

Omega Healthcare Services Limited

# Omega Healthcare Services Limited

## Inspection report

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Date of inspection visit:  
28 May 2019

Date of publication:  
12 July 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Omega Care is a domiciliary service that was providing personal care to 41 people living in their own homes at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported safely and from staff they knew and trusted. Staff knew how to recognise potential abuse and who they should report any concerns to.

Staff understood the risks to people's health and how best to support people. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.

Staff recruitment processes included a check of their background to review staff suitability to work at the service.

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

People enjoyed positive relationships with the staff team and were treated with kindness and respect. People's independence was maintained by staff who encouraging.

People's needs and routines were known and supported by staff who ensured these were met and respected. People knew how to complain if needed and were confident any comments or concerns would be listened to and acted on.

People and staff were happy with the way the service was led and managed and the provider worked well with external professionals to ensure people's needs were met.

Service management and leadership was consistent and areas for improvements were identified. The registered manager gathered people's views and experiences and made any necessary improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 14/12/2017 and this is the first inspection.

### Why we inspected

This was a planned inspection.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Omega Healthcare Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

#### What we did before the inspection

Prior to the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as alleged abuse and serious injuries. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection, we spoke with four people and two relatives to ask about their experience of the care provided. We spoke with three members of care staff, one care coordinator, and the registered manager.

We reviewed a range of records. These included three people's care records, their medication records and three care staff recruitment files. Records were reviewed in relation to training and supervision of staff, the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and the staff took steps to support people to keep them safe. One person told us, "I don't have to worry about the care staff."
- The provider had reported abuse to the local authority and CQC when it had been identified.

Assessing risk, safety monitoring and management

- People were positive about how their risk or potential risks were managed and the steps they needed to take to minimise their risks. For example, associated risks with physical or emotional needs.
- Staff knew the type and level of assistance each person required to maintain their safety.

Staffing and recruitment

- People had staff available to them when needed and agreed. Care levels were regularly reviewed to ensure there were enough staff to meet people's care needs.
- Staff told us, and files we looked at demonstrated, checks had been made to ensure they were suitable to work with vulnerable adults.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the administration of medicines.

Preventing and controlling infection

- Staff told us they observed and practiced good food hygiene to help reduce the risk of infection. Staff told us there was personal protective items such as gloves for them to use.

Learning lessons when things go wrong

- Staff had completed reports where a person had been involved in an incident or accident and reported to the management team so they could be reviewed. Records showed people's risks had been updated in their care plans.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At this inspection this key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had shared their needs and choices with the management team. One relative told us, "They came out to see what and when I needed [care]."
- The manager completed an assessment of people's care needs to assure themselves they could provide the care needed.

Staff support: induction, training, skills and experience

- People told us staff understood their care needs well and provided the care they wanted and needed.
- Staff received an induction when starting work and training courses had been completed, which helped them understand people's needs. One person told us, "They [staff] sometimes talk about their training and they know what to do."
- Staff were supported in their role with structured routine staff meetings and individual discussions with supervisors to talk about their responsibilities and people's care.

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

- People were supported to access food and drinks in line with their needs and choices. One person told us, "I tell them which meal I want to be heated."

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

- Staff told us they worked alongside district nurses and GP's in support of people's care. Staff also provided examples where they contacted the GP where they noted a person had not been well.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed. Where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care and staff had developed positive relationships with people. One person told us, "When staff are here its good and they are lovely."
- People's well-being and happiness was promoted. The risk to some people of experiencing social isolation was recognised by staff and addressed where it could be. One relative told us, "The staff are very good and friendly."

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

- People were supported to express their views and were actively involved in decisions about their care.
- The service engaged with people through regular reviews of their care and asked for people's feedback through visits and telephone calls.
- People's preferences and routines were known and supported. For example, their preferred daily routines were flexibly supported and their choices listened to by staff.

Respecting and promoting people's privacy, dignity and independence

- People's differences were respected and they were supported to maintain their identity and personal appearance in accordance with their own wishes. One person told us, "If I need anything they will do it, ever so good they are."
- Staff understood equality, diversity and human rights issues, and staff were aware of the provider's anti-discrimination policy.
- People's confidentiality continued to be respected. Staff had a good understanding of the need to ensure people's confidentiality was maintained.
- People's private information was secure. Care documentation was held confidentially and systems and processes protected people's private information.

# Is the service responsive?

## Our findings

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

At this inspection this key question has been rated as good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

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

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

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

- People were involved in planning their care and where appropriate, relatives and advocates were consulted. One person told us, "[Staff name] comes out and see me and how things are going with my care package."
- People said they had support plans in their homes and these included risk assessments which identified how the risks in their care and support were minimised.
- People's care plans were personalised and reflected people's needs and choices.
- Care plans were detailed and informative and reviewed if there had been a change in someone's care needs. Care staff confirmed they were kept updated about any changes and records were detailed and reflected current care needs.
- Care staff knew each person well and understood the exact care and support they needed.

### Improving care quality in response to complaints or concerns

- People told us they had seen information about the service's complaints policy and were very clear about who they would talk with if they had any problems or difficulties.
- Where people needed to raise concerns, the provider remained responsive, for example changing care staff at the person's request. The provider's complaints procedure was available for people and their relatives to view and had been given to people when they joined the agency.

### End of life care and support

- Staff had a good understanding of what their roles were in supporting people as they were approaching the end of their life, such as emotional support for the person. The provider recognised they were not offering an end of life service and would refer to other agencies in support of people's needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At this inspection this key question has been rated as good. □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

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

- The management team focused on providing people with care which met their health and wellbeing needs. One person told us, "I could not be any happier. They come in the morning and make my tea and toast and then come back later to see me."
- People said the service was managed well and responsive to feedback. One person told us, "They [registered manager] makes a change once they are aware of it."
- The provider was committed to providing a person-centred service for people.
- There was a strong framework of accountability to monitor performance and risk, leading to the delivery of demonstrable quality improvements to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Continuous improvement was underpinned by a range of audits in place which focused on positive outcomes for people. Any identified improvements were put into place in a timely way to improve people's quality of life.
- The management team together delivered care which was compassionate and inclusive. Staff were committed to this and told us how they learned together, reflected on situations and demonstrated accounts of how this improved people's care.
- Staff told us learning from concerns and incidents contributed to continuous improvement.

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

- The provider promoted community involvement, openly encouraged and engaged to ensure people and staff felt respected, welcomed and included.
- The views of people who used the service were used to as quality monitoring and assurance arrangements. One relative told us, "All staff take the trouble to listen."
- People said they were consulted in the way their care and support was delivered.
- The providers constantly communicated with staff directly, attended meetings with them and took an interest in them as an individual.

Working in partnership with others:

- The registered manager continued to develop community links with a view to further improving care and support for people and to enhance people's life experiences. For example, social workers, commissioners and professional were involved in people's care reviews.