

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 

Overall summary

This inspection was carried out on 17 June 2015. We gave the manager 48 hour's 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 19 people received care and support from this service.

There was not a registered manager in post. However an application to register a manager had been made. A registered manager is a person who has registered with

the Care Quality Commission 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.

When we last inspected the service in April 2014 we found the service did not meet all of the requirements of the regulations we assessed them against. However during this inspection we found them to be now meeting the requirements of the regulations.

Summary of findings

People told us they found the staff and management approachable, willing to listen to their views and opinions. They said that if they had any concerns they were able to speak with the manager.

People told us that they always had the correct amount of staff to meet their needs and this included support with their medicines. Where staff were on holiday or sick, people told us that there were always staff on hand to cover any visits.

People we spoke with were positive about the care that they received. They told us staff were kind and caring and knew their needs. People told us they found the staff and management approachable, willing to listen to their views and opinions. They said that if they had any concerns they were able to speak with the registered manager.

Staff were not recruited until appropriate checks had been made to make sure they were suitable to support people in their homes and keep them safe. Staff had a good understanding of how to protect people from abuse and how to report abuse.

The manager told us that they were committed to achieving the best for the people that used the service. A range of checks were completed regularly to ensure that good standards of care were maintained. Feedback from the people that used the service were sought on a regular basis and any areas identified for action were acted upon.

People told us that nothing was done without their consent. Staff understood that care could only be given if the person consented and also the principles of personalised care.

Summary of findings

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 was safe.

The people we spoke with told us that they felt people were safe. Staff had the skills, knowledge and experience to keep people safe and protect them from harm.

Good



Is the service effective?

The service was effective.

People were supported by staff who were well trained and supported. Staff told us that they received good levels of supervision and training. Staff supported people to access different health professionals as needed .

Good



Is the service caring?

The service was caring.

People said that they liked the staff who supported them and that they were kind. Staff showed that they treated all people as individuals with dignity and respect.

People were involved in planning and reviewing their care and were able to raise any concerns or suggestions about their care at any time with the provider and manager.

Good



Is the service responsive?

The service was responsive.

People told us care staff responded to their needs and when people's needs changed the staff worked with other professionals to ensure that their needs continued to be met.

People said that they were able to raise concerns and they were listened and responded to.

Good



Is the service well-led?

The service was well led.

People spoke positively about the manager and felt that the provider took time to make sure people were happy and felt able to raise any issues. People felt that the manager would resolve any issues quickly if needed.

Staff felt well supported and motivated and spoke about the encouragement they received from the manager to provide the best possible quality service.

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 17 June 2015 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or

injuries to people receiving care, this also included any safeguarding. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

As part of our planning for the inspections we asked the local authority if they had any information to share with us about the care provided the service.

We spoke with four people who used the service, five care staff, and the provider who was also the manager. We also spoke with a family member and a social work professional by telephone.

We looked at the care records for three people including care plans, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe when they received support from staff who they knew and liked. They told us that they were given the contact details for the manager and were encouraged to ring at any time if they had concerns. One person said, “This gives me peace of mind. I know if ever I was worried about what a member of staff was doing I could call [manager’s name] at any time.” Staff told us about their understanding of abuse, what to look for and how to deal with it. This showed that staff knew how to keep people safe from harm. The manager had a good understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

Staff were able to explain about how they managed risks and were confident that if they identified that risks were changing, they would get support from the manager and any other professionals involved to update the risk assessments. For example we saw in a person’s care records where a risk assessment had been updated to reflect changes to the person’s health. These changes were discussed with the person and their family. One person said, “They (staff) don’t do anything I don’t want them to do.”

People told us that they had consistency with the staff and as the staffing team was small if someone was off sick or on holiday they would usually know the staff member

covering. One person said, “I get the same staff regularly most times, but when there has been an unexpected change the manager will call and put my mind at rest. I have never had any problems, and I feel safe with all of my care.” The manager told us that they would always be able to arrange cover at short notice even if it meant the manager going out. Further adding that they had not had a situation where a call was missed. Staff told us that they had time in the visit to chat with people to make sure they were well, and they said that they felt there was enough staff to meet people’s needs safely.

Staff told us that before they worked for the service they had to complete an application form together with obtaining references and also checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

Some people we spoke with told us they needed support from care staff when taking their medicines. One person told us, “They help me with my medicines”. We discussed with staff about the support they gave around people’s medicines. What they told us matched what was in the care plans. We saw that there were clear procedures for supporting people with their medicines and all staff had medicine training. When people have been supported with their medicines this is clearly recorded in their care records.

Is the service effective?

Our findings

People told us that they had confidence that staff had the skills and knowledge to meet their needs. One person told us, “They are marvellous, you couldn’t ask for better skilled carers.” Staff told us that they received sufficient training to enable them to effectively meet people’s needs. We could see that where needed staff had received additional training in specific areas. One example was to meet the needs of a person with diabetes. One staff member told us, “You get lots of training from the beginning, and it continues throughout the time you work here.”

We could see that staff attended a variety of training. For example all staff did medicines training, safeguarding training and other training appropriate to their roles. We saw dementia training packs that all staff had been given. This provided information and guidance on caring for people that have dementia. Staff we spoke with were positive about this. One staff member said, “It really enhances our understanding and this improves how we do our jobs.”

People told us that they always felt their needs were met by the staff. All the staff we spoke with had knowledge of the needs of the people who used the service. We asked staff about some of the health needs of the people who used the service. Staff were able to tell us about how they managed a person’s anxiety, they were also able to tell us how they managed this person’s other complex health needs. What staff told us matched what was recorded in people’s care records.

Staff told us that they always respected people’s wishes. We also discussed about what needed to happen if a person did not have the capacity to make choices. Staff were able to explain about best interest meetings and the principles of the Mental Capacity Act 2005 (MCA). We were told by staff about a person who made choices about whether they wanted certain aspects of care on each visit. We looked at this person’s care plans and saw that the changes they had requested to their care had been put documented. This demonstrated that staff understood about consent and supporting people with their choices.

People said that they were happy with the support they received around their mealtimes. One person said, “They help me get and prepare my food. I have nice food.” Staff told us about the importance of making sure that people had access to food and drinks when they left. One staff member told us how after having concerns about a person’s weight loss, a referral was made to health professionals and the local safeguarding team for further assessment of their needs. We could see from this person’s records that following this the care plans had been updated.

People told us that they were supported to keep well, and when needed the staff would support them with health appointments. One person told us about how a member of staff upon hearing that the person was feeling unwell had called the doctor and stayed with them until the doctor arrived. We saw in the records another example where a district nurse had become involved in someone’s care as a result of a referral being made. The manager told us that this input had helped to make sure that staff continued to understand the person’s needs.

Is the service caring?

Our findings

All of the people who used the service that we spoke with told us that they had good relationships with the staff. They all said about how caring the staff were. One person said, “It’s like having a friend when the staff come. They always seem interested and we have a good chat.” All of the staff we spoke with were positive about the people that used the service and spoke fondly about them.

People we spoke with told us that they were always treated with dignity and respect by staff. Staff explained to us the importance of treating people with dignity and respect. There were two dignity champions, who were staff that had received additional training around dignity in care. One staff member saw their role to act as a good role model and to educate and inform all those working around them about good practice. We were shown details of the training and mentoring that all staff had started to receive around dignity. The manager told us, “We are going to have all staff trained to become dignity champions. It is so important in what we do.”

One person told us, “I usually see (staff’s name) but if it’s not her, like if she’s on holiday or something I always get someone who knows what I need and my likes and dislikes. They are all very caring.” Through our discussions with staff it was clear that they respected what people liked and disliked. One staff member said, “All people are different. The secret is to treat everyone as an individual.”

People we spoke with knew about their care records. People told us that staff took time to explain what they were going to do when they visited. They all felt that staff communicated well and that they were able to be actively involved in their care. We saw in people’s care records that they were signed by people they belonged to where possible, and that their views had been recorded in care reviews. The care records that we looked at included information directly from the person receiving the care including their likes and dislikes. Staff told us that in all the assessments and care plans the person is at the centre of it all.

Is the service responsive?

Our findings

People told us that the care was centred on their individual needs. One person told us, “I never feel that I am not in control. They listen to me and respond to how I am feeling on the day.” One staff member told us, “We adapt what we are doing to what an individual wants at the time, it is their choice.” We saw an example of this in a person’s care records where they had requested a change to the time that staff visited. The time had been changed in line with their wishes. We could also see other examples where care routines and tasks had been altered so that they could remain individually tailored to what the person wanted.

People felt that staff were responsive when their needs changed. We heard about examples where an appointment with the doctor had been made following it being requested by the person, also where other health professionals had become involved. We asked the people if they were aware when staff were arranging the appointments, and they all said that they were always involved. Care records showed that the service maintained close links with other professionals and made referrals at times when appropriate. Where people’s needs had changed we could see that the provider had arranged for

additional training to meet the additional needs. One example was the recent provision of training around diabetes due to an increase in people with diabetes using the service. The staff we spoke with were very positive about this training and felt it enabled them to respond even better to people’s needs.

We asked people about whether they felt they could raise concerns or complaints. All of the people that we spoke with said that the manager was very visible and involved and that if they had anything to say it would be listened to and actioned. One person told us about how the manager likes to keep in touch with them to make sure that they are happy with the care they were receiving. We spoke with the manager about the handling of concerns and complaints. Although they had not received any complaints we could see that there was a system in place to respond and investigate concerns appropriately. One example we saw was where a relative had raised a concern that the times allocated for staff to visit left periods of time where the person’s needs were not being met. We could see that in consultation with the local authority the provider had requested a care review and the person’s hours of care had increased. We were told that this was now being monitored with the person and their family.

Is the service well-led?

Our findings

People who used the service told us the manager was approachable and available if they needed to speak with them. They also told us that they were happy with the reliability of care staff. One person told us, “What can I say other than staff are excellent.”

There was a clear management structure and out of hours on call system to support people and staff on a daily basis. People told us that they had good communication with the manager who they had direct contact with on a regular basis. They told us the manager took time to make sure they understood their views and was always responsive to them. All people told us that that they knew how to contact the manager if they needed to.

Staff told us that they felt well supported in their roles. One member of staff said, “This is the best boss I have ever had.” Staff felt that they could go to the manager about any concerns and that they felt they would be listened to. Another member of staff said, “If you ever feel you need support, you always get it. She acts straight away.” Staff were also aware of the whistle blowing policy and who to contact if they had concerns. Staff said that although there were monthly staff meetings, most things were discussed by just dropping into the office.

We saw that the manager continually monitored the daily running of the service. They did this by reading all of the daily record sheets for the day before they were put into people’s care records. The manager told us that this was a way of making sure that no concerns or changes were

missed. Also the manager did weekly spot checks, where they would go out unannounced to a visit that staff were attending, observe the care and also ask the person if there were any concerns. The spot check also included looking to see that people’s medicines had been administered correctly and to ensure that care plans had been followed correctly. The manager said they felt this gave them a regular oversight of the quality of care that people were receiving. The staff we spoke with felt this was positive as it provided reassurance to the manager that staff were doing what was expected of them. One member of staff said, “It gives an opportunity to shine.”

The manager told us that everyone who used the service had a care review every 6 months. This would involve the individual, their family (where appropriate) and other professionals involved in the person’s care. The manager said this was an opportunity to review the quality of the care the service was delivering and to ensure that it continued to meet people’s needs. The care records we looked at confirmed that these reviews happened regularly.

Staff we spoke with felt the service was well led and they felt involved in the running of the service. A staff member told us, “She [the manager] is so good at making sure that it is not just her shaping the service but the staff and the people that use the service as well.”

We asked the staff and the manager about their vision for the service. They all said that it was to provide the best quality person centred care. This was supported by the people that we spoke with and by what was written in people’s care records.