provider and registered manager did not keep themselves up to date with local and national practice. They had not attended the local authority's forums and other local events to enable them to build links with other registered persons to share information and good practice. This meant the provider and registered manager were working in an isolated manner.

The failure to effectively monitor and improve the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People were asked for feedback through weekly house meetings and through easy to read surveys. However, the last survey had been carried out in 2016. The 2016 surveys results showed that four people had responded with positive feedback. The registered manager planned to send these surveys out shortly to get an updated view of people's experiences of using the service.
- Relatives had been asked for their feedback through completion of surveys. The survey results from 2016 showed that three relatives and two health and social care professionals had responded with positive feedback. Some relatives had written about the access road to one of the supported living properties. The registered manager had responded and explained that the access road was a private road so there was a limited amount they could do to improve the accessibility. They assured relatives that people were supported to access the community. The registered manager planned to send these surveys out shortly to get an updated view of relatives and professionals experiences of using the service.
- People, relatives, visitors and staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the supported living services and on the provider's website.
- Staff told us they felt supported by the registered manager. There had been a period of seven months that the registered manager had been away from the service following poor health. Staff were supported during this time by the deputy manager. It was not clear from records what support the provider gave to the staff team during this time though.
- Staff told us, "We are trying to support [registered manager by giving] the best support we can to get her back. She worked so hard and we want to support her and [deputy manager] as best we can. I love it here I wouldn't want to work anywhere else" and "I can approach them [management team], they are really approachable. I do feel supported. I feel they fully support us as a team. There are regular meetings. This company is the best I have worked with. They [management team] update us regularly, we have a communication book. We all support each other."
- Staff meetings had taken place. These had not taken place as frequently as originally scheduled because the registered manager has not been around. The meeting records showed that the provider had not attended the meetings to provide support to staff. A representative of the provider who provided administration support to the provider's business had joined one of the meetings through telephone conference facility. The meeting records from January 2019 showed that staff felt undervalued and morale was low. Staff told us during the inspection that they felt better because the registered manager was back to work on a phased return and they had received good support from the deputy manager.

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

- The registered manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when

things go wrong with care and treatment.

- The registered manager was passionate about addressing poor practice when professionals had not acted in one person's best interests and had not followed the Mental Capacity Act 2005. They explained what action they had taken to address this and what further action was planned to support the person to be involved in decisions about them.
- Relatives told us their loved ones received high quality care and support. Comments included, "I do feel it is well run. [The registered manager] has been ever so good at supporting us with meetings with the council over a dispute we have about the charges he has to pay"; "The service is absolutely excellent, it far exceeds where he was before" and "I would certainly recommend it to other people."
- There was an open and transparent culture within the service.
- People approached the registered manager during the inspection. The registered manager knew people well.
- Relatives were involved in people's care. Where things went wrong or there were incidents, relatives were informed where this appropriate.
- There were established processes and procedures in place to ensure people received care and supported they wanted.

Working in partnership with others

- The service works in partnership with people, their relatives and health and social care professionals to ensure people have the best outcomes. Relatives told us they were kept informed and were involved with the care and support their loved ones received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to provide care and treatment with the consent of the relevant person. Regulation 11 (1)(2)(3)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively monitor and improve the service. Regulation 17 (1)(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to adequately plan people's care and treatment Regulation 9 (1)(3)

The enforcement action we took:

We served the provider a warning notice and asked them to meet Regulation 9 by 22 May 2019.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage risks to people's health and welfare and failed to manage medicines safely. Regulation 12 (1)(2)

The enforcement action we took:

We served the provider a warning notice and asked them to meet Regulation 12 by 22 May 2019.