

Ab Fab Care Agency Limited

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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

This inspection was carried out on 9 August 2018. We gave the manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office. The provider registered this service with us to provide personal care and support for people within their own homes. At the time of our inspection eight people received care and support from this service.

Rating at last inspection

At our last inspection on 17 June 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People were protected from the risk of potential abuse and told us they felt safe in the company of carers because of the way carers supported and cared for them. Plans to manage people's individual risks were assessed, and identified in a way which promoted people's safety. There were enough carers employed to care for people and chat to them so they did not become isolated. Carers supported some people to take their medicines. Some people had requested carers just reminded them to take their medicines and this had been done.

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

Carers received training and ongoing support to help them work safely and effectively.

People were supported by carers to maintain their health and access professional medical advice.

Carers treated people with kindness and took the time to get to know them well as individuals. People were encouraged and supported to express their views about the care and support provided.

People's rights to privacy, dignity and independence were consistently promoted by carers.

People received care and support designed around their individual needs and requirements.

People's care plans were detailed for each individual's preferences so carers could deliver care in the way

they preferred.

The registered manager promoted an open and inclusive culture within the service. Carers felt valued and well-supported in their work.

The management team carried out audits and checks to monitor and improve the quality of the service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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

This was an announced inspection which took place on 9 August 2018. The inspection team consisted of one inspector and an expert by experience. The expert by experience made telephone calls to people who used the service and relatives on 10 August 2018. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of our inspection.

Before the inspection visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and local Healthwatch for their views on the service.

During our inspection visit, we spoke with two people who used the service, and two relatives. We also spoke with the registered manager, the care manager, senior carer and three carers. [The provider refers to their staff as "Carers."]. We looked at five care records, three staff recruitment files, complaints and compliment records and the provider's quality assurance records.

Is the service safe?

Our findings

At our last inspection in June 2015 the provider was rated as good in safe. At this inspection the rating remains unchanged.

People told us they felt safe when carers supported them. One person said, "I feel I can trust them [carers] with my life, I really do." Another person stated, "Yes, I do, [feel safe] because the staff speak so nicely to me, there is about a team of six and they are all lovely. If a new staff member is joining one of the others would come with them first. I wouldn't change the staff for the world, they mean so much to me." A relative commented, "Oh yes I feel [person's name] is safe when the staff [carers] are caring and I have no complaints."

We saw risk assessments had been completed to reflect the care and support people required to meet their physical and mental health needs. Detailed guidelines had then been produced for carers to follow to keep people safe. We saw environmental changes and risks in people's homes had been assessed to help keep the person and carers supporting them to stay safe. These also included details where people had pets, and considered if carers suffered any allergies in relation to animals, and would not be appropriate for them to attend the call. We saw the registered manager had a system to record and monitor any accidents or incidents, and the actions taken so lessons could be learned to prevent further occurrences.

All the carers we spoke with told us, they checked people's care plans so they knew the best way to keep them safe and confirmed they supported people with the most up-to date information. Carers told us, how they shared information on people's changing safety needs. An on-call service was available to support people who used the service and carers at any time [including out of hours and weekends] if guidance was required to keep people safe. One carer told us, "If anything changes for that person we receive a text message, before we get to the call, so we are fully informed."

Carers and people who used the service confirmed carers followed good infection control practices to protect people from cross infection. One person told us, "The carers wear gloves and aprons. When the carers have finished they roll the gloves and apron together and pop them in my kitchen bin." One carer said, "We have plenty of Personal Protective Equipment [PPE]. It is always available. We just call into the office and pick up gloves and aprons as we need these. If ever the office is unattended there is a supply we can access in a locked box, so we are never left without."

People and their relatives told us carers spent the allocated time with them. One carer said, "If anything we spend a bit longer with people than we're paid to do. If we are running late we tell the office, so if necessary another carer or the care manager attends [our next call]."

We saw the registered manager undertook checks on the suitability of carers before they started their employment. The pre-employment checks for carers included obtaining a minimum of two references and DBS, [Disclosure and Barring Service] disclosure, so people who used the service were not put at unnecessary risk.

There was a medicine policy and procedure in place for the safe administration of medicines. We noted most people either self-administered or had their relatives administer their medicines. Where carers supported people with medicines, this was written in people's care files. A separate medicine administration record sheet [MARS] was also completed and signed by carers to confirm they administered medicines, as prescribed. People and relatives told us when necessary carers administered medicines safely. The carers we spoke with told us they had training in medicines administration and had their competencies checked. We also noted that the registered manager and care manager audited the MARS and medicines to ensure people received their medicines as prescribed.

Is the service effective?

Our findings

At our last inspection in June 2015 the provider was rated as good in effective. At this inspection the rating remains unchanged.

People and relatives told us carers met their individual needs and that they were satisfied with the quality of care and support they received. A person using the service said, "The carers are terrific. I would recommend them to anyone."

Prior to starting to use the service, the registered manager or care manager met with people and their relatives to assess their individual care and support needs to confirm the provider could meet these. The registered manager and care manager used this information to develop care plans, so people received the care and support in the way they preferred. The registered manager understood the need to consider people's protected characteristics and avoid any form of discrimination in the planning or delivery of their care.

People and their relatives felt the carers were well trained. One person told us, "I think they [carers] are trained, some of the staff understand better than a doctor," A carer described when they started their employment with the provider, they were given a "Good induction, I did lots of training and had the opportunity to shadow experienced carers, before I started work on my own." The care manager told us the carer's training was based on the contents of the care certificate. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers.

Carers told us they were encouraged to reflect on their care practices during regular checks which were undertaken on their practices. The care manager described how they completed "Spot checks" on carers, to see how carers provided care and support. This included asking people if they were happy with their care delivered.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We found evidence in care plans we looked at that people had consented to care and our discussions with carers and management showed they understood the requirements of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA for people living in their own home, this would be authorised via an application to the Court of Protection. At the time of our inspection the provider had not needed to make any applications to the Court of Protection.

Where needed, carers supported people with their meals. A person who used the service and a relative told us how carers supported them by heating their meals. One person told us, "The staff [carers] get me a cup of tea and some breakfast, they always ask me what I would like for my tea, and if they have enough time they always try to help me get what I want." A carer told us, "We make sure people have enough to eat and drink to stay healthy. For some people we stay with them whilst they eat their meal, because sometimes they forget to eat. We always leave them with plenty of drinks that are accessible."

Carers supported people to maintain their health. Relatives told us, carers kept them informed of people's health. One relative said, "The staff would phone me if name needed health care, however recently [person's name] needed more urgent care and the staff organised the GP and then phoned me."

We also noted carers liaised with GPs and other healthcare professionals like district nurses when required.

Is the service caring?

Our findings

At our last inspection in June 2015 the provider was rated as good in caring. At this inspection the rating remains unchanged.

People and relatives were complimentary about how carers treated them. One person said, "The staff ask me what I want them to do, the staff are so friendly." Another person said, "The carers are fabulous. They are not only my carers they are now mates as well. I really look forward to seeing them." People and the relatives we spoke with gave us examples of how carers went the extra mile to support them. For example, we heard how carers took one person a cream cake because it was their favourite. Carers called into see some people with their dog because one person loved animals. One carer we spoke with said, "We know if a person we support is feeling miserable and try to cheer them up. That's the joy of working in a small service, we know our people well."

Carers had a good understanding of people's care needs. People told us carers provided them with care and support that reflected their needs. People and relatives told us they had the same carers who supported them most of the time. They told us carers developed good relationships with them. A relative told us carers who supported a person knew them very well because they had been caring for the person continuously for a long time.

People felt that carers and management communicated well and took the time to make sure that they were involved in their care. They felt that carers explained clearly before going ahead and carrying out any care tasks. Relatives were positive about the way that staff supported people. They told us that carers were kind and patient and did not rush the people they were supporting. The registered manager told us that the care and support was planned with involvement of all the relevant people with the person themselves at the centre of all decisions about what care and support was needed. The care records that we looked at showed that people and their relatives had been involved in identifying and reviewing their care and support.

Carers told us that they always tried to recognise what people could do and encourage them, whilst they also recognised what people needed extra help with. A carer told us, "We treat people like a family member." Another carer described how they maintained people's privacy and dignity. They said, "I always ensure the blinds are closed before doing any personal care and make sure any exposed areas are covered up with a towel."

Is the service responsive?

Our findings

At our last inspection in June 2015 the provider was rated as good in responsive. At this inspection the rating remains unchanged.

People and relatives told us the service was responsive to their needs and they were happy with the care they received. One person said, "It's a brilliant service, they [carers] are always ready to help." Another person said, "I wouldn't hesitate to recommend this service." A relative said, "As far as I am concerned the care given to [person's name] is the best it can be and the family are very happy with the care. [Person's name] also is happy with the care given."

Prior to starting to use the service, the registered manager or care manager met with people and their relatives to assess their individual care and support needs to confirm the service could meet these. We found the care plans were personalised with information about people's preferences and the routines they liked to follow in their daily lives. This information included information for carers to follow for example how people preferred their personal care to be delivered and any mobility equipment to be used to ensure people remained safe.

When carers identified any changes in people's needs or abilities they were reported to the office and recorded in their care plans, so people received consistent support. One carer told us, "If anything changes for a person we are notified by text before we arrive at their home. [Care manager's name] is right on the ball with anything like that."

Organisations that provide NHS or adult social care must follow the Accessible Information Standard [AIS]. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. The provider was compliant with the AIS. We saw that people's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs. One person told us their communication with carers was good and they had no issues. A relative also told us they communicated with staff in different ways including emails, texts or by telephone, and felt all carers and managers were very approachable.

Carers were aware of the complaints procedure and told us if someone did complain to them, they would offer reassurance in the first instance and then offer to support them in contacting the registered manager or care manager to make a complaint. We saw the provider had received no complaints in the last twelve months, but had received numerous compliments.

Is the service well-led?

Our findings

At our last inspection in June 2015 the provider was rated as good in well-led. At this inspection the rating remains unchanged.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they 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 registered manager understood their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. The registered manager spoke passionately about ensuring people were looked after to the best of their ability. They personally delivered support and care to people using the service, as they felt it assisted them to understand the needs of the agency and how best to develop and grow in the future.

People who used the service and carers were encouraged to share their concerns and opinions to help them improve the quality of the service. For example, we saw people had completed questionnaires about the quality of the service provided. We saw everyone had responded positively including comments such as, "I feel comfortable that care staff are trained and competent." Another person had commented, "Carers know what I like and what I don't like." We saw written compliments for example one relative had written, "Carers are very, very good."

Staff spoke about the values of the care services they provided and the culture of the management and senior carers. People spoke highly of the registered manager, one person told us, "The service is very well managed." A relative described the service provided as, "Absolutely brilliant. It's a life saver." One carer told us, "I've worked at other care agencies before coming here, but this one is the best I've worked for. It's small enough to provide person centred care for people and give care the way they like. We are not rushed and the management is the best I've ever worked for."

The registered manager spoke of their commitment to providing an excellent, caring service to the local community. They demonstrated this commitment by taking over the running of the local meeting centre to provide a day service for people who lived with dementia approximately twelve months ago. They told us the charity that ran the meeting centre had pulled out and rather than the service failing to exist they agreed to manage the service. It was important to the people who attended the centre to maintain their quality of life and community links.

There were also regular checks and audits on areas such as risk assessments, care records, training, accidents or incidents and medicines. We could see where actions had been taken as a result of the checks and audits.