Fabs Homecare Limited

FABS HOMECARE LIMITED

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 26 February 2016 and was announced. Fabs Homecare Limited provides personal care for people living in their own home in the London borough of Greenwich. At the time of the inspection there were 12 people using the service.

The service has a registered manager. 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.

At this inspection, we found that the registered provider had not routinely completed staff appraisal.

People were cared for by staff that were skilled and experienced. Staff had regular supervision and training available to them. However, we found staff appraisals had not taken place since 2014.

People were protected from harm. Staff had guidance to help them to keep people safe and took action to manage an allegation of abuse when necessary. Assessments were completed and care plans developed to manage and reduce risks identified.

Summary of findings

People received support from sufficient numbers of staff to ensure they received their care safely. People's medicines were managed and had them safely as prescribed. Staff completed regular audits of medicine administration records (MAR) charts, to ensure their accuracy and safe administration.

People gave staff consent to care and had support to make choices and decisions about the way they wanted to receive care. Staff had an awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They were aware of how to care and support people in a way which protected their rights within the principals of MCA.

People were treated with kindness and compassion and their dignity and privacy respected.

Staff knew people's needs well and tailored their care and support to meet them. People had access to healthcare advice and support when their needs changed. Staff provided people with sufficient food and drink, which met their needs and preferences.

People and their relatives contributed to assessments of their needs and develop care plans. The provider had arrangements in place for people to make a complaint.

The registered provider had systems in place to monitor, review, and make improvements to the quality of care delivered to people. Staff sought feedback from people and their relatives and the registered manager analysed them and took actions when required. The registered manager was aware of their responsibilities as registered manager with the Care Quality Commission.

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. People were protected from abuse because staff were aware of the signs of abuse and how to raise an allegation appropriately. People had risks to their health and well-being assessed and plans in place to manage them.

There was sufficient staff available to care and support people. Medicines were managed safely and people received them as prescribed.

Good

Is the service effective?
The service was not always effective. Staff had regular training and supervision, which supported them in their role. However, staff did not have regular appraisals.

People accessed healthcare support when required. Meals prepared for people meet their preferences and needs. People received support from staff to make decisions regarding the care they received. Staff had an awareness of the principles of the Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DoLS).

Requires improvement

Is the service caring?
The service was caring. People were cared for by staff that knew them and cared for them in a way to meet their needs. People were treated with kindness and compassion and their dignity and privacy respected. People contributed to their assessment and in the planning of their care and support.

Good

Is the service responsive?
The service was responsive. People were involved in their assessments to identify care needs and care plans developed to meet them.

People were provided with information about the complaints process and the manager dealt with complaints raised appropriately.

Good

Is the service well-led?
The service was well-led. Staff monitored the quality of care and made improvements to the service. The manager sent appropriate notifications to the Care Quality Commission.

Good

FABS HOMECARE LIMITED

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.

The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is often out during the day; so we needed to be sure that someone would be available.

This inspection took place on 26 February 2016 and was announced. Two inspectors carried out the inspection.

Before the inspection, we looked at information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

During the inspection, we spoke with three people using the service, three relatives and four care workers. We spoke with the registered manager and a care coordinator. We reviewed 10 care records, five staff records. We looked at other records relating to the management, leadership and monitoring of the service.

After the inspection, we contact the commissioning officers from the London Borough of Greenwich and a health care professional.

Good

Is the service safe?

Our findings

People were kept safe from harm. People we spoke with said that staff made them feel safe when they received care from them. One person told us about a staff member and said, "I feel totally safe with them in my home." Another person said, "I feel totally safe with them all." We spoke with a relative who said, "[my relative] feels totally safe with the carers." In addition, "I think that all the carers are trustworthy. We have no problems whatsoever."

Staff were knowledgeable, skilled and trained in safeguarding procedures. Staff had knowledge of the signs and types of abuse and the process used to raise an allegation of abuse to their manager or local authority safeguarding team. The registered manager was involved in all safeguarding allegations raised with the local authority and liaised with health and social care staff to implement a plan to keep people safe. People were cared for by staff that had skills and knowledge to keep them safe from harm.

The provider had a whistle-blowing policy in place. This policy gave staff guidance on how to raise a concern that the management of the service had unsatisfactorily dealt with and resolved. Staff we spoke with knew how to raise a concern promptly using the whistle-blowing process.

Staff identified risks to people's health and wellbeing and action plans were in place to manage them. For example, a risk assessment identified a person was at an increased risk of developing pressure ulcers. A staff member told us, "I ensure that the people that I support are safe by ensuring that I use the aids that the person has appropriately." Staff took appropriate actions by following the guidance in risk management plans to monitor and minimise the risk. Staff referred to healthcare specialists who provided equipment to manage the risk.

The levels of staff were sufficient staff to meet people's care and support needs. The staff rota showed that the numbers of staff available to care for people was appropriate. For example, people who required two staff members for assistance with their care and support needs was available for them.

The provider had a robust recruitment process in place. This was to ensure that suitability skilled and knowledgeable staff worked with people. The provider made appropriate checks to confirm staff were safe to work before supporting people. The checks included a criminal records check and received documents, which confirmed the eligibility of staff to work in the UK. Staff records held information of work references, the interview process, and copies of personal identification. People were cared for by safely recruited staff that could care for them effectively.

Staff managed and administered people's medicines safely. Staff had awareness and was able to demonstrate how they safely supported people with their medicines. There was a medicines management policy in place, which gave guidance for staff on the safe administration of people's medicines. The registered manager monitored staff competency in the administration of medicines during spot check visits following staff attendance on the medicine management training. Medicine audit checks were routinely completed using medicine administration records (MAR). We noted that staff used a code to record any gaps in these records and reported these to their manager. Staff managed people's medicines safely and in accordance with the prescriber's instructions. This ensured people received their medicines as prescribed and managed safely.

Requires improvement

Is the service effective?

Our findings

People received care from staff who did not always have the appropriate support from their line manager. Staff appraisals were not up to date. Staff did not have the opportunity to identify their professional development needs to support them in their caring role. No staff records we looked at had a current annual appraisal. For example, we found that two staff members did not have an appraisal since working for the service in over two years. Therefore, people were cared for by staff that was not fully supported in their caring role.

All staff completed an induction programme before working with people to ensure they were safe to care for people. We found that following the period of staff induction newer staff had their competency assessed before they worked with people. Part of the staff induction included newer staff shadowing experienced staff to develop their skills in caring. A staff member said, "I had a good induction into domiciliary care when I first started to work for the agency." Another staff member said, "My induction included lots of training and a period of time where I shadowed a more senior staff member."

Staff received training, which equipped them to care for people effectively. A relative told us, "I think that each carer has the right skills to meet my [family member] needs effectively." Another relative told us, "The carers are all well trained and support my [family member] as I would expect them to. The registered provider had a training programme for staff in place, which supported staff in their caring role. One staff member said, "I believe that the agency have provided me with sufficient training in order to meet the needs of my customers." We checked that staff had completed mandatory training; safeguarding people, medicine management and basic life support. Staff records held copies of staff training documents and certificates. The provider supported staff so that they were skilled, knowledgeable to meet the care and support needs of people they cared for.

Staff had regular supervision. Through supervision, staff were able to focus on concerns or issues that affected their caring role and action taken to resolve them. During supervision, staff developed professional and personal goals and an action plan to meet and review them.

People gave staff their consent before support was provided by them. One person told us, "She [staff member] asks me what I want done, then she helps me." Staff we spoke with knew how to obtain consent from people before providing care. This meant that people received care and support which they agreed to.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff were able to demonstrate their knowledge of the principles of MCA and DoLS. People's records held a copy of their mental capacity assessment if they did not have the ability to make a decision for themselves. Best interests' decisions were used to guide staff to work within their recommendations. Staff were aware of how to make an application to the Court of Protection to obtain authorisation to support a person so that they were cared for lawfully without the deprivation of their liberty.

People were supported with food to eat and drink which met their needs. People who required support with meals had this need met. A staff member told us they were aware of what people they cared for enjoyed to eat and would make this for them. A person told us that the regular member of staff that visited knew what they liked to have at meal times and found they had this as requested. Staff shopped for people and supported them to prepare meals that met their nutritional needs and preferences.

People accessed healthcare services when their needs changed. Staff informed office based staff if people's health and care needs changed and they took appropriate action. For example, during an observation a staff member noted that a person required additional support from a healthcare professional with managing their safety; they were at risks of falls due to deterioration in their mobility. The registered manager was able to make a referral to a healthcare professional for additional support and

Requires improvement

Is the service effective?

equipment to support the person's needs. Staff took prompt action to seek advice from a health professional so people were cared for in a safe a way, and reduced the risks of poor health.

Good

Is the service caring?

Our findings

People received a service, which was caring and met their needs. One person told us, "I would find it extremely difficult if I did not have them come to help me." A relative told us, "We are overall very happy with all the carers that come to us."

People were cared for by staff who showed them kindness and compassion. One person told us, "I am completely happy with all the carers that come and help me." A relative said, "The agency provides a good service to my [family member]." We observed that staff spoke about people in a way that showed they were compassionate to their needs. Staff described people with complex, challenging needs with kindness, and assessments, and care records we looked at reflected this approach. For example, when staff made contact with a social worker to discuss their concerns about a person whose behaviour that challenged staff. From this their care was tailored to meet this additional need effectively.

People were cared for in a way which took into account their needs, personal histories and preferences. People were involved in the development of their assessments and associated care plans. Relatives were involved in this process if their family member required them to and staff supported this request. This enabled staff to care for people in the way that they chose. Care records documented people's assessed needs and the support they required to meet them. One person told us, they were involved in developing their care plan with the agency and social worker. Staff completed daily call visits logs when they visited people to provide care and support to them. This was to ensure a record was available to demonstrate staff had provided appropriate care in line with the person's care plan. A relative told us, "The carers record on the daily notes what they have completed." People received information and explanations from the provider about their care. For example, all people we spoke with told us that they received a copy of their assessment and care plans. People could be confident that staff provided appropriate care, which met their assessed need reducing the risk from poor care.

People were treated with dignity and respect. Staff spoke about people they cared for in a courteous and caring way. One person told us, "All the carers are very polite and helpful and do everything that I ask of them." Staff knew people well, described their needs to us, and recorded them. Care delivered to people maintained their dignity and respect. A staff member told us, "I respect the people by always introducing myself to new customers and asking them how I can help them." Staff developed good working relationships with people they cared for and with their relatives. One relative told us, "carers that look after my family member knows them well especially the key staff." This helped staff to care for people how they wanted. People had their care provided by regular staff who knew them and their needs.

People were encouraged to be independent. Staff supported people to manage some care tasks with supervision from staff to ensure they were safe to do so. One person who told us, "They [staff member] take me out to do an activity, help me do my personal care and clean my flat." Staff supported people when there were unable to complete tasks independently and supported them to have control of their care.

Good

Is the service responsive?

Our findings

People received care and support which was responsive to their needs. An assessment was completed with the person and their relative before receiving care. The outcome of the assessment determined whether people's needs could be met by the service. People and their relatives were involved in making decisions in the planning of care. Assessments and reviews took place in collaboration with the person and their relative. This meant that people were involved in making decisions about how they wanted this achieved. A relative told us, "My [family member] had a care plan in situ which the carers write in after they have visited." Assessments were person centred and recorded people's views. For example, people had an opportunity to discuss the timing of their care visits and staff recorded and implemented this request.

People were provided with explanations about their care and support needs. Staff gave people a copy of their assessments and reviews for their records. People's changing needs were responded to, reviewed and care records updated to reflect this change by staff. For example, people had regular reviews of their care and support needs. We saw records were staff had identified concerns or a risk and they had taken action by seeking advice or guidance from a relevant health or social care professional. For example, staff made a referral to a health specialist for a specialist bed to reduce the risk of the person required additional equipment to manage their personal care needs. This was acted on promptly to prevent the risk. People were cared for by staff that involved and supported them to make decisions on how they chose to receive care and support flexibly to meet their needs.

People were encouraged to make comments and complaints about the service. People and their relatives were provided with a copy of the complaints form to raise a complaint about aspects of their care. The registered provider had a complaints policy in place for staff to follow. The registered manager demonstrated the actions they would take to manage and review complaints or comments. The complainant was informed of the investigation and outcome promptly. One person told us, "The agency responded very quickly to the concerns that I have raised previously." and a staff member told us, "I have no complaints regarding the agency." Another person told us they were confident in rising a concern or complaint with staff and said, "If I had any concerns I would raise them."

Good

Is the service well-led?

Our findings

The registered manager ensured that people received care and support from a service that was well-led. Staff completed observations and spot checks to assess whether staff applied knowledge learnt from completed training. Staff received feedback from observations and spot checks and if further learning needs was advised staff had access to this. For example, if staff needed further moving and handling training office based staff arranged this for them.

The registered manager encouraged staff to become involved and improve the service. For example, staff had regular team meetings and discussed issues relating to the service and their job. This was to ensure staff had current information on the service and developments within the caring profession. Staff were also encouraged to participate in team meetings and made changes to improve the quality of the service. We saw that the suggestions made were acted on. For example, staff were involved in maintaining care records in people's home to ensure they were of a good standard. This was to ensure that records were being correctly completed to demonstrate care in line with the care plan.

Staff we spoke with told us they liked working at the service and were supported by the registered manager. One staff member said, "The agency supports me completely and I can contact them 24/7 if I had a concern." Staff told us the registered manager was approachable and were confident to raise any concerns with them and felt their issues would be managed promptly.

There was a registered manager in place at the service. The provider ensured that the Care Quality Commission was kept informed of notifiable incidents, which occurred at the service.

People and their relatives were encouraged to feedback to staff and the manager annually. One person told us, "The best thing about this agency is that they are willing to listen to people." The registered manager analysed the responses people and their relatives made. This showed that people were satisfied with the quality of care provided.

The registered manager carried out monitoring checks of the service. For example, people's care records and monitoring charts were accurate and up to date. The records we looked at were accurate and reflected people's needs. Where people had a review of their care plans these were recorded and a copy of them kept in people's care records. People received a safe service because the registered manager routinely monitored the quality of people's care records and implemented a plan to address any concerns. The office based staff also completed spot checks, telephone reviews and observations of care workers. The registered manager routinely, monitored and reviewed the service so that people received quality care, which met their care and support needs. For example, staff completed regular medicine audits on people's MAR to ensure people had they medicines safely and staff were skilled in the safe management of medicines. People received care and support that was reviewed and monitored to ensure is was appropriate and safe to meet their needs.