

Omnia Support Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 7 and 14 July 2015 and was announced. We gave the provider short notice before our visit that we would be visiting to ensure the registered manager was available.

Omnia care is a domiciliary care service that provides care and support to people living in their own homes. Some people's care was funded through the local authority and some people purchased their own care. At the time of our inspection 56 people received support from this service.

There is a manager who is registered with us; however we were informed by the provider that the manager had left the organisation a week before our inspection. The manager will remain registered with us until an application to deregister is received. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

All staff spoken with knew how to keep people safe from abuse and harm because they knew the signs to look out for so appropriate referral could be made.

People were not always protected because management plans were not in place to manage risks based on peoples individual assessed care needs.

Staff received training to enable them to meet people care needs.

People were supported with their medication and staff had been trained so people received their medication as prescribed.

People were able to make decisions about their care and were actively involved in how their care was planned and delivered.

People were able to raise their concerns or complaints and these were usually addressed, Monitoring of complaints had not taken place to enable improvements to be made and prevent reoccurrence.

Staff supported people with their nutrition and health care needs and referrals were made in consultation with people who used the service if there were concerns about their health.

Processes were in place to monitor the quality of the service provided but these were not always followed to ensure the service provided was effective and well managed. We were not notified of all incidents as required by law.

Summary of findings

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

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse.

Risk management plans to reduce risks when supporting people were not individualised so people were not always protected.

There were sufficient staff to meet people's care needs.

Procedures were in place to ensure staff were recruited safely; these procedures had not been followed,

People were supported to take their medication where required so they remained healthy.

Good



Is the service effective?

The service was effective

Some people had missed calls so they had not always received their care as required. The provider was taking action to eliminate this.

Staff were trained to support people and had the skills and knowledge to meet people's care need.

People were supported with food and drink as required and ensured where people were unwell their relative or medical professionals were informed.

Good



Is the service caring?

The service was caring.

People told us they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and the support they received.

Privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

The service was not consistently responsive

People told us they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns but these were not always addressed in all incidences.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well lead

There were systems in place to monitor the service provided to people and make improvement when required. However these had not been followed so improvements could be made.

The provider was open and transparent and was fully aware of the improvements needed to ensure that people received a safe and reliable service that met their needs.

Requires Improvement



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place 7 and 14 July and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited. The inspection was undertaken by one inspector. This was the first inspection since the location was registered with us on 30 May 2014.

The service provided a domiciliary care service 56 six people. During our inspection we spoke with ten people who used the service, three relatives, seven staff, the provider and the deputy manager.

We looked at three people's care records and the recruitment records of six staff. We also looked at the records of complaints and compliments, minutes of staff meetings, and quality assurance records. Before our inspection we reviewed all the information we hold about the service. This included notifications received from the provider. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority and reviewed the information they provided to us.

Is the service safe?

Our findings

All the people that used the service and relatives spoken with told us that they received a safe service. One person told us, "I feel very safe with them [staff]." Another person told us, "They are nice staff, I feel safe with them". A relative told us, "I have no concern about the staff or how they provide care, they [staff] know what they are doing." I know they have training because I have heard them talking about it."

All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff understood how to report concerns and felt confident action would be taken to protect people from harm. For example, staff told us they would speak with people and observe for signs of bruising or changes in their behaviour which may give cause for concern. All staff knew about whistle blowing. Whistle blowing means staff were able to raise concerns about poor practice and their identity would be protected. Staff spoken with were clear who they would report their concern too and felt that the provider would ensure that action was taken to protect people.

People told us that although the manager assessed their care needs they had not been involved in identifying what risks they wanted to take and how staff would support them to do so. One person told us, "They told me what the risks were, like leaving the cooker on, or tripping over carpets." Another person told us, "The manager came; did the paper work; I signed it and that was that." Records looked at showed that risk assessments were not personalised and there were no management plans in place to minimise the risks. However, one staff member told us, "We use our common sense, I would always discuss things with the individual if I felt there was a risk to their health I would report it to the office so that action could be taken to prevent the person becoming unwell or to prevent any injury."

All staff knew the procedures for reporting new risks and felt that an assessment would be undertaken which would include the new information. This showed that staff made efforts to ensure people were protected from the risk of unnecessary injury. However; there was a potential risk that care may not be provided in a consistent manner by different staff particularly for people who were unable to make decisions for themselves. The deputy manager told us, "We are aware that improvements are needed." We saw evidence that this had been included in the provider's action plan.

Staff told us that when they started to work at the agency, they had an induction and were supervised by an experienced member of staff who introduced them to the people they would be supporting. Records confirmed that staff had undergone all the relevant checks to ensure they were suitable to work for the agency. However four new staff had recently transferred from another agency as an emergency arrangement with four people who used the service from the same agency. The normal recruitment process was not followed because of the mitigating circumstance but checks were made to ensure that these staff had undergone a police check and the relevant training whilst with the previous employer. To minimise risks, the four staff that transferred only supported the people that had transferred with them until the recruitment processes could be completed. At our inspection the provider had implemented their own recruitment process.

People received support with taking their medication where required. People told us that where this was part of their assessed needs staff always gave them the support needed. One person said, "They always make sure I take my medication. They haven't missed any medicines." All staff spoken with knew the procedure for supporting people with their medication and said they had received training to ensure they were aware of the procedures.

Is the service effective?

Our findings

People told us that they thought the staff were trained in what they did. One person told us, “They look after me very well, I don’t have to tell them what to do and they do it very well, which gives us time for a chat so they are trained.” Another person told us, “Yes they are trained you can tell they are very efficient and do what they are supposed to do I feel that they are skilled.” The provider told us that further training was planned in relation to certain disabilities and medical conditions so staff had more of an understanding about people’s needs. Staff told us that they had one to one meetings with the manager where they could discuss their personal development and training needs, so that they maintained good working practices and met people’s care needs effectively.

Not all people spoken with felt that the service they received was good. Two out of the 10 people spoken with told us that they felt the service could improve in relation to call times and reviews of their care. One person told us, “I would not recommend the agency but I would the care staff.” The second person told us, “They keep changing the staff and do not tell us, no notice is given at all. People told us that if staff was late they were normally informed of the reason and someone would come. Another person said, “They are reliable, I have had a couple of late calls but I have been informed about the lateness. Another person told us, They [staff] always turn up it depends on public transport as my care is a walker, but I don’t want to change.”

Information passed to us before our inspection from Birmingham Commissions indicated some calls had been missed so people would not have received their care. Records seen showed that there was an on call service, where a member of staff was allocated to be on standby each day. If a person contacted the on call because their carer had not arrived then the person on standby would attend the call. While this system would be beneficial for those people who were able to contact the office, this would not be effective for those people who did not have the capacity to make the call. The provider told us to improve this process, a system was being installed called people planner, where staff needed to log into the system at the person’s home to show that they had arrived. If the staff had not arrived at a person home then the system

would show that the carer had not attended so action could then be taken to ensure people received their calls. The provider will need to ensure the effectiveness of this system in eliminating missed calls

People and relatives spoken with told us they were involved in discussing people’s care needs with staff and had been asked questions about their routines and preferences. People said that staff listened to them and did exactly what they asked them to do. One person said, “They always discuss what I want, and ask me if there is anything else I need before they go. If I ask them to do anything they do it with good will, and to my satisfaction.”

Staff were aware of the Mental Capacity Act, and of what action to take should they believe someone in their care lacked the capacity to make decisions about their care and support. People told us that staff involved them in decisions about their care. We were told by the deputy manager that staff would report any changing needs so other health care professionals could be contacted if required. The deputy manager and staff were clear what they would do in the event of a person’s needs changing and clear procedures were in place so people’s rights were protected.

Staff told us and people spoken with confirmed that staff supported them with their healthcare needs when required. One person told us, “They [staff] look after me and if I am poorly they let my relative know.” Staff spoken with were clear about what they would do in an emergency. One staff member told us, “We would make sure the person was okay before we left or wait for a relative to come if needed.” This showed people were supported with their health care needs when required.

We spoke with one person about the support they had with their meals. They told us staff always offered a choice, and prepared what they wanted. Staff spoken with were aware of how to support people who may be at risk of not eating and drinking enough to remain healthy. One staff member told us, “If people were not eating and drinking, I would try to encourage them and report the concerns so we could monitor them.” This showed that where required, staff supported people with managing their nutrition, and was able to identify and take action where risks to people’s health through poor diet and fluid intake were indicated.

Is the service caring?

Our findings

People spoken with told us they had a good relationship with the staff. One person told us, “They [staff] always have a chat; I look forward to seeing them.” A relative told us, “I am pleased with the service provided and my relative told me she was happy.” Another person told us “They call me mom and my husband dad, they are like family, and they are very caring and respectful. They treat me and my husband with the upmost respect, I am very happy.” Another person told us, “I have no concerns about the care staff who come to me, they treat me like a person, I have had agencies before where they just come, do the job and go. No feeling in their job.”

Everyone told us that they had been involved in discussions about their care needs with staff. People told us that they and their relatives had been involved in

planning their care in the beginning and on a day to day basis. One person told us, “I was involved in the assessment and they asked what I wanted.” A relative said, “They asked mum what she wanted.”

People’s privacy, dignity and independence was maintained. One person told us, “They always ensure the doors and windows are shut.” Another person said, “They always call me by my name. I always have a towel to cover me.” Staff spoken with were able to tell us how they maintained privacy and dignity. Staff told us they always involved people and asked what help they wanted and ensured that doors and windows were kept closed. Staff told us that they [people] were encouraged to do some things for themselves such as washing their hands and face and choosing meals and clothes or getting dressed themselves, this was encouraged. Staff told us that people’s independence was promoted.

Is the service responsive?

Our findings

People spoken with told us that staff asked at each visit what they would like help with. One person told us, "When staff come they ask me if everything is all right, do I need anything. I have no problems with my care or the staff who come." Staff spoken with told us they always discussed the care with people. People spoken with said they were involved in assessing their care needs with staff and were involved in planning their care, so they decided how they wanted their care and support to be delivered. Care records looked at confirmed people's involvement in assessing and planning their care. One person told us, "There is an assessment and care plan and they have delivered to the plan." Another person told us, "They know what I like and what I don't like." Someone else said, "They do an assessment and if anything has to be changed they re-assess and I am involved." One person told us, "Occasionally I have asked for a change and they [staff] have accommodated it. It can be a bit rushed in the morning but that's the amount of time allocated by social services."

People told us that information about how to complain was given to them when they started to use the service. All the people we spoke with knew how to complain about the service. Everyone we spoke with said they would contact

the office or the staff that supported them if they were not happy about something. The majority of people said they had never made a complaint as they had no reason to. One person told us, "I would talk to the office staff, never had to I've been happy." Another person said, "Yes. I have raised a complaint. I asked for someone not to come back and I was listened to." A relative told us, "I'd complain to the office. Have done on occasions." Staff told us that if people wanted to make a complaint they would support them to do so by contacting the manager.

One person told us, "The staff will listen if you are worried about anything at all, even little things, they are all very good." Another person told us, "At the beginning we made a complaint, and they did address it." However another person told us, "I have three calls three times per day and the amount of times I have complained that they have not turned up. I can count at least seven. I have complained and all I get are apologies." The person did not want us to pass their details on to the provider. Records seen showed that there were processes for dealing with complaints and responding to them and we saw where complaints had been recorded these had been addressed. We did not see any record of the complaints the person told us about which shows that the system to record and respond to peoples complaints was not always effective

Is the service well-led?

Our findings

The provider was open and transparent and told us that concerns had been raised with him in relation to how the service was being managed. Over a period of two to three months he had monitored the service and gave instructions of what was expected from the manager. Although clear instructions had been given these were not followed. The registered manager had left the organisation a week before our inspection.

We found that the provider had a system to regularly assess and monitor the quality of service that people received but adequate monitoring had not been completed consistently. The provider told us that although regular meetings were held with the manager information presented was not always correct which had contributed to the areas that required improvement. The provider told us and we saw that an action plan was in place to address the issues that had been identified during this inspection. For example, we saw that internal audits were to be increased and this had commenced which included the monitoring of staff supervision, spot checks, staff training and reviews of people's care. We were advised that a system to monitor

the service provided to people was being put in place so that calls that had been missed or that were late, would immediately be identified and action taken so people were not placed at risk of not having their calls.

All the staff spoken with told us that they were comfortable in raising issues with the senior staff and felt that they were always listened to. There were staff meetings where staff were able to raise issues and make suggestions for improvements. One staff member told us we have to work as a team the provider is showing that we count, and our suggestions are valued." Another staff member told us, things are changing for the better, the director wants to make sure that people have a good service." Staff told us there was an on call system where they were always able to get advice. People using the service told us they were able to contact the office staff and there was always someone available to talk to them.

People we spoke with couldn't remember receiving a questionnaire to express their views. However people told us that care staff always ask them if everything was okay and they could contact the office if they needed to. The deputy manager told us telephone calls were made or a visit would be arranged to gain the views of people using the service, we saw that this had commenced.