

Omnicare Services Limited

# Omnicare Service Limited

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Omicare services is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to 4 people.

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

People were pleased with the quality of care and support they experienced. They told us they felt safe when support workers were providing support to them.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager. Safe procedures were in place to make sure people received their medicines as prescribed.

There were enough staff available to ensure people's care and support needs were met. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff received training, supervision and appraisal which supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to have enough to eat and drink and to access healthcare services when they needed. They telephoned for doctors or nurses to attend to a person if they were unwell.

People were treated with respect by staff who showed compassion and understanding. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. The care records we looked at included risk assessments. They had been devised to help minimise and monitor the risks, while promoting the person's independence.

People knew how to complain and were confident the registered manager would resolve their concerns.

People who used the service, relatives and staff could express their views about the service which were acted upon. The management team provided leadership that gained the respect of staff and motivated them as a team.

There were systems in place to monitor the quality of the service and make improvements when needed.

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 29/10/2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration of the service.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Omnicare Service 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 team consisted of one inspector.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

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

### Notice of inspection

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

Inspection activity started on 17 October 2019 and ended on 21 October 2019. We visited the office location on the 17 October 2019.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the nominated individual, the registered manager and one member of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data and risk assessments.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse and improper treatment. People and relatives spoken with had no concerns about their family members safety or well-being. Comments included, "Oh yes, I do think they [relatives] are safe, they [staff] are absolutely marvellous, amazing," and "I definitely feel safe with them [staff]."
- Staff were aware of how to report any unsafe practice. The provider had safeguarding adults at risk and safeguarding children policies and procedures. They also had a whistleblowing policy and procedure.
- The registered manager understood their responsibilities and worked with other agencies to make sure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and information was recorded in people's support plans to manage the identified risk.
- Risk assessments considered the safe handling of medicines, environmental risk factors, nutrition and hydration and moving and handling alongside specific health risk assessments.
- One relative told us, "Before they started supporting [my relative] they came and did very thorough risk assessments, they looked at the risks from the person's perspective and from the staff's perspective."

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery. People told us care and support was provided by a consistent group of carers.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

Using medicines safely

- Medicines were safely administered.
- Care workers received training on the safe management of medicines and had a regular check of their ability to safely administer medicines.
- People and their relatives told us they had no concerns with the support they received with their medicines.

Preventing and controlling infection

- People who used the service were protected from the risk and spread of infection.
- The service had an infection prevention policy and staff had received relevant training.
- Staff had access to appropriate personal protective equipment (PPE), such as hand sanitiser, plastic gloves and aprons to be used when delivering personal care.

#### Learning lessons when things go wrong

- Records showed the registered manager regularly monitored and analysed any health or safety incidents involving people. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.
- Lessons were learnt following incidents or events affecting the well-being and safety of people who used the service.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's care and support needs before a service was offered. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.
- People and relatives told us, "The care assessments are very detailed and very person centred," and "They did a very thorough assessment before they started supporting me."

Staff support: induction, training, skills and experience

- Care workers told us they received training to ensure they had the skills to meet people's needs. Training included areas such as first aid, health and safety, moving and handling, safe handling of medicines and safeguarding adults. One relative said, "The staff are well trained, and they are mindful of their own limitations. If they are not sure they ask the registered manager."
- New staff received an induction which included shadowing senior staff.
- Staff had supervision meetings with the registered manager. This allowed staff time to express their views and reflect on their practice.
- Spot checks were undertaken on a regular basis. This is where a senior member of staff calls at the person's home just before or during a visit by a member of care staff, so they can observe them going about their duties and check they are working to the required standard.

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

- People were supported to eat and drink and maintain a balanced diet.
- Support plans had information about people's dietary needs, their preferences or cultural dietary requirements.
- Staff understood the importance of ensuring people had enough to eat and drink and they told us this was something they spoke with people about at each visit.

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

- The service raised concerns about people's wellbeing to community services such as the district nurses or the person's GP, and supported people to attend hospital or other medical appointments if needed.
- Staff understood people's needs and how to ensure the involvement of other healthcare professionals as required.

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, 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The registered manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity.
- The registered manager said none of the people supported by the service had a Court of Protection Order in place at the time of our inspection.
- Signed consent forms were within people's care plans where people had given their permission to be supported by the service.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.
- Staff understood people's equality, diversity and human rights needs and these were detailed in each care plan. Staff told us they responded to people as individuals and respected any particular care needs and preferences at each visit.
- Through talking with people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and their families were able to contribute to their care planning.
- Reviews of people's care plans recorded people's comments and opinions. When people asked for changes to their care and support, we saw this was actioned.

Respecting and promoting people's privacy, dignity and independence

- People's and relatives views about the staff were positive. Comments included, "They definitely treat my relative with dignity and respect, they tell other visiting health professional to wait outside until they have supported [my relative] with their personal care," and "They are caring, unquestionably. In fact, I would go as far as to say they are exemplary."
- Staff demonstrated a compassionate and caring approach to their work. Staff clearly knew each person they supported and had established good relationships with them and their families.
- People told us care workers respected their privacy and dignity, for example by keeping them covered when supporting with bathing and showering.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records included background information about the person's social history, and their likes and dislikes. It was clear to us they had been devised and reviewed in consultation with people and their relatives, where appropriate. One person said, "The care plans are really personalised."
- The staff we spoke with understood people's needs and preferences, so people had as much choice as possible.
- Staff kept people's care under regular review. This helped to make sure people consistently received the correct level of care and support and meant people's care plans contained up to date and accurate information about the care they needed.

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.

- People's communication was known and understood by staff. People's care records contained sight, hearing and communication guidelines. These contained excellent, person-centred guidance for staff on how best to communicate with people.
- The registered manager told us, "If people have a preferred way of communicating we would make sure information was made available to people in a format they could understand."

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

- People told us that activities which were socially and culturally relevant were considered during the assessment process.
- People were supported to maintain relationships with family members, if this was their choice.

Improving care quality in response to complaints or concerns

- There was an established complaints procedure. People said they had seen information about the service's complaints policy, but all the people we spoke to told us they had not used this as they did not have any concerns about the service.
- There were no open or unresolved complaints and we saw positive feedback for the service. The registered manager regularly communicated with the staff, people who used the service, their family members and other healthcare professionals. By having this open approach concerns could be dealt with

quickly.

#### End of life care and support

- At the time of our inspection, the service was not supporting anyone who required end of life care. However, staff knew how to establish links with other relevant healthcare professionals such as district nurses and palliative care teams if necessary.

# Is the service well-led?

## Our findings

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

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

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

- The registered manager and provider demonstrated an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture.
- Everyone we spoke with said they would recommend the service. Everyone knew the registered manager by name and spoke very positively about them. Comments included, "[Name registered of manager] is very good," and "[Name of registered manager] is very person centred, they have very high standards and that makes sure we provide a better quality of service."
- People told us they had regular contact with the registered manager and any worries or concerns were dealt with immediately.
- Care workers told us the registered manager was supportive and regularly worked alongside them. They were confident the registered manager would always act in people's best interests and any issues they raised would be dealt with.

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

- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone who used the service and outside agencies who were involved in the service. One person told us, "I know I can give my ideas and not be criticised. I feel confident I can speak out."

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

- The registered manager told us they had an 'open door' policy for people receiving a service, their family members and others such as staff. One staff member told us they felt well supported by the manager. They said they felt there was an open and transparent culture in the service and they were comfortable raising concerns.
- Staff were clear about their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people who used the service while shadowing experienced staff.
- Various quality checks were made to ensure people were receiving the service they wanted, and their needs were being met.

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 provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong.
- The provider had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.
- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- The registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone who used the service and outside agencies who were involved in the service. One person told us, "I love working here, I know I can ask [registered manager] anything and they will give me an answer, or they will get on it straight away."
- People's views were sought through direct contact from the registered manager and regular surveys. The feedback from these surveys was used to inform service improvements.
- Comments from monthly surveys included, "The registered manager provides a consistent service of an excellent quality and standard, they go over and above our expectations," Care privacy and confidentiality are always paramount," and "The staff are always professional but with a friendly and sympathetic approach and high standards."

Continuous learning and improving care

- The provider had a system in place to ensure the service was operating to their standards.
- The registered manager completed a range of audits to ensure care was provided in a safe and person-centred way. These included audits of staff training supervision and appraisal, care plans and risk assessments.

Working in partnership with others

- The registered manager worked with commissioners of care, health and social care professionals and other stakeholders to ensure the quality of care was consistently good.