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Fabulous Home Care Agency

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

Fabulous Home Care Agency registered with the Care Quality Commission (CQC) in September 2017. The service first started operating at a location in Chelmsford, Essex. In August 2018 the service relocated to its current location based in the London Borough of Croydon. This is the first inspection of the service since registration.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection six people were using the service. Not everyone using the service receives the regulated activity. CQC only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service was not required to have a registered manager. This was because the service is owned by an individual provider who also manages the service. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

People said they felt safe with staff. Staff were trained to safeguard people from the risk of abuse and knew how to report any safeguarding concerns to the appropriate person and agencies. The provider had systems to assess and identify risks posed to people. Staff had a good understanding of the support people needed to promote their independence and freedom yet minimise any identified risks to them. Staff followed good practice to minimise risks from poor hygiene and cleanliness when providing personal care. Incidents involving people were reported promptly by staff for the provider to review and take action where required.

People contributed to the planning of their care and support. People's needs were assessed to determine the level of support they required. The provider developed a care plan for them so that staff had relevant information about the care and support people required at each planned visit. Staff received relevant training to help them meet people's needs. They were supported in their role to continuously improve their working practices. People's care and support was reviewed with them by the provider, to ensure this was continuing to meet their needs.

People said staff were able to meet their needs. Staff were kind and caring and provided people with support that was dignified, respectful and which maintained their privacy always. Staff supported people to be as independent as they could be.

There were enough staff to meet people's needs. The provider monitored staff turned up on time for scheduled visits and took action when any concerns about this were raised. The provider ensured wherever possible, people using the service received support from the same staff. People could specify who they

preferred to be supported by. The provider carried out checks of staff's suitability to support people as part of their recruitment arrangements.

Staff documented the support provided to people which kept others involved in people's care up to date and informed. They monitored people's general health and wellbeing and when they had concerns about this they took prompt action so that support could be sought from the relevant healthcare professionals. Staff worked closely with other healthcare professionals to ensure a joined-up approach to the support people received.

People and their relatives were satisfied with the care and support they received. People and staff spoke positively about the provider and described them as accessible and supportive. The provider had aims and standards for the service and communicated to people what they should expect from staff and the service in terms of quality of care. People knew how to make a complaint if needed and the provider had arrangements in place to deal with these.

The provider sought people's and staff's views about the quality of care and support provided and how this could be improved. They used this information along with other checks of the service to monitor and review the quality and safety of the support provided. Any shortfalls or gaps identified through these checks were addressed promptly.

The provider made improvements when these were required to enhance the quality of the service. The provider had recently recruited a care coordinator. This meant the provider could use their time more productively on the overall management of the service to ensure that key standards were being met. We found the provider was responsive and made immediate changes and improvements based on our feedback during the inspection. This included improving information for staff about identified risks to people, checks on staff references and fitness to work, introducing formal one to one meetings for staff and updating the complaints policy and procedure and service user guide so that this contained accurate and more meaningful information for people.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. They worked collaboratively with local authorities funding people's care, so they were kept up to date and well informed about people's care and support needs.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA and were aware of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support.

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 good. Staff were trained to safeguard people from abuse. Risks to people had been assessed and staff understood how these should be minimised to keep them safe.

Incidents involving people were reported by staff for the provider to review and take appropriate action where required

There were enough staff to support people and the provider checked their suitability to do so. Staff followed good practice to reduce infection risks when providing personal care.

Is the service effective?

Good ●

The service was good. The needs of people using the service had been assessed. Staff were trained to help them to meet these needs. Staff were supported in their role to continuously improve their working practices.

Staff worked closely with external health professionals involved in the person's care and reported any concerns they had about the person so that appropriate support was sought when required.

People's consent was sought before any support was provided to them. Staff were clear about their responsibilities in relation to the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was good. People said staff were kind and caring.

People were supported by staff they were familiar with which helped to ensure continuity and consistency in the level of support they received.

Staff treated people with dignity and respect and people were supported to be as independent as they could be.

Is the service responsive?

Good ●

The service was good. People contributed to planning their care

and support needs. Their care plans set out how support should be provided. These were reviewed by the provider to ensure this was continuing to meet people's needs.

The provider monitored that people received timely and responsive support from staff.

There were arrangements in place to deal with complaints should these arise.

Is the service well-led?

The service was good. People's and staff's views about the service were sought. These were used along with audits and checks to review and improve the quality of service people experienced.

The provider had aims and standards for the service, focussed on people experiencing good quality care and support. People and staff spoke positively about the provider and said they were accessible and supportive.

The provider made improvements when these were required to enhance the quality of the service. They also worked in partnership with others to continuously improve the delivery of care to people.

Good ●

Fabulous Home Care Agency

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 checked 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2018 and was announced. We gave the provider 48 hours' notice of this inspection as we needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of a single inspector.

Prior to the inspection we reviewed the information we held about the service. The provider had not sent us a recent Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider confirmed they had not been sent a Provider Information Return to complete prior to this inspection. We took this into account when we inspected the service and made the judgements in this report. We also reviewed the information we held about the service, including any statutory notifications submitted about key events that had occurred at the service.

At this inspection we visited the provider's main office. We spoke to the provider and the senior administrator. We looked at the records of three people using the service and four staff records. We also looked at other records relating to the management of the service, including the service's policies and procedures.

After the inspection we spoke to two people using the service and two relatives of people using the service. We asked them for their feedback and experiences of using the service. The provider also sent us additional information we requested which included an updated complaints policy and procedure and service user guide.

Is the service safe?

Our findings

People told us they felt safe with the staff supporting them. One person said, "I feel without a doubt in my mind that I'm safe."

The provider had arrangements in place to safeguard people from abuse. Staff had received training in how to safeguard adults at risk. The provider had a policy and procedure for staff to follow for reporting a safeguarding concern about an individual to an appropriate person or agency to enable them to investigate this. Staff had also received training in equality and diversity to help them identify and reduce the risk of discriminatory behaviours and practices that could be harmful to people. The provider told us no safeguarding concerns about people had been reported to them since the service started operating in September 2017.

The provider had systems in place to assess and identify risks posed to people from their specific healthcare conditions and by their home environment. People's individual care plans reflected identified risks and contained guidance for staff about how to support people in such a way as to keep them safe. For example, one person had reduced mobility and a history of falls. Staff were instructed, to walk with the person and to prompt them to use their walking aid. We noted there was no information for staff about the risks to the person if this guidance was not followed. The provider told us they would update the person's care records so that it was clear for staff why this guidance should be followed to reduce the risk of the person sustaining an injury from a fall. The provider was hands on and regularly provided personal care to people using the service. They demonstrated a good understanding of the support people needed to promote their independence and freedom yet minimise any identified risks to them.

Incidents involving people were documented and reported promptly by staff for the provider to review and take appropriate action where required. We noted following a recent incident where a person had a fall, the provider provided guidance and support to the person and their relative about how they could reduce the risk of this reoccurring, for example, by keeping things within easy reach so the person would not have to get up unnecessarily and risk having another fall.

There were sufficient numbers of staff to support people safely. Where people needed help to move and transfer in their home, two staff trained in moving and handling procedures attended, to ensure this was done safely. Staff were provided training and information about the provider's lone working policy so that they were aware of the steps they should take to ensure their own personal safety when working alone with people.

The provider had recruitment arrangements in place to check the suitability of staff employed to support people. Staff completed a form or submitted a curriculum vitae (CV) in support of their application to work for the service. The provider checked staff's eligibility to work in the UK, took up character and employment references, sought evidence of qualifications and training and undertook appropriate criminal records checks. We noted that references obtained for staff were completed electronically by referees so were not signed. We discussed this with the provider who told us they would implement an additional check in these

instances to seek assurances about the authenticity of the reference. We also noted health questionnaires were not routinely taken up for new staff. This meant the provider could not check that the staff member did not have an underlying issue with regard their fitness that could impact on their ability to support people safely. The provider said a health questionnaire would be embedded into their recruitment pack for future applicants.

Staff were supported to minimise risks to people that could arise from poor hygiene and cleanliness. They had received training in infection control and had access to supplies of personal protective equipment (PPE) to reduce the risk of spreading and contaminating people with infectious diseases.

At this inspection we found staff were not required to support people using the service with their medicines or with their meals. However, should these needs arise the provider was trained in medicines management and had systems in place to administer these in line with best practice. Staff had received training in basic food hygiene so they were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

Is the service effective?

Our findings

People's needs had been assessed to determine the level of support they required, and this was delivered in line with current legislation and standards, to help people achieve effective outcomes. The provider used this information to develop a care plan for each person so that staff had appropriate and relevant information about the care and support people required at each planned visit.

One person said about staff, "They love doing their job. I'm in good hands." Staff had received training in topics specific to their roles to help them meet people's needs. Staff had received training in; health and safety, fire safety, equality and diversity, infection control, food safety, basic life support, moving and handling, safeguarding, complaints handling, information governance, conflict resolution and lone working. New staff underwent a programme of induction before supporting people unsupervised as well as required to complete the Care Certificate. The Care Certificate is a nationally recognised learning tool to support staff new to care. The provider, who was a registered nurse (RGN), kept their professional practice and knowledge up to date through regular attendance on relevant training.

The care coordinator undertook unannounced spot checks on staff to observe their working practices to ensure these met required standards. Feedback from these checks was given to staff which enabled them to reflect on their practice, discuss any concerns they had about this and identify how they could improve in their role through further training and learning. We noted the provider did not have a formal programme of individual supervision (one to one meeting) with staff. We discussed this with the provider who told us due to the size of the service all staff worked closely and regularly with them so there was regular support for staff when this was required. In addition, the provider held staff meetings monthly, which all staff attended, to discuss current working practices and whether these were effective in meeting people's needs. The provider acknowledged that individual supervision would give staff the opportunity to discuss in private any issues or concern they had about their work. They told us they would introduce a formal programme of one to one meetings so that staff could raise any concerns directly with them in a more appropriate way.

Staff supported people to keep healthy and well. They recorded their observations about people's general health and well-being which kept all involved in people's care and support well informed. When staff had a concern about a person's health and wellbeing they reported this to the provider who ensured appropriate support was sought from the relevant healthcare professionals. We noted following a recent incident where a person had a fall, the provider had informed the relevant healthcare professionals for any additional support they could provide the person.

The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. The provider told us most of the support provided over the last twelve months had been to people who were at the end of their life and being cared for and nursed at home. Staff worked closely with district nurses and staff from the local hospice to ensure that people experienced, comfortable and dignified care in these instances.

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 with appropriate legal authority. Any application to do so must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had received training in the MCA and was aware of their duties and responsibilities in relation to the Act. Not all staff had received formal training in the MCA, but the provider confirmed that this training was booked and would be provided by the end of November 2018. People's records showed information had been obtained about their ability to make and consent to decisions about specific aspects of their care and support. All the people using the service had capacity to consent and to make decisions about their care and support. There were processes in place where, if people lacked capacity to make specific, the service would involve people's relatives, representatives and others such as healthcare professionals, to ensure decisions would be made in people's best interests.

Is the service caring?

Our findings

People and relatives spoke positively about the staff supporting them. One person told us, "They're excellent. They're very very kind...they listen when other people don't. I have a lot of pain and they're really caring about that." A relative said, "Staff are very good, caring and respectful." Another relative told us, "[Staff member] makes [family member] laugh and [family member] really likes her."

A relative said, "They have been very consistent with carers which is important. We've only had three carers from the service and two of them are now regulars." The provider took steps to ensure that wherever possible people using the service received support from the same staff. This helped to ensure continuity and consistency in the support people received. This was important as this helped to build positive and caring relationships so that people would feel comfortable and confident receiving support from staff. People could specify who they preferred to be supported by, for example by either male or female staff members. The provider employed both male and female staff and records indicated that where people had stated a preference this need had been met.

Recent feedback the provider had received from people and their relatives through quality surveys indicated they were satisfied with the support provided and commended staff for their conduct and care when providing support. They rated staff highly for their helpfulness and for treating them with dignity and respect. A relative told us, "They treat [family member] with respect and they're very nice people."

Feedback had also been obtained by the provider from the local authority, who undertook their own quality checks with people about the care and support provided by the service. We noted feedback received from people by the local authority was positive and described the staff as 'kind and caring.'

The provider regularly supported people with their personal care and told us the various ways they ensured people's privacy and dignity. For example, they said they asked people for their permission before being provided with support, offered choice and gave people the space and time they needed to do things at their own pace. This demonstrated staff were sensitive to people's needs and discreet when providing care and support.

People were supported to be as independent as they could be. People's support plans set out their level of dependency and the specific support they needed with tasks they could not undertake without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to help them to retain control and independence over their lives.

Is the service responsive?

Our findings

People and those involved in their care, contributed to the planning of their care and support package. This helped to ensure that people's decisions and choices were used to inform the care and support provided to them. The provider developed a care plan for each person which set out how and when support should be provided by staff. A copy of this plan was placed in a file in the person's home so that staff supporting them had easy access to this. The provider regularly supported people with their personal care and demonstrated good knowledge and understanding of people's needs, preferences and choices.

Staff maintained records of the support provided which reflected what had been agreed and planned for people. This included respecting people's choices and decisions about how support was provided to them. People's care and support needs were reviewed with them, by the provider, to ensure this was continuing to meet their needs.

The provider used quality surveys and home visits to check that people received timely and responsive support from staff. Any concerns about the timeliness of staff when attending scheduled visits was promptly dealt with. For example, recent feedback the provider had received from people and their relatives through quality surveys indicated that one person had some concern about the punctuality of staff. We noted the provider raised this with all staff at the staff team meeting and reissued staff with the service's policy around punctuality to remind them of the expected standards.

Feedback the provider had received from people, their relatives and other agencies indicated no issues or concerns about the care and support provided by staff. The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider. We noted the information provided to people about how to escalate their complaint if they were unsatisfied with the provider's response was incorrect. We discussed this with the provider who made arrangements to have this updated immediately. After our inspection the provider sent us the updated complaints policy and procedure and service user guide which confirmed these changes had been made. The provider told us they had not received any formal complaints about the service since they first started operating in September 2017.

Is the service well-led?

Our findings

Fabulous Home Care Agency was registered with the Care Quality Commission (CQC) in September 2017. The service first started operating at a location in Chelmsford, Essex. In August 2018 the service moved to its current location based in London Borough of Croydon. Fabulous Home Care Agency was owned by an individual provider who also manages the service. It therefore does not require a registered manager. The provider was aware of their registration responsibilities and submitted statutory notifications as required, about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

People and staff spoke positively about the provider and described them as accessible and supportive. A relative said "[The provider] comes to help and we saw her last Friday. She communicates well which is what we need...been very flexible and they come at times we need them which helps us out a lot." A staff member told us they had originally applied to work for the service as a care support worker but soon realised the role was not suitable for them. The provider had been supportive of their decision not to continue in the role and looked for other positions that the staff member would be more suited to at the service. As a result, the staff member was now responsible for key administration duties and said this was a role they enjoyed. The provider told us they recognised that the staff member had key skills that would be beneficial to the operation of the service and was happy the new role was more suitable for the staff member.

The provider had aims and standards for the service which were focussed on people experiencing good quality care and support. People were informed of the provider's aims and standards in their service user guide, which they received when they first started using the service, so that they were aware of the quality of service they should expect to receive in terms of their care and support. Staff were supported to actively contribute to the achievement of the provider's aims and standards. The provider used monthly staff team meetings to discuss how the support they provided should improve the quality of people's lives. Unannounced spot checks were used to check that staff were demonstrating the required behaviours and conduct that people should expect to see from staff. The provider had also introduced an employee recognition scheme to reward staff for delivering good quality care and support as a way of motivating staff to achieve positive results in their working practices.

The provider sought people's and staff's views about the quality of the service and their suggestions for how this could be improved. The service's care coordinator used unannounced spot checks on staff to ask people for their feedback about how the service could be improved. The provider sent a quality survey to people and their relatives to seek their views about the quality of care and support provided and asked for their suggestions for service improvements. Staff were provided opportunities to give their views about the quality of the service through an employee survey, monthly staff team meetings and the comments and suggestions box, situated in the provider's office. Healthcare professionals that worked closely with the service were also asked for their feedback. These arrangements helped the provider to gauge the level of satisfaction people, staff and others had with the service and to identify areas of the service that needed to improve based on people's feedback.

The provider undertook checks to monitor and review the quality and safety of the support provided. Recent checks had been undertaken on people's care records and staffing records to ensure these were accurate and up to date. The service's care coordinator used unannounced spot checks on staff to review their working practices and competency when undertaking their duties. Where any gaps or shortfalls were identified through these checks prompt action was taken to remedy these including supporting and encouraging staff to learn and improve their working practices. For example, through spot checks on staff the provider was supporting one staff member to improve the quality of the information they recorded on people's records to make this more meaningful and useful to all involved in the person's care and support.

The provider made improvements when these were required to enhance the quality of the service. For example, in recognition of the increasing workloads for the service, the provider had appointed a new care coordinator for the service. The care coordinator undertook duties previously undertaken by the provider such as spot checks and direct supervision of care support workers. This meant the provider was able to focus their time more productively on the overall management of the service to ensure that key standards were being met.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, staff worked collaboratively with local authorities funding people's care, so they were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.