Fabeliz Services Limited

Fabeliz

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Fabeliz is a domiciliary care service providing personal care and support to people living in their own homes in the Marlborough and surrounding towns and remote villages. At the time of our inspection, six people were using the service.

This was the service's first rated inspection since they registered with the CQC in February 2016.

This inspection took place on 14 June 2017. This was an announced inspection which meant the Provider was given notice before we visited. This was because the location provides a home care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

The service had a registered manager in post. 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.

People and relatives spoke highly of the care they received and all said they would recommend Fabeliz to others. They told us staff were kind and caring in their approach and they felt comfortable with staff. Comments included "I am very satisfied", "Carers are always amenable and flexible enough", "They are extremely helpful" and "Yes, they are caring. I think very highly of them".

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times.

Systems to support people with their medicines were not always clear. Since our inspection the registered manager had implemented a new system to ensure the safe administering of medicines.

Risks to people's personal safety had been assessed, however we found where risks had been identified, plans were not in place to minimise these risks. For example where it was identified a person was at risk of falls, an associated risk assessment on how to minimise the risk was not in place. Since our inspection the registered manager had devised an additional risk assessment to include more detailed information where a risk had been identified.

The service asked for people's consent to care and support in their own homes, before commencing the care. Staff understood the importance of giving people choice and supporting decision making.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs.

People and their relatives told us they felt safe when carers visited them in their homes to provide support.

Comments included "Yes, definitely feels safe", "Very much so" and "Yes, I do feel safe".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.

The service was responsive to people's needs and wishes. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint.

Staff told us they felt supported by the registered manager. The registered manager was accessible and any concerns raised would be dealt with immediately.

People and their relatives' feedback were encouraged through six monthly surveys and care reviews. However, we found there were no auditing systems in place to assure the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Systems for the administering of medicines were not always clear.

Where risks to people's safety had been identified, associated risk assessments had not been completed.

People told us they felt safe receiving care and support from staff. Staff knew what action to take to protect people from potential harm and abuse.

Is the service effective?

Good

The service was effective.

Staff sought permission and consent before providing support.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs.

People's changing needs were monitored to make sure their health needs were responded to promptly.

Is the service caring?

Good

This service was caring.

People told us staff were kind and caring and treated them with dignity and respect.

Staff showed concern for people's wellbeing in a caring and meaningful way.

Staff told us that people were encouraged to be as independent as possible.

Is the service responsive?

Requires Improvement

This service was not always responsive.

People or their relatives were involved in developing their care and support plans, however we found care plans were not person centred.

Staff supported people to access the community and maintain relationships important to them.

People told us they knew who to contact if they had a complaint.

Is the service well-led?

Requires Improvement

This service was not always well led.

There were no auditing systems in place to assure the quality and safety of the service.

Staff told us they felt supported by the registered manager and that they were approachable.

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately.

Fabeliz

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 14 June 2017 and was announced.

The provider was given notice because the location provides a domiciliary care service with the registered manager who also provided hands on care. We needed to be sure that someone would be in to support our inspection.

The inspection was completed by one inspector.

Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR), which is information given to us by the provider.

As part of the inspection we spoke with three people who used the service, two relatives, the registered manager and two members of care staff. We received feedback from one health and social care professional. We looked at the records relating to care and decision making for three people. We also looked at records about the management of the service, training records and staff files.

Requires Improvement

Is the service safe?

Our findings

Systems to support people with their medicines were not always clear. We saw the type of medicines were recorded in people's care records, but did not have sufficient information for staff to administer the medicines safely. For example "Codeine 15mg, 1 time per day)" or "Eye drops, as needed". It was not clear from the information if the medicines were prescribed to be taken "as required" (PRN), in blister packs or as part of a monitored dosage system. The lack of information could result in people not receiving their medicines as prescribed. One relative told us staff did record when they had supported their family member with their medicines and they would make a note if the person was running low. The registered manager told us they were not currently supporting anyone with PRN "as required" medicines. Since our inspection the registered manager had implemented a new system for recording and administering of medicines and they told us it was now active in people's homes.

People and their relatives told us they felt safe when carers visited them in their homes to provide support. Comments included "Yes, definitely feels safe", "Very much so" and "Yes, I do feel safe". People told us it helped as the staff team consisted of three, including the registered manager, so they always knew who was coming. The registered manager told us there had only been one missed care visit, where the carer was running late and could not get there on time. They contacted the person to inform them and to make sure they would be okay without the visit. A relative told us occasionally carers were held up but said "They haven't let mum down yet".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. One staff member said "Safeguarding is to keep people safe from harm" and another said "Examples of abuse can be mental, physical, verbal or financial". Staff had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of the option to take concerns to agencies outside of the service if they felt they were not being dealt with. One staff member said "I would go above X [manager] if they didn't respond appropriately".

Risks to people's personal safety had been assessed, however we found where risks had been identified, plans were not in place to minimise these risks. For example where it was identified a person was at risk of falls, an associated risk assessment on how to minimise the risk was not in place. The registered manager had since our inspection devised an additional risk assessment to include more detailed information where a risk had been identified.

People told us there were sufficient staff to meet their needs and that staff had the right skills and knowledge to support with their individual needs. One person told us they became anxious at times and said staff were knowledgeable about what to do.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. The registered manager told us staff always carried incident log forms with them. There had only been one incident in the past year. Staff said when they visited people in their homes, they would

always check for trip hazards. When people started with the service, the registered manager also completed an environment risk assessment.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Good

Is the service effective?

Our findings

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 legally authorised under the MCA. For people receiving care in their own home, this is an Order from the Court of Protection. The registered manager told us this did not apply to anyone receiving a service at present.

Speaking with staff some showed a good understanding of the principles of the MCA. They said "Always assume someone has capacity unless proven otherwise, take all practicable steps to help the person, it doesn't mean a person can't make a decision if it is an unwise decision, decision must be made in their best interest and the least restrictive option". One staff member who had recently joined the service, had not completed their training on the MCA yet and was unable to explain what it meant when a person lacked mental capacity to make a decision. They were however able to explain the importance of giving people choice. We raised this with the registered manager who said they would be supporting the staff member to complete their MCA training as a matter of urgency. Since our inspection the registered manager informed us the member of staff had now completed their MCA training and had a better understanding of the principles of the MCA.

We saw evidence that people had consented to receiving care and support from Fabeliz and signed a consent form. People told us staff always asked for permission before providing support and staff said they would always ask if the person was ready before providing support. The registered manager told us they had not had to complete a mental capacity assessment yet, as where people did lack capacity to consent to care, the local authority had been involved. The registered manager said they were aware of the process and had been involved in best interest meetings, for example when facilitating hospital discharge.

New starters had a probationary period of training and shadowing another member of staff. Staff told us they had shadowed the registered manager for two weeks before being allowed to work on their own. Staff said they received good support and had regular supervisions which were both telephone and one to ones, and were also able to raise concerns outside of the formal supervision process if needed. Staff received a performance review at the end of their probationary period to ensure they were suitable to continue their employment.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. New staff were supported to complete the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life and included subjects such as safeguarding adults, health and safety, food hygiene and mental capacity. Where staff had received training in their previous employment we saw the registered manager had asked for evidence of the training received to ensure it was relevant and still up to date. The registered manager told us they had started a training matrix to ensure staff training was regularly updated.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. Staff acted on the recommendations of professionals, for example supporting a person with their exercises. A health and social care professional said "We are the community health care team consisting of therapists and nurses. X [manager] regularly feeds back in regards to skin integrity and other health care issues including mobility.

Where people were assisted with meal preparation, they were given a choice. One relative told us they bought the food in, but the carers gave their family member a choice of what was available.

Good

Is the service caring?

Our findings

People and relatives spoke highly of the care they received and all said they would recommend Fabeliz to others. They told us staff were kind and caring in their approach and they felt comfortable with staff. Comments included "I am very satisfied", "Carers are always amenable and flexible enough", "They are extremely helpful" and "Yes, they are caring. I think very highly of them". A health and social care professional said "I have always received positive feedback about Fabeliz. If a patient requires extra time this is requested so that the best possible care can be provided."

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. One person said "Absolutely, they treat me with dignity and respect". A relative told us it was a small care team, which meant they got to know the staff well. They said "It is definitely a benefit to have the continuity of only three carers, who got to know X [wife] very well".

People were treated with kindness and compassion in their day-to-day care. Staff showed concern for people's well-being, for example raising concerns with the registered manager where they thought a person might be neglected to see what options were available to support the person. A relative also told us staff were helpful during a visit to the dentist. The carer met them at the dentist to support with getting the person in and out of the car.

The registered manager told us of a person they had supported, but identified the person would benefit receiving support from a male carer. As the service only had female carers at the time, they liaised with the local authority and supported the person to find a male personal assistant.

People's care was not rushed enabling staff to spend quality time with them. The registered manager told us they would not provide 15 minute care visits as it doesn't allow quality time with the person. People and relatives told us lunch times were rushed at times, but that was because of the remit of social care funding; only allowing a specific time slot.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and six monthly surveys.

Staff told us that people were encouraged to be as independent as possible. One staff member said they would encourage people to do as much for themselves as possible, for example "Here is the flannel, do what you can and I'll help with the rest". Staff also knew what people preferred to do for themselves. They told us about a person who preferred to wash their own hair over the sink. They said "People have their own routines. You get to know people by chatting to them".

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and

equipment were provided as and when needed.

Requires Improvement

Is the service responsive?

Our findings

People or their relatives told us they were involved in developing their care and support plans. One relative said "We all work together in the care plan. The carers are in tune with our requirements". Care plans covered areas such as personal care, medical history, communication, mobility, cognition, nutritional needs and family and relationships. There was a "Who am I" section providing some information on what was important to the person and their social history.

We looked at three care plans and found they were task orientated and not person centred. For example in the personal care section for one person, it stated "Personal care support for 6 weeks". For another person we saw the care plan stated "Assistance with washing and dressing". It did not contain information on what the person would be able to do for themselves and how they would like their support. The registered manager told us for many people the local authority had already completed an assessment. When the registered manager visited to complete their assessment and care plan, people were not keen on going over it again. The registered manager said "Although this is not clearly documented at present, everything I do is around a person centred care orientation and getting and fighting for what is best for my clients."

People's needs were reviewed regularly and as required. We saw evidence of care reviews, however it did not evidence if the person or their representative were involved. People did not sign their review, only staff. We saw where necessary the health and social care professionals were involved. The registered manager told us they regularly liaised with the integrated care team and speaking with some people they told us they were due to have a review with a social worker.

Staff completed a daily record for people after each visit and recorded information on the support given. This didn't always include information about the person's wellbeing during that visit. Some records seen stated for example "Seemed very anxious today", however no information on what staff did to support the person with their emotional well-being and if the person was still anxious on staff leaving.

People and relatives told us the service was responsive to their needs and they had regular contact with the registered manager. They said if they left a message, the registered manager would always return their call. One relative said "We debate on a daily basis on how things are going". They told us sometimes they wanted their care visit a bit earlier or later, the service was always very accommodating in arranging it.

The service had a complaints procedure in place and people had received a copy in their service user guides. Speaking with people and relatives they told us they didn't have any complaints. The registered manager told us they had received one verbal complaint in the past year, but the person did not want to make a formal complaint. They dealt with the complaint and the person was happy with the outcome.

Staff supported people to access the local community, for example taking them shopping or to health appointments. Staff were proactive and made sure that people were able to maintain relationships that mattered to them.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post who was responsible for the day to day running of the service. The registered manager also provided hands on care and regularly worked alongside other staff. The service's ethos was "To make principles of good care fundamental to Fabeliz".

Staff told us they felt supported by the registered manager. They said "Feel supported, yes definitely" and "Yes, very supported. X [manager] is very approachable". Staff said they had regular contact with the registered manager and communication was open. The registered manager also told us they valued their staff and would provide as much support as needed to ensure staff were happy at work. They were also supportive of staff personal circumstances.

The registered manager told us their biggest challenge had been to recruit and retain suitable staff. They said they would not compromise on the quality of care provided and had been unable to expand the service at present due to recruitment. They said their biggest achievement had been to make a positive impact on the people using their service. For example where people had been unable to go outside, with support they were now able to sit outside. The registered manager said it was rewarding to see a change in the person.

The registered manager had lived in the local area for many years and told us they recognised how difficult it was to get good care in remote villages. They had also seen how other companies had operated and their vision was to make a difference and "Get things right".

The service currently did not have formal auditing systems in place, to assure the quality and safety of the service for example medicines, infection control, staff training and care plans. However the registered manager told us they were in daily contact with people and staff and seeking feedback. They also completed competency observations with staff to ensure they had the skills to support people safely.

Surveys were sent out six monthly to get people and relatives' views of the quality of the care. Comments from the 2017 quality assurance stated "Could not have kept the person at home without this exceptional care. As the situation became more demanding and his needs increased, the staff responded", "The phone is always answered immediately" and "All staff were professional, caring, supportive and knowledgeable to both patient and family". Since our inspection the registered manager told us they had now implemented medicines audits to ensure the medicines administration records were completed safely.

The registered manager kept up to date with current practices, legislation and national guidance through using Social Care TV and reading information on the CQC website. They told us they had been unable to attend registered managers and providers' meetings as they were part of the care team providing support. They were always on-call in case of an emergency and was hoping to start sharing some responsibilities with one of the more experienced staff members in the team.

The registered manager held a psychology qualification and kept up to date with their registration. They told us they received professional supervision and support from a colleague. The registered manager had made

close links with the local GP surgeries, integrated care team and care coordinators.