

Fabulous Homecare Ltd

# Fabulous Homecare LTD

## Inspection report

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Date of inspection visit:  
23 February 2022

Date of publication:  
11 March 2022

### 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

Fabulous Homecare LTD is a domiciliary care agency that provides personal care to people living in their own homes in the community. The service was previously known as Fabulous Home Care Agency but operated under a different legal entity. The new provider registered with us in June 2019.

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. At the time of our inspection there were 10 people using the service.

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

People were safe. Staff had been trained to safeguard people from abuse. They understood the risks to people's safety and wellbeing and what they should do to keep people safe. There were enough staff at the time of this inspection to support people using the service and meet their needs.

The provider undertook recruitment and criminal records checks to make sure staff were suitable to support people. Staff followed current practice when providing personal care and when preparing and handling food which reduced infection and hygiene risks in people's homes.

Staff received relevant training to help them meet people's needs. Staff were well supported by managers and encouraged to continually learn and improve in their role. Managers carried out checks on staff to make sure they were carrying out their duties appropriately and to a high standard.

Where the provider was responsible for this, staff helped people to eat and drink enough to meet their needs and to take their prescribed medicines. Staff understood people's healthcare needs and how they should be supported with these in a timely and appropriate way.

People were satisfied with the care and support they received from staff. They received the care and support that had been planned and agreed with them. People's choices for how this was provided were respected and staff delivered this in line with their wishes.

Staff were kind and caring and respected people's rights to privacy, dignity and independence. They knew people well and understood how their identified needs should be met.

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.

Managers monitored and reviewed the quality of service that people experienced. They checked with people at regular intervals that the care and support provided was meeting their needs and sought their views

about how the service could improve.

There were arrangements in place to make sure any accidents, incidents and complaints would be fully investigated and people would be involved and informed of the outcome. Managers worked with other agencies and healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

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

#### Rating at last inspection

This service was registered with us on 11 June 2019 and this was the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Fabulous Homecare LTD

## 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 houses, flats and specialist housing.

The service had a manager registered with the CQC. 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:

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 23 February 2022 and ended on 28 February 2022. We visited the location's office on 23 February 2022.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. 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 the registered manager and the business manager. We reviewed a range of records including two people's care records, medicines administration records for one person, three staff records and other records relating to the management of the service.

After the inspection:

We spoke with five relatives about their experiences of using the service. We also asked five care support workers and a healthcare professional for their feedback about the service. We reviewed additional documentation relating to people's care and the management of the service.

# 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 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 safe using the service. A relative told us, "[Family member] is very comfortable with the carers and trusts them. [Family member] feels quite safe with them." Another relative said, "I think [family member] is safe with the carers...[family member] could tell me if she wasn't treated well."
- Staff received relevant training and support to help them safeguard people from abuse.
- The registered manager understood their responsibility to liaise with the relevant agencies when a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- The provider had systems in place to manage identified risks to people's health, safety and wellbeing.
- Managers undertook assessments to help them identify risks to people and used this information to instruct staff on how to manage these risks to reduce the risk of harm or injury to people.
- Staff understood risks to people they supported and the action they should take to help people stay safe. A relative told us, "They (staff) are very alert to risks and make sure the home is clear of any trip hazards as [family member] can have falls. A staff member said, "I am able to support people fulfil their wishes and basic needs when they are in a vulnerable situation."
- Staff had been trained to deal with emergency situations and events if these should arise in people's homes.

Staffing and recruitment

- There were enough staff to meet the needs of people using the service. Staff were allocated to scheduled care calls in advance and these had been planned to cut down travel time for staff between visits to reduce the risk of them running late.
- People did not have significant concerns about the timeliness of their scheduled care calls. A relative told us, "The carers come when expected so we have no issues about their timekeeping."
- The provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure only those suitable were employed to support people.

Using medicines safely

- Where the provider was responsible for this, people received their medicines safely and as prescribed.
- People's records contained information about their prescribed medicines and how staff should support them to take them in a timely and appropriate way.
- Staff recorded the medicines given to people on their individual medicines administration record (MAR). Our checks of MARs showed people consistently received the medicines prescribed to them.

- Managers undertook spot checks on staff and audits on people's MARs to make sure staff remained competent to administer medicines.

#### Preventing and controlling infection

- Staff followed current guidance to keep people safe from the risks associated with poor infection control and hygiene. A staff member told us, "[Registered manager] always advises us to look after ourselves and [people] to prevent infection."
- Staff used personal protective equipment (PPE) safely and effectively and people confirmed this. A relative told us, "I find the carers are quite respectful and they all wear their PPE as they should be." A staff member said, "I have been provided with enough PPE to do my job properly."
- The provider's infection prevention and control policy was current and reflected current guidance and practice. There were plans in place to make sure infection outbreaks could be effectively prevented or managed.
- Staff had been trained in food safety practices to help them reduce hygiene risks to people when preparing and serving food.

#### Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents.
- Although there had been no recent accidents or incidents, there were arrangements in place for managers to review these and to take appropriate action when needed to reduce the risks of these events reoccurring.



# 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 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

- Assessments had been carried out with people prior to them using the service. Managers involved people and their relatives in these assessments and asked people for detailed information about their needs and how and when they would like care and support to be provided.
- Managers used the information from these assessments to develop care plans for people. People's choices and preferences had been recorded in their care records. This helped to make sure staff provided support in line with people's wishes and needs.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs. A relative told us, "They know what they are doing so it feels they have been trained." A staff member said, "I have been given the training related to my job. Recently I learnt how to give stoma care as one person is using it and I was able to support them."
- New staff were required to successfully complete a period of induction. During this period managers assessed their skills and knowledge to make sure they were competent to work alone with people.
- Staff had supervision meetings with managers to support them in their role and to identify any further training or learning they might need. They were encouraged to achieve relevant qualifications in health and social care to support their professional development. A staff member told us, "The manager has enrolled me into Level 3 Diploma in Adult Care which will help me to do this job even better."
- Managers used feedback obtained from people through quality monitoring checks to help staff improve the quality of support they provided.

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Where the provider was responsible for this, people were supported to eat and drink enough to meet their needs. A relative told us, "They make sure [family member] eats her meals."
- People's records set out for staff their preferences for meals and drinks. This helped make sure people received food and drink of their choice. People's specialist dietary needs had been noted for staff to take account of when planning and preparing meals.
- Staff recorded what people ate and drank at each care call. Managers used this information to check staff were providing appropriate support to people.
- People were supported by staff to manage their health and medical conditions. People's records contained information for staff about how they should do this. A staff member told us, "I get to know the

different health issues of [people] and what treatment they are receiving which enhances my knowledge and experience."

- Staff were observant to changes in people's health and wellbeing and sought support for this where appropriate. They sought the advice and support of health care professionals when needed.

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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and associated codes of practice. The registered manager understood their responsibilities under this Act.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, there were processes to involve people's representatives and healthcare professionals to ensure decisions would be made 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.

This is the first inspection for this 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; equality and diversity

- People were looked after well by staff. A relative told us, "The main things that have impressed me is the attitude of the carers. They have been very respectful towards [family member]. That's important as that is a worry for any relative that their family are treated well." Another relative said, "The carers are kind and caring."
- Staff spoke about people in a kind and caring way. A staff member told us, "I like people and I like to spend time with them. It gives me satisfaction when they share their life stories with me as one person is very talkative and I enjoy their company. Their smile makes my day." Another staff said, "It's my passion to provide good care and make people feel happy."
- On the whole people received support, wherever possible, from the same staff so that the care they received was consistent. Two relatives told us this had not always been the case in the past as the provider had recruited new staff over the last six months. This meant some people had experienced changes in who was providing them with care. Relatives said this was now better but wanted this to remain consistent going forwards.
- We spoke with managers after the inspection who told us they would, wherever possible, make sure people were supported by the same staff.
- People's wishes in relation to how their social, cultural and spiritual needs should be met were recorded so that staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People had been supported to express their views and be involved in making decisions about the care and support they received.
- Managers obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs. People were encouraged to request changes they wanted to their care and support and managers made sure these were made. A relative told us, "The managers have called us to check how things are going and they ask us if we want anything changing."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. People's records prompted staff to support people to undertake as much of the tasks of daily living as they could. A relative told us, "[Family member] can do things a lot for herself...so the carers don't have to do much." Staff only stepped in to provide

support if people could not manage a task safely.

- Staff respected people's privacy and dignity. A relative told us about staff, "I have seen them arrive and they have been polite and respectful." Another relative said, "[Family member] always looks clean and tidy when I see her."

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

- People had choice and control over how their care and support was provided. People's records reflected their preferences and choices for how and when they received support, taking account of their specific needs. This helped to ensure people received support that was personalised and tailored to their needs.
- Staff understood how people wished to have their care and support provided. A relative told us, "They really understand [family member's] care needs and what support they have to provide." Another relative said, "They do a good job with the package of care with [family member]. They do everything they are meant to do." A staff member told us, "I know [people's] routine and this makes my job even easier and I can comfortably support [people]."
- Staff recorded the care and support they provided to people after each care call. Managers checked these records to make sure staff were providing the care and support planned and agreed with people.
- People's records contained information about their hobbies and interests to help staff get to know people and meet these needs. For example, one person liked to listen to a specific radio programme every day and staff were prompted to make sure they could do this.
- People's records also contained information for staff about the important relationships in people's lives and how people should be supported to maintain these.

### 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 needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

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

- People had no issues or concerns about the service at the time of this inspection. A relative said, "I am very satisfied with everything." Another relative told us, "I have no concerns about the care they are providing at all." Another relative said, "The care has been good."
- People told us when they had raised concerns previously, managers had been responsive and dealt with these promptly.
- The registered manager told us no formal complaints had been made about the service in the last 12 months.

- There were arrangements in place to deal with formal complaints if these arose. People had been provided information about what to do if they wanted to make a complaint and how this would be dealt with by the provider.

#### End of life care and support

- Managers had not routinely asked people and/or their representatives about people's wishes for the support they wanted to receive at the end of their life. The registered manager told us they would make sure this information was collected and recorded on people's records. This would ensure that staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

# 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 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively about the management of the service. A relative told us, "The manager seems reasonable...and is helpful and accommodating." Another relative said, "The managers are helpful and listen. I feel confident they will sort things out when needed."
- The provider had clear expectations about the quality of care and support people should receive from the service. Managers made sure these were communicated to people when they first started using the service.
- Managers undertook monitoring visits and telephone calls with people to check that the support being provided was meeting their needs and to the standard expected. Outcomes from recent checks showed people were satisfied with the care and support provided by staff.
- People were provided opportunities to have their say about the service and how it could improve. Staff were also encouraged to give ideas and feedback about how care and support could continually be improved for people.

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

- Staff had clearly defined roles, responsibilities and duties. Managers used the monitoring checks along with supervision and staff meetings to check staff were up to date in their knowledge of the care and support needs of people using the service and informed about any changes to the service's policies and procedures.
- Staff told us they felt well supported by managers who encouraged and developed them in their role to help them undertake their duties effectively. A staff member told us, "I am very happy with the manager and thankful to her that she is always ready to answer any questions and willing to take my suggestions." Another staff member said, "I feel well supported by managers as they always encourage me to undertake different training and improve my skills, knowledge related to my job."
- The provider had an employee recognition scheme which rewarded staff for delivering good quality care and support as a way of motivating staff to achieve positive results in their working practices.
- Managers undertook audits and checks to monitor and review the quality and safety of the service. Issues identified through these checks were acted on promptly including supporting and encouraging staff to learn and improve their working practices.

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; working in partnership with others

- There were systems in place for managers to investigate accidents, incidents and complaints and to make sure people would be involved and informed of the outcome.
- The registered manager understood their responsibility for notifying CQC of events or incidents involving people. This helped us to check they had taken appropriate action to ensure people's safety and welfare in these instances.
- Managers worked proactively with healthcare professionals involved in people's care. They made sure recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.