

Norwich And Central Norfolk Mental Health Resources

Omnia

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

Omnia is a registered care home and provides accommodation and support for up to 14 people who have mental health support needs. Nursing care is not provided. There were 12 people living at the home when we visited. All bedrooms are for single occupancy and there were separate toilet and bathing facilities. There were also communal areas, including dining rooms and lounges, for people and their guests to use. Omnia is located in a residential area near to the city centre of Norwich.

This inspection was undertaken on 23 June 2016 and was unannounced. A registered manager was in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Omnia provided people with safe care and protected them from the risk of harm. People's medicines were managed and administered in a safe way and people were supported to take their medicines as prescribed. People's individual health and safety risks were assessed and these were well-managed by care staff. Satisfactory recruitment checks were completed so that only suitable staff were employed at the home.

People were involved in the planning of their care and care was provided in accordance with their preferences and wishes. Staff had received training so that they were able to safely support people with their mental health care needs. People said they were supported by staff with healthy eating options and received support to maintain their dietary and nutritional needs. People were supported to access a range of healthcare services to monitor their mental health and physical care needs.

There were friendly, respectful and supportive relationships in place between staff and people living at the home. People were treated with respect and they and their relatives were actively involved in the review of their care plans.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted upon by staff. Individual social hobbies and interests were provided to maintain and promote people's sense of wellbeing.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that people's rights were being protected. There were no DoLS applications in progress at the time of this inspection as these were not needed.

Complaints and concerns made to the registered manager and staff were acted upon to satisfactorily meet the person's needs. There was regular contact with health care professionals and members of the local mental health teams which ensured that people's needs were discussed, monitored and reviewed.

Staff were enthusiastic about their work and felt supported and managed so that they could effectively provide people with support. There were regular meetings in place where people, staff and managers were able to discuss issues and developments in a proactive manner. Quality audits and monitoring procedures were in place and there were effective actions to address any improvements that were needed.

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 home was safe

Recruitment procedures and staffing levels ensured care was provided to meet people's needs by staff who were deemed suitable to look after people.

Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

People were cared for by appropriately trained staff who were knowledgeable about safeguarding procedures.

Is the service effective?

Good ●

The home was effective

People's care and support met their care, healthcare and nutritional needs.

People's choices were valued and respected in how they wished these to be met.

The provider was acting in accordance with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The home was caring

People related well with staff and had the opportunity to discuss their care and support needs with them.

People's care needs were assessed, planned for and monitored.

Staff had a good understanding of people's individual needs.

Is the service responsive?

Good ●

The home was responsive

People were able to raise any concerns and complaints and that they were satisfied with responses and actions.

Any changes to care were noted and staff sought support from other professionals or agencies when required. People's care needs were responded to and well-coordinated.

People took part in a variety of activities, hobbies and interests that they liked to do.

Is the service well-led?

The home was well-led

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to discuss their issues with the registered manager.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Good ●

Omnia

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 home and to provide a rating for the home under the Care Act 2014.

This unannounced inspection took place on 23 June 2016 and was carried out by one inspector. Before the inspection we looked at all of the information that we held about the home. This included information from notifications received by us. Notifications are information about important events that the provider must tell us about by law. We also reviewed the provider information return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements that they plan to make.

During the inspection we spoke with four people who lived at Omnia and one person's relative. We also spoke with a social worker from the local authority, an independent mental health advocate and three NHS care coordinators and a quality assurance officer from the local authority. We also spoke with the registered manager, the service manager, team leader and five members of care staff.

We looked at four people's care records and records in relation to the management of the home such as audits, policies and staff records. We observed people taking part in their individual hobbies and interests and also saw how they were supported by staff.

Is the service safe?

Our findings

People told us that they felt safe living at Omnia because the staff were very supportive and said that they were given assistance with their daily living needs. One person said, ""If you need to speak to staff they are available." Another person said, "I feel absolutely safe here." A relative said, "The staff have been very supportive and my [family member] receives safe care at Omnia."

Staff told us that they received regular safeguarding training and we found that they were knowledgeable regarding their roles and responsibilities in relation to protecting people from harm, One member of staff told us that, "I know how to respond to any allegations of harm and where information is kept in the office regarding reporting to the local safeguarding team."

We observed that there were enough staff on duty to provide people with support in an attentive and unhurried way. We saw that people were being supported in the home and to attend their appointments, hobbies and interests. We saw that staff were involved with people in the various activity groups during the day and examples included; cookery sessions, music and arts and crafts sessions. People told us that there was always enough staff available when they needed help and support. The registered manager told us that staff levels were monitored on an ongoing basis; additional staff would be made available wherever people's care needs changed due health or organised events such as daytrips or being accompanied to appointments.

We saw that there were daily audits of medicines to check that stock levels and that all prescribed medicines had been accurately recorded and administered. Any errors were followed up by the home manager and staff would receive additional training where required. We saw that the home was in regular contact with people's GPs and mental health professionals to monitor medicines especially those needing a blood test to safely ensure the required dosage.

We observed staff safely administer people's medicine at various times during the day in an efficient and calm manner. Staff told us that they had been regularly trained so that they could safely administer and manage people's prescribed medicines. Medicines were stored securely and the clinic room temperatures were recorded daily to ensure that these met those recommended by the manufacturer. Records were in place to record medicine that had been administered, returned and ordered. This told us that people received their medicines as prescribed.

One person told us that they were administering their own medicine which they saw as a positive step forward. We saw that another person received two days' supply with a view to eventually fully administering their own medicines. Risk assessments were in place for people who administered their own medicines. One member of staff said, "We are in regular contact with people's psychiatrists and GP's regarding any changes or issues about their medicines."

Individual risk assessments were in place to ensure that care and support would be safely provided to people. The staff we spoke with were knowledgeable about the people they were supporting and were

aware of any risks that were recorded so that they could safely provide support. Staff we spoke with gave an example of how a person's anxiety was managed and how they were able to recognise triggers which may cause anxiety and stress to the person.

We saw that effective recruitment procedures were in place to ensure that only staff who were suitable to work with vulnerable people were employed. We saw the personnel records of two members of care staff. We saw that satisfactory recruitment checks had been carried out and included evidence of completed application forms, satisfactory references, and proof of identity, and Disclosure and Barring Home (DBS) checks. One member of staff said, "I had to supply references and have a DBS check before I started working with people." Staff said that they had been mentored by more experienced staff to ensure that they understood their role and responsibilities and be confident in working with people on their own. The registered manager and service manager told us that any gaps in employment were pursued during the person's interview. They also confirmed that all recruitment checks were completed before members of care staff commenced working with people and provided them with care and support.

Is the service effective?

Our findings

People said that they felt fully involved in the reviewing and planning of their care and support needs. People told us that they participated in reviews of their care and regularly met with their keyworker to discuss daily/weekly events.

Staff used a rehabilitation approach in assisting people with their mental health and daily living support needs. This included an assessment of people's daily living and support needs with the emphasis on moving to more independent living. The majority of people received support at the home between six to twelve months before moving to long term accommodation. We also saw that people had shorter stays in the home as a transition period between leaving hospital to support them returning to their permanent accommodation.

People we spoke with told us that this approach had been very helpful and had improved their life skills and boosted their confidence and daily living skills. Staff we spoke with were very knowledgeable about the person centred approach and support needs of people living in the home.

Before our inspection, the health and social care professionals we contacted told us that they found the care and support provided at Omnia to be professional. They said that they were positive about how people's care and support needs were being met. A visiting social worker told us that staff were very well informed and that communication and information was good. Support was provided for people to access to a range of services to maintain their health.

Health and social care professionals were positive about the care and support being provided at Omnia. People's care plans were regularly reviewed which included input from a variety of local health care professionals, social care managers and psychiatrists.

Staff told us that they had received good and regular training and support to do their job. This included having an understanding of the mental health support needs that people required. Staff confirmed that they had received induction training and had completed other training since starting their job role. Staff told us that they enjoyed and benefited from their variety of training sessions.

One member of care staff gave examples of how their training had improved their ability to recognise and respond to people's mental health concerns. The registered manager confirmed that an ongoing training audit was completed to update all training for staff; refresher sessions were booked to ensure that staff's knowledge and competencies were maintained. The training records we saw confirmed this to be the case.

Staff told us that they felt supported to do their job and had received regular one-to-one supervision sessions. There were detailed handover meetings and we observed one of these meetings: information was being passed on to incoming staff working during the afternoon and evening. This ensured that important information regarding the ongoing needs of people living at the home were well communicated to staff.

People's health and nutritional needs were met. One person said, "We can prepare all types of food here and the staff have helped me with this." Another person told us that they were now able to prepare a range of meals for themselves and they saw this as a great step forward as cooking had not been something they had been very confident with. We saw that people were free to use the kitchen and they were able to prepare drinks and snacks for themselves whenever they wished. People said that meals were good and that staff assisted them with cooking and shopping. People prepared their own meals and received assistance with menu planning and budgeting from their keyworker.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that they had the right to make decisions about their support and care and their opinions were valued and recorded in daily notes. Staff were trained and were knowledgeable in their roles and responsibilities in relation to consent, as defined in the MCA 2005. We were told by the registered manager that there were no applications currently needed to be submitted to any authorising agencies. The registered manager told us that staff were due to receive MCA and DoLS awareness training to ensure that they had an understanding of the key principles and procedures.

We saw that people signed a licence agreement and a behaviour agreement to agree to the services and support to be provided and the guidelines regarding acceptable behaviours, This included guidelines regarding substance misuse.

Is the service caring?

Our findings

People told us that staff were very supportive, caring and helpful. One person told us that the staff were, "Very good at what they do as they make sure I get the care I need." Another person said, "I feel very supported by the staff and other people who live here." Another person told us, "I feel secure at Omnia and I find the staff very helpful and caring and I am very happy to be living here." A relative said, "The staff have been very kind and caring with my [family member]." One person told us, the, "I meet with my keyworker to sort out what I am doing during the week." A keyworker is a member of staff who coordinates and reviews a person's care and support.

We observed staff being caring and attentive when assisting people. We saw staff to be encouraging and helpful when talking with people to ensure that their needs were understood and effectively dealt with. We saw a member of staff assisting a person to sort out their plans for attending an appointment in the town in a helpful and caring manner. Care and support plans that we saw were detailed and gave information regarding people's assessed needs, and support requirements. Examples included background history, personal preferences, healthcare and mental health support needs. Members of staff that we spoke said that they were involved in the reviewing and compilation of care and support plans and demonstrated their knowledge about the needs of people living in the home.

People were spoken to in a respectful, friendly and dignified manner at all times. We saw throughout our inspection that people and staff were engaged in friendly and respectful discussions to deal with ongoing daily support needs. People told us that they were free to use the communal lounges and were also able to receive guests and visitors whenever they wished. We saw that there was a log cabin in the garden area which was separate from the main home buildings; This log cabin was used for people to receive confidential counselling and group sessions and also as an area for family/visitors to use during their visits to the home. People were able to see their friends and relatives during the week. One person said, "My family and friends visit often and there are no time limits on visits." A relative told us that, "The staff are always welcoming whenever I visit."

Staff we spoke with met were enthusiastic about their work and spoke with a great deal of warmth and kindness about the people they were supporting. One member of staff, "I really love my job and helping people remain as independent as possible." Another member of staff said, "It's really good to see people improving their life skills and becoming more confident and feeling more comfortable with people and to cook their own meals." We saw staff speaking with people in a kind, cheerful and caring manner whilst assisting them. We saw that staff knocked on people's bedroom doors and waited for a response before entering to respect and preserve the person's privacy and dignity.

Staff told us that they encouraged people to be independent as far as possible. Examples included assistance with their catering, laundry, going to local shops and attending appointments with healthcare professionals where necessary.

Care notes viewed reflected that people's needs and preferences might change day to day and these showed that staff were flexible in offering choices and support to people with their chosen task/activity. For example, one person told us that they varied their day for some of their activities and that staff supported them with this.

The registered manager and staff were aware of the local advocacy services that were available to support people if they required assistance. Advocates are people who are independent of the home and who support people to raise and communicate their wishes. We met an independent mental health advocate who was visiting the home and was involved in supporting a person at a meeting being held. They said they found the staff to be supportive and welcoming of advocacy services. They said that staff had provided good information and understood the role of an advocate in protecting and ensuring people's rights were represented and protected.

Is the service responsive?

Our findings

People's needs were assessed before being admitted to ensure that the staff were able to meet the prospective person's needs. The service manager told us that people's care plans were based on pre-admission information. They also used information provided by families where appropriate. They said that care plans were developed from assessment information and over a short period of time. Care plans were reviewed regularly and updated when necessary.

People took part in a variety of activities, recreational hobbies and interests that they liked to do. Examples included gardening projects, theatre trips, computer skills and art projects. We also saw that there was a bi-annual magazine produced with input from people. One person told us, "I really enjoy going bowling and also going swimming." Another person told us that they enjoyed the music sessions.

We looked at four support plans during our inspection. There were person centred guidelines in place so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person's personal preferences as to how care and support should be delivered. Examples included prompting people with their personal care, social activities, daily living routines, assistance with medicine and assistance with meals. We saw samples of daily notes that care staff had written, which described the care and support and any significant events or appointments that had happened during the day. We also saw that there was an ongoing progress report which showed any significant changes or events that had occurred.

We saw from records that people were involved in the assessment and support planning process, and in the on-going reviews relating to their care. People said they were actively involved in reviews of their care and support plans and people were able to make suggestions or comments about their care. A relative told us that they had been involved in their family member's reviews and that the staff kept them up to date with any changes to care and support. People also told us that they regularly met with their keyworker and healthcare professionals to discuss and make changes to their care and support needs.

People told us that the staff had always asked them about their individual preferences and examples included where they wished to go during the day and their activities and meal planning and preferences. One person said, "It's a great place and there is lots to do and staff are very helpful." Another person said, "I feel very involved in discussing my support and regularly meet with my keyworker to discuss any changes."

A care coordinator that we spoke with told us that staff were proactive in responding to people's changing needs. They added that they were always contacted to discuss any issues regarding care and support that people may have.

People we spoke with told us that there were regular meetings held in the home where they could raise any issues or concerns. People also told us that they knew who they would speak with if they had been unhappy and wanted to raise a concern or complaint. One person said, "I would speak with the staff. They always listen to me and take me seriously and I feel that I can talk to them." Another person told us that, "I would

speak to any of the staff, but I have no complaints." A relative told us that they felt that any concerns that they may have would be listened to and dealt with appropriately. They said that they had no complaints about the home and the support their family member received.

We saw the complaints policy and complaint log. The registered manager and the service manager told us that all complaints were acknowledged within agreed timescales and resolved to the person's satisfaction as much as possible. We saw a sample of a previous complaint, with accompanying correspondence, indicating that the person's complaint had been satisfactorily resolved.

Is the service well-led?

Our findings

The registered manager was supported by a service manager who had daily management responsibilities in the home. The service manager was supported by a team leader and support workers. People living at the home, a relative, health care professionals and staff members told us that the registered manager and service manager to be helpful and approachable.

People told us that they felt the home was well run and that they felt involved in the day to day running of the home. People told us that they attended the residents' meetings; this was where they had been able to discuss issues, news, menus and any forthcoming events and recreational hobbies and interests. Attendance at these meetings was not compulsory, but people were encouraged to attend so that they could be well informed and involved in the running of the home. We saw that minutes of residents' meetings were kept to record any views or where any action had been taken as a result.

Staff confirmed that they received regular supervision and told us that they were well supported by their manager, senior staff and their staff colleagues. One member of staff told us, "I really enjoy working here and working with people and being part of the staff team." Another member of staff said, "I see my manager regularly and they are always readily available to talk about any issues or concerns."

All the staff we spoke with were aware of their role in reporting any concerns or incidents of poor care practice in accordance with the home's whistleblowing policy. They told us they would be confident in reporting any poor care practice to their managers and external agencies should the need arise.

Annual surveys had been sent out to people living at the home to ask how improvements could be made. The results of surveys were analysed by the organisation and an analysis of the 2015 survey was seen which showed positive and satisfactory responses from people living at the home.

The management team and staff carried out regular audits of the home. Health and safety checks were in place including fire risk assessments, fire alarm and emergency lighting tests and fridge/freezers daily tests. There were contracts for the servicing of equipment in the home to ensure people's safety. Cleaning schedules were in place to promote and protect people from the risk of infection.

People's care and support plans had also been reviewed and monitored, during the management monitoring process/audits carried out by the registered manager and service manager to ensure they were up to date and consistent. Following these audits the registered manager had formulated improvement action plans. An example of this was action taken in response to any errors in medicine administration following an audit by the service manager. This showed us that there were processes in place to review and monitor the quality of care they provided.

The registered manager and care staff worked in partnership with other organisations and this was confirmed by comments from health care professionals we spoke with. These included comments from care coordinators and a social worker who were in contact with the staff of the home. Comments we received

were positive and they felt that any concerns and issues were proactively and promptly dealt with and that communication and any queries with the service were responded to promptly and professionally. One care professional told us that care was person centred and that staff followed advice and agreed protocols. Feedback from a local commissioner of the home was positive. They told us that no complaints or issues had been raised and that they had received very positive feedback from people living at the home.

The registered manager and the management team were aware of their responsibilities in notifying the CQC of incidents that occurred. Records we looked at showed that notifications were being submitted to the CQC as required.