

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Omnia Support (Birmingham)

Merton House, 82 Cotton Lane, Moseley,
Birmingham, B13 9SE

Date of Inspection: 29 July 2013

Date of Publication: August
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Omnia Support Limited
Registered Manager	Ms. Dee Narga
Overview of the service	Omnia Support Limited is a small agency operating from the owners own home address. It provides home care and support services to people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Staffing	9
Assessing and monitoring the quality of service provision	11
Records	12
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 July 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

The provider had three clients at the time of our visit. We talked to one person and a representative of another. We also looked at all the client files. We spoke with four staff and reviewed two staff records.

We found care plans were up to date with client preferences noted. People had signed to show their consent with what had been recorded about needs. This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People told us that they were happy with the service being provided. One person said: "The staff have a very good attitude and provide excellent, efficient care. They are very understanding and caring." Another person told us that they were always treated with respect and their dignity was maintained when staff carried out personal care. People told us staff arrived promptly and stayed for the expected amount of time. One person we spoke to told us that the provider was flexible in accommodating their requests for changes in the time of support. This meant that people were able to have a service that was responsive to their changing needs.

Staff we spoke with demonstrated good knowledge of the people they cared for. We found that the provider had the relevant policies and procedures in place to support staff. The policies and procedures we saw provided clear guidance on expected practice. This ensured people received safe and appropriate care.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We found that people were encouraged to give their views and were involved in making decisions about their care and support. We looked at the care plans for all three people who were using the service at that time. Their assessments and records showed they had been involved in the planning of their care. People had signed to show their consent to what had been recorded about their support and treatment needs. This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke to one person and one representative. They told us that the manager was very proactive in asking if they were happy with the care and treatment they were receiving. One person said, "I see the manager regularly, at least once a week and they always listen to what I have to say." Another told us that should they need to change the timings of the support, the provider was very flexible and accommodating. We saw evidence of negotiated timings in the person's care record. This meant that the provider was responsive to people's needs.

The provider may find it useful to note that staff we spoke with had limited knowledge of the Mental Capacity Act. This was important as when asked, staff felt that there was one person who currently used the service that may be losing their capacity to consent and were being released imminently from support provided by the service to have an assessment completed by the commissioner. Information provided after the day of the inspection showed that the manager had completed online Mental Capacity training on the day of the inspection and other staff had been registered to do so.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Three people were receiving a service at the time of our visit. We were able to speak with one of them and with a representative of another. Both people told us that they were happy with the support and care that was provided. One person said: "The staff have a very good attitude and provide excellent, efficient care. They are very understanding and caring." Another person told us that they were always treated with respect and their dignity was maintained when staff carried out personal care.

People told us their needs were assessed by the manager of the service. They were able to tell the manager what support they wanted and a care plan was drawn up with their requirements in mind. They were then able to sign up to the final care plan. They told us that if they wanted to change anything on their care plans, they were able to speak to the member of staff providing support or the manager of the service and this would be accommodated. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Staff we spoke with were knowledgeable about the people they provided care to and what they needed to do to meet people's needs. Staff told us and people using the service confirmed that consistency of staff for the people using the service was maintained. We heard the manager met directly with the people to get their views on the service being provided. This meant that people were able to have their views listened to and be supported by staff that people were comfortable with.

During our visit, we reviewed the care and support plans of the three people who were using the service. We saw detailed care plans that were up-to-date. Care plans documented any changes in people's needs. One person's care plan we reviewed showed that their needs had changed and steps were being taken to respond to their changing needs. Risk assessments were also up to date. We saw evidence of changing risks documented as new equipment such as hoists was used to support people. We saw that staff had undertaken the relevant manual handling training in order to be able to support people safely and effectively. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We found that the provider had the relevant policies and procedures in place. These were accessible to care staff either through hard copies at the office or online. However, the provider may wish to note that the some policies and procedures had not been updated on the planned review dates. The policies and procedures we saw provided clear guidance on expected practice. This ensured people received safe and appropriate care.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. We spoke with two people about staff coming into their home to provide their care. Both people told us that staff arrived promptly, stayed for the expected amount of time and completed the care and support required.

One person said: "The staff know what they are doing and have a helpful and caring attitude. I have no complaints. I am very pleased with the service provided." Another person told us: "We always have the same staff come in which is nice. It helps to keep my partner comfortable with having the support and they know what my partner likes" and "The manager is very good, we see her at least once a week." The manager told us that when a new member of staff was required to provide support for a person, they first went with them to meet the client so that they became familiar with the person. They then shadowed other staff to get used to the person's needs and requirements. This meant that the service was well-led and people were always supported by staff who were knowledgeable about the support and care they required.

One person we spoke to told us that the provider was flexible in accommodating their requests for changes in the time of support. We saw evidence of agreed timings in the client files and records indicated staff had spent the agreed amount of time with clients. This meant that clients were able to have a service that was responsive to their changing needs.

We spoke with four members of staff. They told us about the electronic system that was in place to alert staff to any changes in timings agreed with people. This meant that staff always knew where they were supposed to be at any given time and ensured that people using the service always had care provided at the expected time. Staff told us that the about the procedures they would follow should emergencies arise or if a colleague was not able to attend a call. They also told us they had sufficient times between calls that allowed them to provide support to people at the agreed times. One member of staff told us: "The manager always ensures that we are able to attend calls on time and I feel very supported."

We reviewed the records of two staff and both showed that they had received an induction

and were provided training in the appropriate skills. These included courses in safeguarding, person-centred support and equality and inclusion in order to meet the needs of people who used the service. Records that we saw documented the training that staff had completed and the training that had been scheduled. This meant that people received a service from staff who had the appropriate skills, training and experience to support them.

Staff we spoke with told us that there were sufficient staff to meet people's needs and this was confirmed by staffing rotas that we looked at. This meant that an appropriate staffing level was maintained to meet people's needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. One person told us: "The manager always asks if we are happy with the service being provided" and another told us that "I have found that if I suggest anything, they will listen to me." We viewed 'satisfaction surveys' for people using the service and their representatives. We saw that people were positive about the service they were receiving. None of the people we spoke with had any complaints or concerns. However, people were confident that if they had any complaints they would be addressed.

Staff we spoke with told us that they were given opportunities to give their views and be listened to. The manager told us of some of the changes that had taken place due to staff suggestions. We saw and staff confirmed that they had made suggestions that had been acted upon. This showed that the provider took account of complaints and comments to improve the service. This meant people could be assured of a service that was continually improving.

Staff meetings took place but we were told that more frequently there were informal discussions between staff and management to talk about any issues or any changing requirements of the people they supported. This meant that decisions about care and treatment reflected the current needs of people using the service.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records were accurate and fit for purpose. Records were kept securely and could be located promptly when needed.

We looked at the records for all three of the people who used the service at the time of our visit. We found care plans that had been reviewed regularly and risk assessments that were up to date with people's preferences noted. We saw that one person's needs had changed significantly since the provider first assessed it/started providing a service to them and the care plan had been changed to reflect the person's current needs. Staff we spoke with demonstrated good knowledge of the people they cared for. This meant that records supported staff to provide safe and appropriate care to people.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We sampled two staff files and spoke with four staff. We found that documents were available that showed relevant checks had been carried out prior to staff starting work/employment in their role. We saw records that documented evidence of appropriate training and learning that had taken place. This meant that people could be confident that care was being delivered by appropriately skilled staff.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
